

Georgia

Oncology

Georgia Oncology

MedCOI

April 2025



Manuscript completed in April 2025

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Luxembourg: Publications Office of the European Union, 2025

PDF ISBN 978-92-9410-705-3 doi: 10.2847/3531031 BZ-01-25-024-EN-N

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Please cite as: EUAA, MedCOI Topical Report – Georgia: Oncology, April 2025, <https://euaa.europa.eu/publications/medcoi-topical-report-georgia-oncology>

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Acknowledgements

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

The report has been reviewed by International SOS and EUAA.



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Disclaimer

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

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

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The drafting of this report was finalised on 06 March 2025. Any changes 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
CT	Computed Tomography
EUAA	European Union Agency for Asylum
EU	European Union
HER2	Human Epidermal Growth Factor Receptor 2
HPV	Human Papillomavirus
IDFI	Institute for Development of Freedom of Information
IDP	Internally Displaced Person
MRI	Magnetic Resonance Imaging
NCDC	National Centre for Disease Control and Public Health
NGO	Non-Government Organisation
PET	Positron Emission Tomography
PHC	Primary Healthcare
UHCP	Universal Health Care Programme
WHO	World Health Organization





Introduction

Methodology

The purpose of the report is to provide information on access to oncologic 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 9 December 2024, peer review occurred between 10 December 2024 – 24 January 2025, and additional information was added to the report as a result of the quality review process during the review implementation up until 6 March 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) COI Report Methodology (2023),² the EUAA Country of Origin Information (COI) Reports

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

² EUAA, Country of Origin Information (COI) Report Methodology, February 2023, [url](#)





Writing and Referencing Guide (2023)³ and the EUAA Writing Guide (2022).⁴ The report also adheres to the standards set out in the subsequently published EUAA MedCOI Methodology (March 2025).⁵ Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and EUAA.

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

Sources

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

In addition to publicly available sources, oral anonymised sources were also consulted for this report. These included senior officials, 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 the 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](#)

⁵ EUAA, MedCOI Methodology, March 2025, [url](#)





1. General information

1.1 Morbidity and mortality of oncological diseases

Cancer is among the leading causes of morbidity and mortality in Georgia. According to the official statistics 11 900 new cases of cancer were reported in 2023.⁶ This translates into an incidence rate of 318.4 per 100 000 population, compared to an average of 588 per 100 000 population for the European Union (EU) in 2022.⁷

In 2023, a total of 4 939 people died of cancer in Georgia, accounting for 11.6 % of overall mortality. Among these cancer deaths, the leading causes were trachea/bronchus/lung cancer (16.4 %) and breast cancer (8.1 %).⁸

The Georgian Cancer Population Register has been operating since 2015, based on which the five-year survival rate for all cancers registered in 2017 was 56.3 % (calculated using the direct survival assessment method), with that of early cancer (age under 20) reaching about 77.9 % for both sexes.⁹

According to international forecasts, in the period of 2018-2030, the number of new cancer cases in Georgia will increase by 6 % (in women by 5 %, in men by 7 %). In the same period, for Europe a 14 % increase in new cases is predicted (10 % in women and 18 % in men).¹⁰

1.2 Incidence data by population group

According to the analysis of cancer morbidity in 2021 by the National Centre for Disease Control and Public Health (NCDC) of Georgia, 67 % of **new cases** of oncological diseases were diagnosed in working age people (30-70 years), 29 % were diagnosed in people aged 70 and older and 1.4 % were diagnosed in the age groups of 0-15 years and 15-20 years.¹¹ In 2021, 23 % of new cases were diagnosed in women of reproductive age (15-49 years).¹² In 2021, more than a third, or 39.4 % of all new cancer cases of all sites were diagnosed at stages I and II of the disease, 38.6 % at stages III and IV and for the remaining cases, the stage was not identified.¹³

Overall, in 2021, 53 % of new cases of cancer were registered in **women**. Of these new cases in women, breast cancer (29.7 %, incidence rate 85.2 per 100 000 women) was the leading

⁶ Georgia, Geostat, Morbidity with acute and chronic diseases by main disease groups, 2023, [url](#)

⁷ ECIS, Estimates of cancer incidences and mortality in 2022, for all cancer sites, 2022, [url](#)

⁸ Georgia, Geostat, Number of deaths by sex, age and causes of death, 2023, [url](#)

⁹ Georgia, NCDC, Cancer in Georgia 2015-2021, 2022, [url](#), p. 4

¹⁰ Georgia, NCDC, Cancer in Georgia 2015-2021, 2022, [url](#), p. 5

¹¹ Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), p. 72

¹² Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), p. 72

¹³ Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), p. 73



diagnosis followed by thyroid cancer (12.7 %), colorectal cancer (7.0 %), uterine cancer (6.7 %) and cervical cancer (5.1 %).¹⁴

In 2021, **men** accounted for 47 % of new cases of cancers, with prostate cancer being the most common (14.7 %, incidence rate 40.2 per 100 000 men), followed by trachea/bronchus/lung cancer (13 %), bladder cancer (9 %), colorectal cancer (8.1 %) and laryngeal (5 %) cancer.¹⁵

During 2015-2021, the incidence of cancer in **children** under 15 increased, reaching 14 per 100 000 children (total of 107 new cases) vs 12.9 per 100 000 children (93 cases) in 2015.¹⁶

In children, for both sexes, haematopoietic (e.g. leukaemia, lymphoma and myeloma) cancer (48 %) accounts for the largest share among all sites.¹⁷ Malignancies, such as lymphoid, haematopoietic and related tissues (13 %), and thyroid cancer (31 %) are more common in adolescents (15-19 years), with an overall incidence rate of 22.4 in 2021, a decrease from 25 per 100 000 population in 2015.¹⁸

1.3 Organisation of healthcare for oncological diseases

Delivery of health services in Georgia is decentralised and dominated by private health providers,¹⁹ and is organised into three tiers of care:

- 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 municipal level; and
- Tertiary care provided by regional and national level hospitals.²⁰

Rural doctors and nurses are publicly employed, while most municipal-level medical centres, including those providing PHC services and tertiary care hospitals, are private.²¹ For comprehensive information on the healthcare system in Georgia, see the MedCOI Report on the Provision of Healthcare in Georgia.²²

¹⁴ Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), p. 72

¹⁵ Georgia, Cancer in men, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), pp. 73-74

¹⁶ Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#) pp. 74-75; Georgia, NCDC, Cancer in Georgia 2015-2021, 2022, [url](#) p. 47

¹⁷ Georgia, NCDC, Cancer in Georgia 2015-2021, 2022, [url](#), p. 48

¹⁸ Georgia, NCDC, Cancer in Georgia 2015-2021, 2022, [url](#), p. 48

¹⁹ WHO/European Observatory on Health Systems and Policies Health Systems in Action: Georgia, 2022, [url](#), p. 8

²⁰ KII01, Senior official at the MoDPLHSA, Interview, 24 October 2024; KII02, Senior official at the MoDPLHSA, Interview, 8 November 2024

²¹ KII01, Senior official at the MoDPLHSA, Interview, 24 October 2024

²² EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), p. 19-23



PHC is defined, in the Law of Georgia on Health Care, as the first point of contact ‘of an individual or a family within the healthcare system’,²³ and this includes those seeking diagnosis and treatment of oncological diseases. There are specialised cancer screening centres (standalone, or as part of the urban PHC providers – multi-profile polyclinics/family medicine centres or outpatient departments of the municipal medical centres). Patients with suspected oncological diseases (with or without prior screening) are commonly referred there for confirmatory diagnostic and laboratory tests and specialists’ (including oncologists) consultations. Patients are referred to the multi-profile polyclinics and municipal medical centres in 61 municipalities, or directly to the regional and national specialised centres and departments of multi-profile tertiary care hospitals (see Table 1 for some of the key providers of cancer screening and specialised and tertiary oncological care services). Once diagnosis is confirmed, the patients are treated in one of these specialised oncology centres, or oncological departments of the multi-profile tertiary care hospitals that are registered as the providers of the publicly funded Universal Health Care Programme (UHCP).²⁴

It should be noted that although PHC is legally considered to be the first point of contact for patients,²⁵ in practice only a small proportion of the population (17 %-23 %, varying by facility) utilise PHC services in Georgia, according to the World Health Organisation (WHO).²⁶ As a result, the role of general PHC providers as an initial point of care for oncology patients is limited.²⁷

The National Clinical and Scientific Research Institute in Oncology closed in 2019, but an interviewee for this report described most newly established specialised centres and oncology departments in tertiary hospitals as being well equipped and as employing qualified staff. There are outpatient and inpatient palliative care providers in six large cities. Several non-government organisations (NGOs) also provide specific treatment and support services for selected targeted groups of oncological patients (e.g. for children).²⁸

²³ Georgia, Law of Georgia on Health Care, Chapter I. General Provisions, ჯანმრთელობის დაცვის შესახებ [Law of Georgia on Healthcare], 2007, [url](#), Article 3(s)

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

²⁵ Georgia, Parliament of Georgia, ჯანმრთელობის დაცვის შესახებ [Law of Georgia on Healthcare], 2007, [url](#), Article 3(s)

²⁶ WHO/Europe, Georgia: Moving from policy to actions to strengthen primary health care: Primary health care policy paper series, 2023, [url](#), p. 3

²⁷ KII01, Senior official at the MoDPLHSA, Interview, 24 October 2024

²⁸ KII01, Senior official at the MoDPLHSA, Interview, 24 October 2024; KII02, Senior official at the MoDPLHSA, Interview, 8 November 2024



Table 1: Key providers of specialised oncological health services

Institution	Ownership Status	Oncological Healthcare Services Provided	Location
National Screening Centre	Public - owned by Tbilisi Municipality	Screening, diagnostic and laboratory tests, specialist consultations, outpatient treatment (chemotherapy, immunotherapy)	Tbilisi – 4 locations: ²⁹ Saburtalo Varketili Didube Gldani IV M/D
Mardaleishvili Medical Centre	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient and inpatient treatment (chemotherapy, immunotherapy, surgery, radiation and targeted therapy), including reconstructive surgery	Tbilisi ³⁰
Aversi Clinic	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient and inpatient treatment (chemotherapy, immunotherapy, radiation and targeted therapy), surgery, including reconstructive surgery	Tbilisi ³¹
Todua Clinic	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient and inpatient treatment (chemotherapy, immunotherapy, radiation and targeted therapy), surgery,	Tbilisi ³²

²⁹ YellowPages, National Screening Centre, 2025, [url](#)

³⁰ Mardaleishvili Medical Center, Contact, 2023, [url](#)

³¹ Aversi Clinic, კონტაქტი [Contact], 2025, [url](#)

³² Todua Clinic, About us, 2020, [url](#)



Institution	Ownership Status	Oncological Healthcare Services Provided	Location
		including reconstructive surgery	
American Hospital Tbilisi	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient and inpatient treatment (chemotherapy, immunotherapy, radiation and targeted therapy), surgery, including reconstructive surgery	Tbilisi ³³
German Hospital	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient and inpatient treatment (chemotherapy, immunotherapy, radiation and targeted therapy), surgery, including reconstructive surgery	Tbilisi ³⁴
Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic	Private – University Hospital	Screening, diagnostic and laboratory tests, specialist consultations, outpatient and inpatient treatment chemotherapy, immunotherapy, surgery, radiation and targeted therapy), surgery, including reconstructive surgery	Tbilisi ³⁵

³³ American Hospital Tbilisi, [website], 2023, [url](#)

³⁴ German Hospital, Oncology, 2019, [url](#)

³⁵ Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic, Departments, 2024, [url](#)



Institution	Ownership Status	Oncological Healthcare Services Provided	Location
Institute of Clinical Oncology	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient treatment, surgery	Tbilisi ³⁶
Alexandre Aladashvili Clinic/Oncology Department	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient treatment, surgery	Tbilisi ³⁷
Medcenter	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient and inpatient treatment chemotherapy, immunotherapy, surgery, radiation and targeted therapy), surgery, including reconstructive surgery	Batumi ³⁸
Medcenter	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient and inpatient treatment chemotherapy, immunotherapy, surgery, radiation and targeted therapy), surgery, including reconstructive surgery	Batumi ³⁹
New Plasma Clinic	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient treatment (chemotherapy, immunotherapy), outpatient and reconstructive surgery	Batumi ⁴⁰

³⁶ Institute of Clinical Oncology, [website], 2024, [url](#)

³⁷ Alexandre Aladashvili Clinic, [website], 2019, [url](#)

³⁸ Medcenter, Contact, 2025, [url](#)

³⁹ Medcenter, Contact, 2025, [url](#)

⁴⁰ New Plasma Clinic, [website], 2024, [url](#)



Institution	Ownership Status	Oncological Healthcare Services Provided	Location
Krystyna Kiel Oncology Center	Private	Screening, diagnostic and laboratory tests, specialist consultations, outpatient and inpatient treatment (chemotherapy, immunotherapy), surgery	Kutaisi ⁴¹

Source: Compiled by the author based on the information provided by the key informants.⁴²

Several publicly funded programmes finance the oncological services for the population of Georgia:

- UHCP
- Early Disease Detection and Screening
- Referral Service State Programme
- Paediatric Onco-haematology Programme
- Palliative Care of Terminal Oncological Patients
- Programmes funded within the local self-government budgets

These programmes are described in Section 2. Access to treatment.

Distribution of the human resources for oncology generally reflects the patterns observed in the health workforce in the country.⁴³ Namely, there is an imbalance in the distribution of medical staff in Georgia, with an excess of physicians and a shortage of nurses.⁴⁴ The country has one of the highest (and growing) numbers of physicians reaching 6.6 per 1 000 people in 2023,⁴⁵ significantly exceeding the European average 4.0 per 1 000 in 2022.⁴⁶ However, the physicians are predominantly urban based with Tbilisi having three times the reported number of doctors compared to other regions. The recruitment and retention of healthcare professionals in remote and rural areas is challenging. Access to qualified health workers, including oncologists, in rural areas remains very limited.⁴⁷ For more information on the healthcare resources in Georgia, consult the MedCOI Report on the Provision of Healthcare in Georgia.⁴⁸

⁴¹ Krystyna Kiel Oncology Center [Facebook], About, n.d., [url](#)

⁴² KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024; KII02, Senior official at the MoIDPLHSA, Interview, 8 November 2024

⁴³ KII02, Senior official at the MoIDPLHSA, Interview, 8 November 2024

⁴⁴ WHO/European Observatory on Health Systems and Policies Health Systems in Action: Georgia, 2022, [url](#), p. 11

⁴⁵ Georgia, Geostat, Healthcare and Social Protection, 2024, [url](#)

⁴⁶ OECD, Health at a Glance: Europe 2022: State of Health in the EU Cycle, Availability of Doctors, 2022, [url](#)

⁴⁷ KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024

⁴⁸ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), p. 27-30



2. Access to treatment

2.1 Budget allocations for national (state) programmes for oncological diseases

Addressing the needs of patients diagnosed with oncological diseases and ensuring access to high-quality services is a priority for the Ministry of Health, according to one of the interviewees for this report.⁴⁹ State funding for oncology care has increased significantly in the last decade. In 2012, the oncology budget amounted to GEL 17 million [approximately EUR 6 million], and by 2023, this figure had risen to GEL 250 million [approximately EUR 87 million]. Due to the direct procurement of oncology medications at significantly reduced prices and the reforms undertaken, the Ministry anticipates allocating over GEL 350 million [EUR 121 million] for medicines and services in 2024. The increased funding was used to expand the publicly covered benefits package. For example, since November 2022, the annual financial limit for the treatment of patients with oncological diagnoses – including hormone therapy, chemotherapy, radiation therapy, and medication – has been increased to GEL 25 000 [EUR 8 642] for all beneficiaries, with no required co-payment from patients. Furthermore, since 2023, chemotherapy, hormone therapy, radiation therapy and oncological surgery services have been fully financed for all Georgian citizens.⁵⁰

A notable development is the Ministry's initiative to procure high-quality oncological medications directly from manufacturers.⁵¹ Agreements signed with Roche and Novartis have enabled the state to purchase costly medicines at substantially reduced prices, thereby enhancing the ability to meet patient needs, increasing the availability of essential drugs, and expanding the coverage of beneficiaries.⁵²

Beyond the UHCP, the Government of Georgia also addresses oncological patient needs through several other state health programmes described in subsections 2.3.

2.2 Screening for oncological diseases

The State Health Programme “Early Disease Detection and Screening” covers cancer screening services for citizens of Georgia for the age groups as specified below:⁵³

⁴⁹ KII02, Senior official at the MoIDPLHSA, Interview, 8 November 2024

⁵⁰ MoIDPLHSA [Facebook], posted on: 13 February 2024, [url](#)

⁵¹ KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024

⁵² Georgia, LEPL National Health Agency of Georgia, ცენტრალიზებულად შესყიდული (ფარმაცევტულ კომპანიებთან პირდაპირი მოლაპარაკების გზით შესყიდული) ავთვისებიანი სიმსივნის საწინააღმდეგო მედიკამენტები [Centrally procured (with directly negotiated prices) medications against malignant tumors], 2020, [url](#)

⁵³ 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 1



- Breast cancer screening for 40-70 year old women;
- Cervical cancer screening for 25-60 year old women;
- Prostate cancer management for 50-70 year old men; and
- Colorectal cancer screening for 50-70 year old population.⁵⁴

Breast cancer screening occurs every two years for women aged 40-70 years; cervical cancer screening is offered every three years for women aged 25-60 years, with the addition of the human papillomavirus (HPV) test from the age of 30, and thereafter every five years. Prostate cancer screening can be requested by a family doctor or a specialist but only one test is covered per calendar year. Colorectal cancer screening can be accessed every two years between the ages of 50 and 70 years.⁵⁵

Eligible beneficiaries need to register and book the visit to the cancer screening service provider via a special electronic system for breast cancer, cervical cancer and/or the service is financed with a dematerialised voucher on a case-by-case basis. The budget for the cancer screening component of the Programme is GEL 1 363 000 [EUR 477 000]. The programme is managed by the NCDC.⁵⁶

Despite the availability of public coverage, screening uptake among the target population remained low in 2021, with coverage rates of 12% for breast cancer, 11% for cervical cancer, and slightly above 2% for colorectal cancer.⁵⁷

2.3 Treatment for oncological diseases

2.3.1 Universal Health Care Programme (UHCP)

UHCP covers funding for both surgical and non-surgical treatments (chemotherapy, hormone therapy and radiotherapy) as well as examinations and medications related to these services.⁵⁸ From 1 May 2017, differential packages have been launched within the framework of the UHCP, whereby the percentages of payments for surgical oncology procedures range from 70 %-100 % according to the classification of the beneficiaries and 100 % for non-surgical procedures for all beneficiaries up to the defined annual limits (GEL 15 000 [EUR 5185] for planned, non-emergency surgeries and GEL 25 000 [EUR 8 642] for non-surgical

⁵⁴ Georgia, NCDC, Cancer in Georgia 2015-2021, 2022, [url](#), p. 54

⁵⁵ 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 1

⁵⁶ 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 1

⁵⁷ Georgia, NCDC, Cancer in Georgia 2015-2021, 2022, [url](#), p. 54

⁵⁸ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Appendix 1.4



treatments).⁵⁹ For instance, patients in target groups (socially vulnerable, teachers, internally displaced persons (IDPs) and other former beneficiaries of state health insurance programmes approved by ordinance N°218 of the Government of Georgia of 9 December 2009)⁶⁰ are provided with 100 % funding for both surgical and non-surgical treatment. For oncological treatment, 100 % funding under the UHCP is also covered for people under the age of 18 as well as for veterans.⁶¹

For the citizens above the retirement age who do not fall into the above-mentioned groups, 90 % of funding is provided for surgical treatment of oncological diseases (however, copayment is capped at GEL 500 [approximately EUR 175]). 80 % is covered for students, however, copayment is capped at GEL 1 000 [approximately EUR 350]. For other beneficiaries of the UHCP whose total annual income does not exceed GEL 40 000 [EUR 13 827], surgical oncology procedures are covered by 70 %, and non-surgical treatments by 100 %. A similar payment rate is also supported for individuals whose households are registered in the unified database of socially vulnerable families with a social rating score from 70 000-100 000.⁶² The patient has to pay out of pocket if their diagnostic and treatment costs exceed the defined annual limits within a year of the first payment application to NHA. The defined limit of GEL 25 000 [EUR 8 642] for non-surgical treatment (chemotherapy, hormone therapy, radiotherapy, medications, and treatment-related laboratory and diagnostic tests) since 2024 does not include the cost of medications that are listed in the specific list of anticancer medications covered under the UHCP, which are covered without limit.⁶³

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](#), Appendix 1.3, Articles g.b and g.g

⁶⁰ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 218 სახელმწიფო პროგრამების ფარგლებში მოსახლეობის ჯანმრთელობის დაზღვევის მიზნით გასატარებელი ღონისძიებებისა და სადაზღვევო ვაუჩერის პირობების განსაზღვრის შესახებ [On determination of the actions to be taken for health insurance of the population and the conditions of the insurance voucher within the scope of the state programs], 9 December 2009, [url](#), Articles 2-3

⁶¹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Appendix 1, Chapter 2, Article 2

⁶² Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Chapter 2, Articles 1-5

⁶³ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Appendix 1.4



According to the Institute for Development of Freedom of Information (IDFI), as a consequence of the co-payment limits prescribed under the UHCP, financial access to cancer care presented significant problems for citizens of Georgia up until 2020. Their detailed analysis of the total amount requested and the reimbursement rates for cancer care under the UHCP revealed that the programme fails to cover 100 % for the minimum medicine needs for cancer treatment even for vulnerable groups, including socially vulnerable citizens in 2015-2019.⁶⁴ According to a senior official from the MoDPLHSA, these problems were partially mitigated through increased public financing and removal of the limits for pharmaceutical treatments in 2024, yet the financial access to care still remains a problem for many citizens, as evidenced from the individual applications for financial support to cover the co-payments and services not included in the UHCP benefit package for oncological patients.⁶⁵

2.3.2 Referral Service State Programme

The Referral Service State Programme aims to deliver medical service to the population groups defined in the below list.⁶⁶ 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, 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;
- Patients with congenital heart disease;
- Citizens of Georgia who are victims of sexual violence;
- Citizens of Georgia with idiopathic pulmonary fibrosis;
- Citizens with human epidermal growth factor receptor 2 (HER2) positive early breast cancer and HER2-positive metastatic breast cancer; except for citizens registered in Tbilisi and the Autonomous Republic of Adjara; and
- Citizens insured under the budget allocation whose medical services are not covered within insurance schemes/conditions purchased through the state procurement, but are financed by the UHCP.⁶⁷

The list of beneficiaries defines general priorities for funding. According to the Decree of the Government of Georgia,⁶⁸ the referral programme covers costs for medical services of patients applying for assistance through proper channels. The IDFI explains that the Decree

⁶⁴ IDFI, Access to Oncology treatment in Georgia, 2020, [url](#), pp. 4, 11-13

⁶⁵ KII01, Senior official at the MoDPLHSA, Interview, 24 October 2024

⁶⁶ 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

⁶⁷ 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

⁶⁸ 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



does not allow state-political officials, and members of their families (spouse, child, parent), to be the beneficiaries of the medical assistance component unless otherwise specified by the commission decision.⁶⁹

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.⁷⁰ 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 costs required for medical care, at no more than GEL 10 000 [EUR 3 457] in total.⁷¹

The costs of expensive medications (including cancer-related medications) not covered under other state health programmes are funded once per year. The costs of such medications for socially vulnerable citizens are covered up to a cap of GEL 10 000 [EUR 3 457]. Other cancer-related drugs are reviewed once per year and twice a year for socially vulnerable citizens. The ordinance also regulates some restrictions for beneficiaries, including no costs above 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.⁷²

Paediatric oncological/haematological services

Before 1 August 2023, the Government of Georgia covered outpatient and inpatient treatment of children under the age of 18 suffering from oncological/haematological diseases (e.g. blood cancer) through the state health programme for paediatric oncological/haematological services. The services provided by this programme were fully funded and did not involve co-payment from the beneficiary.⁷³ This programme operated only domestically through one provider, M. Iashvili Central Children's Hospital.⁷⁴

⁶⁹ IDFI, Access to Oncology treatment in Georgia, 2020, [url](#), p. 13

⁷⁰ IDFI, Access to Oncology treatment in Georgia, 2020, [url](#), p. 14

⁷¹ Georgia, MoDPLHSA, Decree of the Minister No 01-68/0 "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

⁷² Georgia, MoDPLHSA, Decree of the Minister No 01-68/0 "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

⁷³ 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](#), Appendix 1.4

⁷⁴ KII01, Senior official at the MoDPLHSA, Interview, 24 October 2024



From 1 August 2023, the Government of Georgia undertook to cover treatment of both solid cancers and oncological/haematological diseases for all children aged 0-18 years (Georgian citizens) both domestically in all tertiary centres providing the oncological services and abroad through the Referral Service State Programme.⁷⁵

Referral to a specific clinic (domestically or abroad) depends on the patient's needs, the treatment capacity of the selected hospital and the choice of the patient or their lawful representative.⁷⁶ For this purpose, the MoIDPLHSA has partnership contracts with eight leading cancer centres in Israel, Spain and Turkey. Treatment for 157 children was financed in these centres between August 2023 and February 2025.⁷⁷

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 (at the time of writing, these are two clinics in Turkey – the Medicana International Clinic and the Medipol Mega University Hospital).⁷⁸

2.3.3 Organ Transplant State Programme

This specific state programme fully covers the cost of bone marrow transplantation, including the confirmation diagnostic services, pre- and post-care and high-dose chemotherapy for citizens of Georgia, except for 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, aplastic anaemia, histiocytosis, thalassemia or multiple myeloma.⁷⁹ Respective municipal programmes cover the same services for Georgian citizens residing in Tbilisi⁸⁰ and the Autonomous Republic of Adjara.⁸¹

⁷⁵ 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](#), Appendix 19, Chapters 2 and 3

⁷⁶ Georgian Public Broadcaster, Media News, “თამარ გაბუნია - ბავშვი როგორც სოლიდური სიმსივნეების, ასევე ონკოჰემატოლოგიის დიაგნოზის შემთხვევაში შეძლებს, მიიღოს შესაფერისი დახმარება იმ კლინიკაში, რომელსაც კანონიერი წარმომადგენელი გადაწყვეტს” [Tamar Gabunia - A child will be able to receive appropriate assistance in the clinic chosen by their legal representative, whether diagnosed with solid tumors or oncological hematological conditions], 24 July 2023, [url](#)

⁷⁷ Georgian Public Broadcaster, Media News, “Health Ministry reports on expanded medication programs for children diagnosed with cancer”, 4 February 2025, [url](#)

⁷⁸ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

⁷⁹ 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 14

⁸⁰ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 33-89, ქალაქ თბილისის მუნიციპალიტეტის 2024 წლის ბიუჯეტის დამტკიცების შესახებ [About Approval of 2024 Budget for Tbilisi Municipality], 15 December 2023, [url](#), Code 06 01 13

⁸¹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 84-IS, აჭარის ავტონომიური რესპუბლიკის 2024 წლის რესპუბლიკური ბიუჯეტის შესახებ [About Approval of 2024 Budget for Autonomous Republic of Adjara], 8 December 2023, [url](#), Article 12.2.5



2.3.4 Local government budget

Other than the bone marrow transplant financed by Tbilisi Municipality and the Autonomous Republic of Adjara, various programmes funded through the budgets of local municipalities provide the population with additional financial opportunities for oncological treatment.

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 cancer conditions for expenses not covered under the state health programmes.⁸² The purpose of this programme is to finance medical and other services for vulnerable citizens whose co-payment share exceeds GEL 1 000 [EUR 350] on certain procedures. The direct beneficiaries of the programme are the socially vulnerable citizens, persons with disabilities, veterans and persons with the status of lost breadwinner, as well as any person in need of assistance based on their own application due to their financial situation. Like the State Referral Service Programme, the decision of funding and its rate is made by the relevant commission. Consequently, fair and rational distribution of funding is not guaranteed.⁸³

The data for 2015-2019 showed that state health programmes (UHCP and others), regardless of the social status of beneficiaries, do not provide for full funding. As a result, applications continue to the Tbilisi City Hall for co-payment.⁸⁴

The Tbilisi Municipality also provides funding to cover the cost of medications for the treatment of breast cancer for Tbilisi residents through the municipal programme 'Funding of breast cancer treatment'.⁸⁵

2.3.5 State Programme for Palliative Care of Terminal Patients

The goal of the State Programme for Palliative Care for Terminal Patients is to improve the quality of life of terminal patients by increasing financial access to palliative care.⁸⁶ In particular, the programme provides outpatient palliative care, inpatient palliative care, the provision of specific medications (including opiate analgesics) and symptomatic treatment of patients suffering from incurable diseases. Outpatient palliative care programme and inpatient care for terminal patients by a doctor/nurse are only provided in six municipalities (Tbilisi, Kutaisi, Telavi, Zugdidi, Ozurgeti and Gori).⁸⁷ The programme does not cover home care provided by doctors or nurses beyond a maximum of eight home visits per month (reimbursed at GEL 11 [EUR 3.8]) and a total of 48 visits per patient, considering the estimated maximum

⁸² IDFI, Access to Oncology treatment in Georgia, 2020, [url](#), p. 20

⁸³ IDFI, Access to Oncology treatment in Georgia, 2020, [url](#), p. 20

⁸⁴ IDFI, Access to Oncology treatment in Georgia, 2020, [url](#), p. 20

⁸⁵ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 33-89, ქალაქ თბილისის მუნიციპალიტეტის 2024 წლის ბიუჯეტის დამტკიცების შესახებ [About Approval of 2024 Budget for Tbilisi Municipality], 15 December 2023, [url](#), Code 06 01 07

⁸⁶ 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 16, Chapter 2

⁸⁷ 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 16, Chapter 3



duration of programme coverage for a palliative care patient is six months.⁸⁸ Inpatient palliative care is reimbursed to palliative care providers at GEL 75 [approximately EUR 26] per day, with the programme covering from 70 %-100 % of this cost. The level of coverage is determined by which beneficiary target groups the patient belongs to, e.g. for all pensioners, the state covers 90 % of the bed day cost, while for children aged 0-5 and for pensioners with significant disabilities, the coverage is 100 %. As in the case of outpatient care, the maximum duration of the palliative treatment coverage should not exceed 6 months.⁸⁹ The number of beneficiaries of such programmes varies from GEL 950-1 000 [EUR 321- 338] annually. In 2016, the adjusted budget for 974 beneficiaries amounted to GEL 460 000 [EUR 159 013], and in 2018 for 957 beneficiaries it was GEL 233 000 [EUR 80 543]. In 2018-2019, the number of beneficiaries of inpatient palliative care and symptomatic treatment almost doubled compared to previous years. According to the programme budget indicators, GEL 887 000 [EUR 306 618] was allocated to various medications in 2019.⁹⁰ The annual budget allocated for this programme in 2024 was GEL 5 500 000 [EUR 1 900 000], with GEL 261 000 [EUR 8 8116] allocated for outpatient services, GEL 3 400 000 [EUR 1 147 873] for inpatient symptomatic treatment and palliative care and GEL 1 839 000 [EUR 620 864] for medications.⁹¹

⁸⁸ 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 16, Chapter 4

⁸⁹ 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 16, Chapter 4

⁹⁰ IDFI, Access to Oncology treatment in Georgia, 2020, [url](#), p. 26

⁹¹ 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 16, Chapter 8



3. Insurance and national programmes

3.1 National coverage

The access to preventive, diagnostic and treatment services for oncological diseases is enabled through several publicly financed programmes for the majority of the population in Georgia. People who do not have access to most of the other publicly financed individual healthcare programmes are covered for oncology, for example, people who are privately insured or those with an annual income above GEL 40 000 [approximately EUR 14 000].⁹² However, most patients need to pay out of pocket for services not covered under the public programmes (e.g. confirmatory diagnostic services).⁹³ Private insurance, depending on insurance packages, at least partially reimburses these payments for up to 20 % of the population who are privately insured, mainly through their employers.⁹⁴

See also section 2.3 Treatment for oncological diseases for information on state insurance mechanisms. For comprehensive information on the healthcare system in Georgia, consult the MedCOI Report on the Provision of Healthcare in Georgia.⁹⁵

3.2 Private insurance

The Insurance State Supervision Service reports that as of mid-2024, almost 20 % of the total population is covered with private medical insurance in Georgia.⁹⁶

Until 2022, there was only limited private insurance coverage available for oncological health services. Due to this, public coverage for oncological diseases was extended to all citizens, including those with private insurance.⁹⁷

Since 2022, several companies offer a specific product that includes coverage for oncological diseases. For example, GPI and TBC Insurance provide opportunities for individuals aged up to 65 years to buy insurance coverage, with 6 months' waiting period, providing one-time compensation upon confirmed cancer diagnosis, with varying levels of benefits starting from GEL 5-GEL 500 [approximately EUR 1.75-EUR 175] monthly premium, depending on the insured person's age and insurance limit. The maximum compensation amount is GEL 180 000 [approximately EUR 62 283] for GPI and GEL 250 000 [approximately EUR 86 505] for TBC

⁹² 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](#), Chapter 2, Article 3.3

⁹³ KII01, Senior official at the MoDPLHSA, Interview, 24 October 2024

⁹⁴ Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, [url](#)

⁹⁵ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#)

⁹⁶ Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, [url](#)

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



Insurance.⁹⁸ Information on the number of individuals covered with services is not publicly available.

⁹⁸ GPI, Policy Onco Care, 2024, [url](#); TBC Insurance, Critical Illness Insurance, 2024, [url](#)



4. Non-government organisations (NGOs)

Table 2 shows NGOs and professional associations that are active for patients suffering from oncological diseases, including those in need of diagnostics, oncological treatments and medications, supportive care services (e.g. pain management, psychosocial support and palliative care).

Table 2: NGOs and other organisations

Name	URL	Focus Area
Evropadona Georgia	https://www.europadonna.org/about-us/member-countries/	Part of the European Breast Cancer Coalition
Winner Women's Club	https://www.facebook.com/survivors.ge/?locale=ka_GE	Organisation of women, breast cancer survivors
Georgian group of young oncologists	https://www.facebook.com/p/Georgian-group-of-young-oncologists-100064566347114/	Union of young oncologists representing different fields, organising scientific events and meetings
Georgian Society of Clinical Oncology	http://www.gsco.ge/	Union of oncologists representing different fields, organising scientific and charity events (e.g. free screenings and consultations)
Georgian Association of Oncological Urology	https://gaou.ge/	Organises scientific conferences, health education and promotion activities in the field of oncological urology



5. Cost of treatment

The specialists' outpatient consultations (with the exemption of the plastic surgeon), laboratory tests and diagnostic services (with the exemption of PET scan) are covered under the UHCP within the annual limits and copayments specified in section 2.3.1 for all citizens with confirmed oncologic diagnosis. The only way to obtain public coverage without a confirmed diagnosis for a doctor's consultation or diagnostic tests, including a PET scan, is through the individual appeal via the Referral Service State Programme (see section 2.3.2) or municipal programmes for several municipalities (see section 2.3.4). Alternatively, if an individual has private insurance, most insurance policies commonly cover diagnostic tests and doctor's consultations with or without preauthorization and copayment. However, if a person is privately insured, the oncology treatment (beyond the oncology medicines) is not covered by public sources, as indicated in section 2.3.1. In this case, the person should pay out of pocket, as most private health insurance packages available on the market exclude the treatment of oncology diseases. As a result, the person is exposed to substantial out-of-pocket outlays.⁹⁹ The impact of these costs on their finances may be fully or partially mitigated if the person has specific private insurance that pays cash compensation to the insured in case of a confirmed oncology diagnosis (see section 3.1).

Outpatient treatment price or as price range in Table 3 are indicated for a single consultation of the respective specialist (unless otherwise indicated). The indicated prices are based on the information provided by key informants: the senior official from the MoIDPLHSA, who provided maximum prices for those services that NHA pays for under the publicly financed programmes (UHCP and Referral Service State Programme),¹⁰⁰ and a representative of one of the tertiary-level oncology service providers.¹⁰¹ Some prices are also obtained from web pages of other oncological healthcare providers, which are referenced accordingly. All providers of oncology treatment services are private, and their prices for the same services vary. However, the charges for services by both public and private providers in applicable cases are the same as costs paid by a patient or a private insurance unless stated otherwise. The bed/day prices include accommodation, food, medicines, and specialist consultations as required. 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.

⁹⁹ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁰⁰ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁰¹ KII03, Oncological healthcare provider, Interview, 20 May 2024



Table 3: Cost of treatment I

Specialist	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement
Oncologist	70-150 ¹⁰²		Outpatient and inpatient treatment costs are publicly covered (100 % of the cost under UHCP) only for patients with confirmed oncologic diagnoses. Patients without a confirmed oncological diagnosis and with private insurance may be reimbursed fully or partially.
Paediatric oncologist	70-120 ¹⁰³		
Intervention radiologist	7 600 ¹⁰⁴		Price is provided for one course of radiotherapy, which also includes fees for an intervention radiologist. Covered publicly (100 % of the cost under UHCP). Not covered by private insurance.
Plastic surgeon for reconstructive surgery	From 70 ¹⁰⁵		Not covered by public programmes, or private insurance.
Urologist	100-120 ¹⁰⁶		Outpatient and inpatient treatment costs are publicly covered (100 % of the cost under UHCP) only for patients with confirmed oncologic diagnoses. Patients without a confirmed oncological diagnosis and with private insurance may be reimbursed fully or partially.
Haematologist	100-160 ¹⁰⁷		
Gastroenterologist	100-120 ¹⁰⁸		
Gynaecologist	100-120 ¹⁰⁹		
Neurosurgeon	100- 150 ¹¹⁰		Outpatient and inpatient treatment costs are publicly covered (100 % of the cost of outpatient treatment and 70 %-100 % of the cost in case of

¹⁰² KII03, Oncological healthcare provider, Interview, 20 May 2024; Medical Centre “MediMEDI”, მომსახურების ფასები [Service prices], n.d., [url](#)

¹⁰³ KII03, Oncological healthcare provider, Interview, 20 May 2024; Medical Centre “MediMEDI”, მომსახურების ფასები [Service prices], n.d., [url](#)

¹⁰⁴ KII04, Senior official at the MoDPLHSA, Interview, 4 February 2025

¹⁰⁵ “WhatClinic”, Plastic Surgery Clinics Georgia, n.d., [url](#)

¹⁰⁶ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹⁰⁷ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹⁰⁸ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹⁰⁹ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹¹⁰ KII03, Oncological healthcare provider, Interview, 20 May 2024



Specialist	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement
			<p>surgeries under UHCP) only for patients with confirmed oncologic diagnoses.</p> <p>Patients without a confirmed oncological diagnosis and with private insurance may be reimbursed fully or partially.</p>
Dermatologist	100-150 ¹¹¹		Same as above
Anaesthesiologist (pain management)		150-200 ¹¹²	<p>Outpatient services for pain management are not provided by an anaesthesiologist for publicly covered patients.</p> <p>Oncologists and family doctors prescribe opioids in case of incurable oncologic patients for outpatient treatment/pain management. Their consultation costs are covered publicly for patients with confirmed oncologic diagnoses.</p> <p>Patients without a confirmed oncological diagnosis and with private insurance may be reimbursed fully or partially.</p>

¹¹¹ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹¹² KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025



Table 4: Cost of treatment II

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement
Laboratory research			
Laboratory test: monitoring full blood count: e.g. Hb, WBC & platelets (complete blood count/CBC)	30-40 ¹¹³		Covered fully by both public programmes and private insurance (for privately insured). ¹¹⁴
Laboratory test: blood count related to leukemia	30-40 ¹¹⁵		The public programme fully covers patients with confirmed oncological diagnoses. Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially. ¹¹⁶
Laboratory test: tumour marker: BCR-ABL (leukaemia)	500 ¹¹⁷		
Laboratory test: tumour marker: CA 125 (e.g. monitoring effect ovarian cancer)	40-100 ¹¹⁸	50-120 ¹¹⁹	
Laboratory test: tumour marker: CA 15-3	45 ¹²⁰		
Laboratory test: tumour marker: calcitonin	100 ¹²¹		
Laboratory test: tumour marker: CEA (Carcinoembryonic antigen)	45-50 ¹²²		
Laboratory test: tumour marker: LDH (= lactate dehydrogenase)	70 ¹²³		

¹¹³ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹¹⁴ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹¹⁵ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹¹⁶ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹¹⁷ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹¹⁸ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹¹⁹ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹²⁰ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹²¹ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹²² KII03, Oncological healthcare provider, Interview, 20 May 2024

¹²³ KII03, Oncological healthcare provider, Interview, 20 May 2024



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement
Laboratory test: tumour marker: PSA test (Prostate-Specific Antigen)	45 ¹²⁴		The cost is covered for the respective age group (males aged 50-70 years) under the public programme. ¹²⁵ Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially.
Laboratory test: tumour marker: thyroglobulin (=Tg) (thyroid cancer)	180 ¹²⁶		The public programme fully covers patients with confirmed oncological diagnoses. Patients without a confirmed oncological diagnosis and with private insurance may be reimbursed fully or partially.
Laboratory test: gynecology: cervical Pap smear	80 ¹²⁷		The cost is covered for the respective age group (females aged 25-60 years) under the public programme. ¹²⁸ Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially.
Diagnostic imaging			
Bone density measurement (DEXA-scan)	200 ¹²⁹		The public programme fully covers patients with confirmed oncological diagnoses.

¹²⁴ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹²⁵ 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 1

¹²⁶ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹²⁷ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹²⁸ 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 1

¹²⁹ KII03, Oncological healthcare provider, Interview, 20 May 2024



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement
Diagnostic imaging: computed tomography (CT Scan)	290-450 ¹³⁰	CT – 250-300 with contrast CT – 450 ¹³¹	The public programme fully covers patients with confirmed oncological diagnoses. Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially. ¹³²
Diagnostic imaging: colonoscopy	465 with sedation 365 without sedation ¹³³	700 with sedation 165 without sedation ¹³⁴	Same as above
Diagnostic imaging gynaecology: colposcopy	120 ¹³⁵		
Bone scan	450 ¹³⁶		
Integrated PET/CT- scan	2 700 ¹³⁷	3 200-3 500 ¹³⁸	

¹³⁰ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹³¹ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹³² KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹³³ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹³⁴ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹³⁵ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹³⁶ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹³⁷ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹³⁸ KII03, Oncological healthcare provider, Interview, 20 May 2024



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement
Mammography	80 – mammography	80 – mammography 450 – contrast mammography 120 – with tomosynthesis (3D)	The cost for simple mammography (GEL 80 [EUR 27]) is covered for the respective age group (females aged 40-70 years) under the public programme. ¹³⁹ Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially.
MRI-scan	450 – brain with IV contrast 540 – spinal cord with IV contrast 495 – abdominal with IV contrast 450 – thorax and small pelvis with IV contrast ¹⁴⁰	1 095-1 270 – whole body with IV contrast 450-624 – brain with IV contrast 360-584 – abdominal with IV contrast 400-584 – small pelvis with IV contrast ¹⁴¹	The public programme fully covers patients with confirmed oncological diagnoses. Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially. ¹⁴²
PET-scan	2 700 ¹⁴³	3 500 ¹⁴⁴	
Scintigraphy (nuclear medicine)	315 – skeletal bones ¹⁴⁵	400 – skeletal bones ¹⁴⁶	

¹³⁹ 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 1

¹⁴⁰ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁴¹ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹⁴² KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁴³ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁴⁴ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹⁴⁵ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁴⁶ KII03, Oncological healthcare provider, Interview, 20 May 2024



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement
Ultrasound	120 – urinary tract 80-120 – thyroid screening 50-100 – mammary gland regions 50-100 – kidney and ureter 80-120 – genital tract 50-100 – inguinal lymph nodes 50-100 – regional lymph nodes ¹⁴⁷		The cost of mammary gland ultrasound, if indicated as a result of mammography, is covered for the respective age group (females aged 40-70 years) under the public programme. ¹⁴⁸ The public programme fully covers patients with confirmed oncological diagnoses. Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially. ¹⁴⁹
Treatment			
Oncology: aftercare for allogeneic stem cell (=bone marrow) transplantation	170 000 (includes cost of transplant pre and aftercare) ¹⁵⁰		Fully covered under the public programmes (Organ Transplant State and Municipal Programme – see section 2.3.3)
Autologous stem cell (=bone marrow) transplantation, including pre- and aftercare	95 000 ¹⁵¹		
Immunotherapy; donor lymphocyte (or leukocyte) infusion (DLI)	No separate cost is available. It is included in the allogenic and autologous stem cell transplant costs above ¹⁵²		

¹⁴⁷ KII03, Oncological healthcare provider, Interview, 20 May 2024

¹⁴⁸ 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 1

¹⁴⁹ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁵⁰ 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 14.1 Cost of Service

¹⁵¹ 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 14.1 Cost of Service

¹⁵² KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement
Radiation therapy	7 600 ¹⁵³	5 997-7 925 ¹⁵⁴	The public programme fully covers patients with confirmed oncological diagnoses.
Sessions with administration of specific intravenous chemotherapy/immunotherapy-medicines	390-500 (per session, does not include the cost of medicines) ¹⁵⁵	300-1 400 (per session, does not include the cost of medicines) ¹⁵⁶	
Placement of central venous catheter: a peripherally inserted central catheter (= PICC) to administer nutrition and/or medication (e.g. chemotherapy)	350 ¹⁵⁷		
Placement of central venous catheter: a port catheter (such as Portacath®) to administer nutrition and/or medication (e.g. chemotherapy)	450 ¹⁵⁸		
Terminal and palliative care	11 – per doctor/nurse visit 75 – per inpatient bed/day ¹⁵⁹		
			Covered by the public programme (2.3.5 State Programme for Palliative Care of Terminal Patients). Bed/day price includes accommodation, food, medicines and specialist consultations as required.

¹⁵³ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁵⁴ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁵⁵ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁵⁶ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁵⁷ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁵⁸ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁵⁹ 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 16, Chapter 4



6. Cost of medication

The price differentials on the Georgian pharmaceutical retail market are significant. At any given time, most pharmaceutical manufacturers offer volume-based commercial discounts to Georgian importers and wholesalers, with discounts ranging from 3 %-20 %.¹⁶⁰ However, since the introduction of reference pricing for over 7 100 pharmaceutical items in the year 2024, wholesalers and retailers are not allowed to charge prices above the state determined reference price for any pharmaceutical product included in the Reference Prices list published at the official site of the MoIDPLHSA.¹⁶¹

Table 5 lists the reference prices, as of November 2024, for medications in the Reference Price list of the MoIDPLHSA. When a medication is not included, Table 5 lists the most recent price quoted on the website of several major importer/wholesaler/retailer pharmaceutical chains in Georgia, “PSP”, “Aversi” and “Pharmaco”. As a rule, all medications registered and available in Georgia are free if used as part of the treatment regime of outpatient and inpatient health services provided patients diagnosed with oncological diseases in accordance with the national guidelines and covered under the UHCP and the State Programme for Palliative Care of Terminal Patients.¹⁶²

An amendment, introduced by the Minister of Health, updates regulations for the distribution and administration of injectable anti-cancer drugs and solutions under the State Programme for Universal Health Care. Appendix N2.1 sets out proper storage, transport, and service efficiency of medications: medications are to be provided directly at the treatment facility, with patients notified via text message. Prior to this, patients were required to collect medications from pharmacies. This amendment came into effect on 24 July 2024. It does not apply to electronic prescriptions issued before that date.¹⁶³

The costs of drugs outside those services are only reimbursed for the privately insured (fully or partially, depending on the insurance package).¹⁶⁴

¹⁶⁰ CIF, Pharmaceutical pricing policies to improve the Pharmaceutical pricing policies to improve the population’s access in Georgia, October 2019, [url](#), pp. 16-17

¹⁶¹ Georgia, MoIDPLHSA of Georgia, Pharmaceuticals for which reference prices are set, 2024, [url](#)

¹⁶² Georgia, LEPL, National Health Agency, ონკოლოგიურ პაციენტთა სამკურნალოდ გათვალისწინებული ავთვისებიანი სიმსივნის საწინააღმდეგო მედიკამენტების ნუსხა” [List of medications against malignant tumours for treatment of oncological patients], 2024, [url](#)

¹⁶³ Georgia, LEPL National Health Agency, საყოველთაო ჯანმრთელობის დაცვის“ სახელმწიფო პროგრამის ფარგლებში ონკოლოგიურ პაციენტთა სამკურნალოდ გათვალისწინებული ავთვისებიანი სიმსივნის საწინააღმდეგო მედიკამენტების ნუსხის, მათი ბენეფიციარებზე გაცემისა და ადმინისტრირების წესის დამტკიცების შესახებ“ საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის ჯანმრთელობისა და სოციალური დაცვის მინისტრის 2024 წლის 7 თებერვლის MOH 4 24 00000035 ბრძანება, [Order of the Minister of IDPs from the Occupied Territories, Labor, Health and Social Protection of Georgia dated February 7, 2024 MOH 4 24 00000035 on the approval of the list of anti-malignant tumor medicines provided for the treatment of oncological patients within the framework of the “Universal Healthcare” State Programme, the procedure for their issuance to beneficiaries and administration], [url](#)

¹⁶⁴ KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024



For certain medicines indicated as “not available in hospitals and pharmacies as of November 2024”, several pharmaceutical companies (e.g. “Pharmaco”) provide an opportunity for patients to call or apply online and place an order for that specific medication that will be delivered to their address (or any other location) in four to eight weeks’ time. Some of these medications may require a doctor-issued prescription and medical certificate (form 100) so companies can comply with import requirements for those medicines that are on the controlled substances national list or are not registered in Georgia.¹⁶⁵

Table 5: Cost of medication

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box ¹⁶⁶ (GEL)	Place	Reimbursement
Anti-hormones: anti-oestrogens							
Tamoxifen	Tamoxifen	10 mg	pill	30 tablets	5.25 ¹⁶⁷	Available at both hospitals and pharmacies	The public programme fully covers patients with confirmed oncological diagnoses.
Fulvestrant	Faslodex®	250 mg/5 ml	injection	2	310 ¹⁶⁹	Available at both hospitals and pharmacies	Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially. ¹⁶⁸
Anti-hormones: aromatase-inhibitors							
Letrozole	Letrozol-Denk	2.5 mg	pill	30 tablets	66.41 ¹⁷⁰	Available at both hospitals and pharmacies free	Same as above

¹⁶⁵ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁶⁶ The source of the price quote is the reference price list of the MoIDPLHSA, 2024, [url](#), when the source of the price quote is not specifically indicated.

¹⁶⁷ Aversi, Tamoxifen, 2018, [url](#)

¹⁶⁸ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁶⁹ Aversi, Faslodex, 2018, [url](#)

¹⁷⁰ PSP, Letrozol-Denk, [url](#)



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box ¹⁶⁶ (GEL)	Place	Reimbursement
Anastrozole	Arimidex®	1 mg	pill	28 tablets	34.86	Available at both hospitals and pharmacies	Same as above
Exemestane	Aromasin®	25 mg	pill	30 tablets	45.05 ¹⁷¹	Available at both hospitals and pharmacies	Same as above
Chemotherapy							
Vincristine	Vincristine Kocak	1 mg/1 ml	ampoule	1	15 ¹⁷²	Not available at pharmacies and hospitals as of November 2024	Not covered under the public programmes. Only upon individual patient request imported from Turkey by the pharmaceutical wholesalers. Takes 4-8 weeks, with form 100 provided to the importer.
Doxorubicin (such as Adriamycin®)	Doxorubicin Kocak IV	10 mg/5 ml	vial	1	15 ¹⁷³	Not available at pharmacies and hospitals as of November 2024	Not covered under the public programmes. Only upon individual patient request imported from Turkey. Takes 4-6 weeks, with form 100

¹⁷¹ PSP, Aromasin, 2024, [url](#)

¹⁷² Pharmaco, Vincristine-Kocak, n.d., [url](#)

¹⁷³ Pharmaco, Doxorubicin Kochak, n.d., [url](#)



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box ¹⁶⁶ (GEL)	Place	Reimbursement
							provided to the importer.
Epirubicin (hydrochloride)	Epirubicin AqVida	50 mg / 25 ml	vial	1	164 ¹⁷⁴	Available at both hospitals and pharmacies	The public programme fully covers patients with confirmed oncological diagnoses. Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially. ¹⁷⁵
Daunorubicin	Daunosin	20 mg/ 4 ml	vial	1	45 ¹⁷⁶	Not available at pharmacies and hospitals as of November 2024	Not covered under the public programmes. Only upon individual patient request imported from Turkey. Takes 4-6 weeks, with form 100 provided to the importer.
Capecitabine	Xeloda®	500 mg	pill	120	193.21	Available at both hospitals and pharmacies	The public programme fully covers patients with confirmed oncological diagnoses. Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed

¹⁷⁴ Aversi, Epirubicin Akvida, 2018, [url](#)

¹⁷⁵ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁷⁶ Pharmaco, Daunosin, n.d., [url](#)



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box ¹⁶⁶ (GEL)	Place	Reimbursement
							fully or partially. ¹⁷⁷
Fluorouracil	Fluorouracil-Farmako	1 000 mg /20 ml	vial	1	12.5 ¹⁷⁸	Not available at pharmacies and hospitals as of November 2024	Not covered under the public programmes. Only upon individual patient request imported from Turkey. Takes 4-6 weeks, with form 100 provided to the importer.
Cytarabine	Korabin	1 000 mg /20 ml	vial	1	34.37 ¹⁷⁹	Available at both hospitals and pharmacies	The public programme fully covers patients with confirmed oncological diagnoses. Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially. ¹⁸⁰
Gemcitabine	Gemcitabine	1 000 mg /10 ml	vial	1	75.15	Available at both hospitals and pharmacies	
Azacitidine	Azacitidine Aqvida	100 mg /4 ml	ampoule	1	420 ¹⁸¹	Available at both hospitals and pharmacies	
Etoposide	Etoposid Accord	100 mg /5 ml	ampoule	1	18.75	Available at both hospitals and pharmacies	
Docetaxel	Docetaxel	80 mg/4 ml	ampoule	1	194.87	Available at both hospitals	

¹⁷⁷ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁷⁸ Pharmaco, Fluorouracil, n.d, [url](#)

¹⁷⁹ Aversi, Corabin, 2018, [url](#)

¹⁸⁰ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁸¹ Aversi, Azacytidin Aqvida, 2024, [url](#)

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box ¹⁶⁶ (GEL)	Place	Reimbursement
						and pharmacies	
Paclitaxel	Padaxel	300 mg/ 50 ml	vial	1	142.6 ¹⁸²	Not available at pharmacies and hospitals as of November 2024	Only upon individual patient request imported from Turkey. Takes 4-6 weeks, with form 100 provided to the importer.
Cyclophosphamide	Endoxan	1 gr	vial	1	34.1	Available at both hospitals and pharmacies	The public programme fully covers patients with confirmed oncological diagnoses. Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially. ¹⁸³
Mercaptopurine	Merpurin	50 mg	pill	25	60 ¹⁸⁴	Available at both hospitals and pharmacies	
Cisplatin	Cisplatin	100 mg/ 100 ml	vial	1	50.43	Available at both hospitals and pharmacies	
Carboplatin	Carboplatin	450 mg/ 45 ml	vial	1	119.92	Available at both hospitals and pharmacies	
Monoclonal antibodies							
Bevacizumab	Avastin®	100 mg/ 4 ml	powder for	1	680 ¹⁸⁵	Available in pharmacies	The public programme fully covers patients

¹⁸² Pharmaco, Padaxel, n.d., [url](#)

¹⁸³ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁸⁴ Medical Information Service, [url](#)

¹⁸⁵ Aversi, Avastin, 2018, [url](#)

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box ¹⁶⁶ (GEL)	Place	Reimbursement
			infusion solution			for sale at this price	with confirmed oncological diagnoses. Not covered by the private insurance Directly procured from manufacturers and supplied to the oncology clinics/departments by the NHA under UHCP ¹⁸⁶
Rituximab	MabThera®	500 mg/50 ml 1 400 mg/11.7 ml	powder for infusion solution/ vial	1 1	1 999 ¹⁸⁷ 2 755 ¹⁸⁸	Available in pharmacies for sale at these prices	Same as above
Pembrolizumab	Keytruda®	100 mg/4 ml	vial	1	7 902.3 ¹⁸⁹	Available in pharmacies for sale for this price	Not provided or reimbursed by UHCP ¹⁹⁰
Pertuzumab	Perjeta®	420 mg/14 ml	suspension in vial	1	4 995 ¹⁹¹	Available in pharmacies for sale for this price	The public programme fully covers patients with confirmed oncological diagnoses.

¹⁸⁶ Georgia, LEPL National Health Agency of Georgia, ცენტრალიზებულად შესყიდული (ფარმაცევტულ კომპანიებთან პირდაპირი მოლაპარაკების გზით შესყიდული) ავთვისებიანი სიმსივნის საწინააღმდეგო მედიკამენტები [Centrally procured (with directly negotiated prices) medications against malignant tumors], 2020, [url](#)

¹⁸⁷ Aversi, MabThera, 2018, [url](#)

¹⁸⁸ Medical Information Service, n.d., [url](#)

¹⁸⁹ PSP, Keytruda, 2024, [url](#)

¹⁹⁰ Georgia, LEPL National Health Agency of Georgia, როგორ ეხმარება სახელმწიფო ონკოპაციენტებს: სიმსივნის საწინააღმდეგო მედიკამენტებით (მონოკლონური ანტისხეულები, პროტეინკინაზას ინჰიბიტორები და ბისფოსფონატები) მკურნალობა და მკურნალობასთან დაკავშირებული გამოკვლევები [How the state supports oncopatients: Treatment with medications against malignant tumors (monoclonal antibodies, protein synthesis inhibitors and bisphosphonates) and treatment-related diagnostics], 2020, [url](#)

¹⁹¹ Aversi, Perjeta, 2024, [url](#)



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box ¹⁶⁶ (GEL)	Place	Reimbursement
							Not covered by the private insurance Directly procured from manufacturers and supplied to the oncology clinics/departments by the NHA under UHCP ¹⁹²
Trastuzumab	Herceptin®	600 mg /5 ml	vial	1	1 500 ¹⁹³	Available in pharmacies for sale for this price	Same as above
Oncology: other							
Folinic acid	Leukovorin calcium	50 mg/5 ml	injection	1	8.75 ¹⁹⁴	Not available at pharmacies and hospitals as of November 2024	Not covered under the public programmes. Only upon individual patient request imported from Turkey. Takes 4-6 weeks, with form 100 provided to the importer.
Hormones							
Goserelin	Zoladex®	3.6 mg	injection capsule	1	120 ¹⁹⁵	Available in pharmacies for sale for this price	The public programme fully covers patients with confirmed oncological diagnoses.

¹⁹² Georgia, LEPL National Health Agency of Georgia, ცენტრალიზებულად შესყიდული (ფარმაცევტულ კომპანიებთან პირდაპირი მოლაპარაკების გზით შესყიდული) ავთვისებიანი სიმსივნის საწინააღმდეგო მედიკამენტები [Centrally procured (with directly negotiated prices) medications against malignant tumors], 2020, [url](#)

¹⁹³ Aversi, Herceptin, 2024, [url](#)

¹⁹⁴ Pharmaco, Leucovorin Calcium, n.d., [url](#)

¹⁹⁵ Aversi, Zoladex, n.d., [url](#)



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box ¹⁶⁶ (GEL)	Place	Reimbursement
							Patients without a confirmed oncological diagnosis who have private insurance may be reimbursed fully or partially. ¹⁹⁶
Triptorelin	Diferilin	3.75 mg	injection	1	329.64 ¹⁹⁷	Available in pharmacies for sale for this price	Same as above
Pain medication: strong medication							
Morphine	Morphine hydrochloride	10 mg/1 ml	ampoule	1	1.44 ¹⁹⁸	Available in hospitals and pharmacies as a controlled substance	The public programme fully covers patients with confirmed oncological diagnoses. Not covered by the private insurance Directly procured by the NHA and provided for free to the patients.
Fentanyl	Fentanyl	0.1 mg/2 ml	ampoule			Not available	Not covered

Source: Reference price list - MoIDPLHSA,¹⁹⁹ PSP,²⁰⁰ Aversi,²⁰¹ November 2024

¹⁹⁶ KII04, Senior official at the MoIDPLHSA, Interview, 4 February 2025

¹⁹⁷ PSP, Diferilin, 2024, [url](#)

¹⁹⁸ State Procurement Agency, Contract on State Procurement No. N281221/1 for Software Code (27 03 03 05), 2021, [url](#)

¹⁹⁹ Georgia, Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs of Georgia, Pharmaceuticals for which reference prices are set, 2024, [url](#)

²⁰⁰ PSP, 2024, [url](#)

²⁰¹ Aversi, 2024, [url](#)



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Annex 2: Terms of Reference

General information

- Briefly describe prevalence and incidence of oncological diseases like leukemia and breast, colorectal, lung, prostate and cervical cancers (epidemiologic data).
- How is the health care organized for oncological diseases (primary care- initial point of contact for patients, specialist care by oncologists, hematologists, etc., multidisciplinary teams, oncology centres that specialise in the diagnosis and treatment of cancer, supportive care services (e.g. pain management, psychosocial support, palliative care), state initiatives e.g. national cancer control programmes, prevention programmes and access to cancer screening etc.)?
- How are patients suffering from oncological diseases treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat oncological 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 suffering from oncological diseases? Are there sufficient resources available to treat all patients (distribution of resources nationwide, etc.)?
- Is there a particular type of oncological diseases for which no (or only partial) treatment exists in the country?
- Is there a (national) institute/centre specialised in studying, performing research and/or treating oncological diseases?
- Are there any national or international plans or (donor) programmes for certain oncological diseases; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for oncological 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 oncologic patients? 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? If feasible, are there variations in access to



oncological healthcare across regions in Georgia, including Abkhazia and South Ossetia?

- What is the 'typical route' for a patient with oncological diseases (after being diagnosed with the disease)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can s/he receive follow-up treatment?
- Are there waiting times for oncological diagnostics and treatments (e.g., specialist care by oncologists, oncology centres, supportive care services (e.g. pain management, psychosocial support, palliative care)?
- 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 oncological diseases?

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 suffering from oncological diseases, in need of diagnostics, oncological treatments and medications, supportive care services (e.g. pain management, psychosocial support, palliative care), 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 groups (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:



- In the table, indicate the price for inpatient and outpatient treatments in public and private facilities 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 are not available or 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? Is there a special procedure (like Form #100) to obtain oncological medications?
- 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.



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