

Georgia

Nephrology



Nephrology

MedCOI

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Disclaimer

This report was written according to the EUAA MedCOI Methodology (2025). The report is based on carefully selected sources of information. All sources used are referenced.

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

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

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

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

The drafting of this report was finalised on 27 October 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
AKI	Acute Kidney Injury
CKD	Chronic Kidney Disease
CT	Computed Tomography
CVD	Cardiovascular Disease
DNT	Dialysis, Nephrology and Transplantation
DRG	Diagnostic Related Group
ESRD	End-Stage Renal Disease
EUAA	European Union Agency for Asylum
EU	European Union
GEL	Georgian Lari (currency)
GFR	Glomerular Filtration Rate
GN	Glomerulonephritis
HD	Haemodialysis
HER2	Human Epidermal Growth Factor Receptor 2
IHME	Institute for Health Metrics and Evaluation
ISN	International Society of Nephrology
KRT	Kidney Replacement Therapy





Term	Definition
MoIDPLHSA	Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs
MRI	Magnetic Resonance Imaging
NCD	Non-Communicable Disease
NCDC	National Center for Diseases Control and Public Health of Georgia
NGO	Non-Government Organisation
NHA	National Health Agency
OOP	Out of Pocket
PD	Peritoneal Dialysis
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 nephrological 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 15 September 2025 – 6 October 2025, and additional information was added to the report as a result of the quality review process during the review implementation up until 27 October 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: governmental publications, academic publications, information from medical associations and medical facilities, 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](#)



1. General information

1.1. Epidemiology

The latest incidence and prevalence figures for renal (kidney) failure reported by the National Center for Diseases Control and Public Health of Georgia (NCDC) were, 25.4 and 102.2 per 100 000 people, respectively.⁵ According to the Institute for Health Metrics and Evaluation (IHME), an estimated 15.6 % of the Georgian population had chronic kidney disease (CKD) in 2021, significantly higher than the global average (8.8 %) and the regional average for Central and Eastern Europe and Central Asia (11.9 %) in 2021.⁶

In 2024, there were 396 deaths registered as caused by kidney diseases (N00-N29), accounting for approximately 0.8 % of all deaths that year in Georgia. This proportion has remained relatively constant (within 1 %) during the last decade.⁷

1.2. Organisation of Care and Treatment Facilities for Kidney Diseases

The delivery of healthcare for patients with kidney diseases reflects the general healthcare in Georgia, which is decentralised and dominated by private health providers.⁸ It 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 the municipal level; and
- Tertiary care, provided by regional and national-level hospitals.⁹

Rural doctors and nurses are publicly employed, while most municipal-level medical centres, (including those providing PHC services) and tertiary care hospitals, are private.¹⁰ For comprehensive information on the healthcare system in Georgia, refer to the *MedCOI Report on the Provision of Healthcare in Georgia*.¹¹

⁵ Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), p. 86

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

⁷ Georgia, Geostat, Number of deaths by sex and causes of death, 2024, [url](#)

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

⁹ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025

¹⁰ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

¹¹ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 19-23

PHC in Georgia is defined as the first point of contact ‘of an individual or a family within the healthcare system’,¹² and includes those seeking diagnosis and treatment of kidney problems. According to national guidelines, PHC providers are responsible for the initial diagnosis, treatment and case management of chronic diseases, including diabetes, high blood pressure and heart diseases; key risk factors for kidney diseases.¹³ They are also responsible for coordinating the care for patients with an established diagnosis of chronic diseases, including kidney diseases.¹⁴

There is no lead scientific or clinical institute in Georgia coordinating the treatment of kidney diseases. Specialised diagnostic and secondary outpatient and inpatient care for patients with kidney diseases is provided by multi-profile polyclinics and municipal medical centres in 61 out of 64 municipalities. As of July 2025, medical centres in 50 out of 64 municipalities have haemodialysis (HD) capabilities to ensure the provision of temporary (acute) and or continuous (chronic) kidney replacement therapy (KRT) that serve up to 3 000 patients daily.¹⁵ Home HD is not available in Georgia; the only option for home-based KRT is peritoneal dialysis (PD).¹⁶

Acute cases of kidney diseases, such as acute glomerulonephritis (GN) or acute kidney injury (AKI) or exacerbations of CKD and complications, such as renal failure and end-stage renal disease (ESRD), are mostly managed in tertiary care regional and national specialised centres and departments of multi-profile tertiary care hospitals that also provide KRT services. See Table 1 for some of the key providers of specialised and tertiary care services.¹⁷

Table 1: Key tertiary care providers of specialised health services for patients with kidney diseases

Institution	Owner-ship Status	Healthcare Services Provided for Kidney Diseases	Location(s)
Georgian Medical Holding¹⁸	Public	Adult diagnostic and specialist outpatient and inpatient care, HD centres for KRT in Tbilisi, Zugdidi and Batumi.	Tbilisi – N. Kipshidze Central University Clinic ¹⁹ Zugdidi – Rukhi Republican Hospital ²⁰ Batumi – Batumi Republican Hospital ²¹

¹² Georgia, Law of Georgia on Health Care, Chapter I. General Provisions, ჯანმრთელობის დაცვის შესახებ [Law of Georgia on Healthcare], 2007, [url](#), Article 3(s)

¹³ Georgia, MoIDPLHSA, “კლინიკური გზამკვლევი [clinical guidelines]”, 2025, [url](#)

¹⁴ Georgia, MoIDPLHSA, “საექიმო სპეციალობათა კომპეტენციები [competences of medical specialties]”, 2025, [url](#), Annex 10

¹⁵ Georgia MoIDPLHSA, “სიახლეები [news]”, 2025, [url](#)

¹⁶ Tchokhonelidze, I., Global Dialysis Perspective: Georgia, 2023, [url](#), pp. 106-109

¹⁷ 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

¹⁸ Georgian Medical Holding, [website], 2021, [url](#)

¹⁹ Central University Clinic, [website], 2025, [url](#)

²⁰ Rukhi Republican Hospital, [website], 2025, [url](#)

²¹ Batumi Republican Hospital, [website], 2025, [url](#)

Institution	Owner-ship Status	Healthcare Services Provided for Kidney Diseases	Location(s)
Georgia Healthcare Group ²²	Private for-profit	Paediatric and adult diagnostic and specialist outpatient and inpatient care, urology or nephrology departments and HD centres in all their key hospitals in Tbilisi, Kutaisi and Batumi.	Tbilisi – Caucasus Medical Center; M. Iashvili Children's Central Hospital; Iv. Bokeria University Hospital; Caraps Medline Vake and Dighomi Kutaisi – West Georgia Medical Center Batumi - M. Iashvili Batumi Maternal and Child Central Hospital
American Hospital Tbilisi ²³	Private for-profit	Paediatric and adult diagnostic and specialist outpatient care with dedicated kidney transplantation services.	Tbilisi
Dialysis and Nephrology Center ²⁴	Private for-profit	Adult diagnostic and specialist outpatient services, and HD centre.	Batumi
K. Eristavi National Center of Experimental and Clinical Surgery ²⁵	Private for-profit	Paediatric and adult diagnostic and specialist outpatient and inpatient care for kidney diseases and kidney transplantation in a dedicated "Department of Nephrology, Transplantation and Haemodialysis".	Tbilisi
L. Managadze National Urology Center ²⁶	Private for-profit	Adult diagnostic and specialist outpatient services, focusing on surgical treatment for kidney cancer and HD centre.	Tbilisi
Nephrology Development Clinical Center ²⁷	Private for-profit (University Hospital)	Adult diagnostic and specialist outpatient services, focusing on kidney transplant and HD centre.	Tbilisi

²² Vian, [website], 2025, [url](#)

²³ American Hospital Tbilisi, [website], 2023, [url](#)

²⁴ Dialysis and Nephrology Center, [website], 2015, [url](#)

²⁵ K. Eristavi National Center of Experimental and Clinical Surgery, [website], n.d., [url](#)

²⁶ L. Managadze National Urology Center, [Facebook page], Meta 2025, [url](#)

²⁷ Yell.ge, Nephrology Clinical Center, 1999-2025, [url](#)



Institution	Owner-ship Status	Healthcare Services Provided for Kidney Diseases	Location(s)
Open Heart²⁸	Private for-profit (University Hospital)	Adult diagnostic and specialist outpatient care for CKD and HD centre.	Tbilisi
Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic²⁹	Private for-profit (University Hospital)	Paediatric and adult diagnostic and specialist outpatient and inpatient care for kidney diseases and kidney transplantation in a dedicated “Department of Nephrology, Transplantation and Haemodialysis”.	Tbilisi
Todua Clinic³⁰	Private for-profit	Adult diagnostic and specialist outpatient and inpatient acute care provided by their two urology departments in Tbilisi for patients with kidney diseases.	Tbilisi

Source: Compiled by the author based on the information provided by the key informants and internet sources.³¹

²⁸ Open Heart - University Hospital, [website], 2019, [url](#)

²⁹ Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic, Departments, 2024, [url](#)

³⁰ Todua Clinic, [website], 2020, [url](#)

³¹ 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 Kidney Diseases

Georgia has relatively well-developed infrastructure for sophisticated and high-technology healthcare at secondary and tertiary levels.³² This is true for specialised services required by the patients with renal failure: there are 6.7 HD centres and 0.6 kidney transplant centres per million population in Georgia,³³ which exceed the global average of 5 HD centres and 0.5 kidney transplant centres per million population but is below the average figure for Eastern and Central Europe, which is 10.5 HD centres and 0.7 kidney transplant centres per million population.³⁴ Each HD centre/unit is staffed with nephrologists, and in 2023, there were 31.2 nephrologists per million population,³⁵ which is above the median number for Eastern and Central Europe (24.8 per million population) and more than three times the global median figure of 10.8 per million population.³⁶ In 2023, Georgia had the third highest number of paediatric nephrologists per million population (8.9) in the world.³⁷ The HD centres are staffed with nephrologists, trained dialysis nurses, dialysis engineers and dialysis facilities service workers. It is mandated to have one dialysis nurse for every five to six patients. Nephrologists commonly see the HD patients each session. Due to the limited human resources available nationwide of allied health professionals and social workers, HD centres do not employ ancillary team members, such as dietitians, pharmacists, social workers and physical therapists.³⁸

Most healthcare resources, including human resources and diagnostic capacity, are concentrated in Tbilisi and major urban centres like Kutaisi and Batumi; rural areas often lack advanced infrastructure and specialists, including nephrologists.³⁹ While geographical access to HD centres has improved over the last years due to public investments in building dialysis centres across Georgia,⁴⁰ certain advanced high-technology diagnostic and treatment services for patients, including kidney transplants, are only available in the three large urban centres.⁴¹ According to the International Society of Nephrology (ISN), Georgia experiences a shortage of surgeons performing kidney transplants.⁴² For more information on the healthcare resources and services in Georgia, refer to the *MedCOI Report on the Provision of Healthcare in Georgia*.⁴³

³² EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 19-23

³³ ISN – Global Kidney Health Atlas, Georgia, 2025, [url](#)

³⁴ ISN – Global Kidney Health Atlas, Eastern and Central Europe, 2025, [url](#)

³⁵ ISN – Global Kidney Health Atlas, Georgia, 2025, [url](#)

³⁶ ISN – Global Kidney Health Atlas, Eastern and Central Europe, 2025, [url](#)

³⁷ ISN – Global Kidney Health Atlas, Georgia, 2025, [url](#)

³⁸ Tchokhonelidze, I., Global Dialysis Perspective: Georgia, 2023, [url](#), pp. 106-109

³⁹ 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; KII04, Representative of DNT Union of Georgia, Interview, 2 June 2025

⁴⁰ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

⁴¹ ESC, Cardiovascular healthcare delivery data variables, 2024, [url](#)

⁴² ISN – Global Kidney Health Atlas, Georgia, 2025, [url](#)

⁴³ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 27-30



1.4. National and International Programmes

In 2023, Georgia adopted the National Strategy for Prevention and Control of Non-Communicable Diseases (2023–2030).⁴⁴ The strategy aligns with recommendations from the World Health Organization (WHO) and focuses on reducing key risk factors for kidney diseases, such as hypertension and diabetes. It also emphasises early detection and integrated care for hypertension and other cardiovascular diseases (CVDs), diabetes and cancer, including kidney cancer. However, as in many countries globally,⁴⁵ it does not explicitly prioritise the prevention, care and improved outcomes for patients with acute or chronic kidney diseases.⁴⁶

The national programmes financing management and care for kidney diseases include:

- Preventive programme “State Programme on Health Promotion” focused on prevention of risk factors for non-communicable diseases (NCDs) and is executed by the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA) subordinated agency – the NCDC.⁴⁷
- “Rural Doctor – Rural Primary Health Care Sub-Programme” covering the screening, initial diagnosis, management of the diagnosed chronic conditions, including CKD for rural residents and is executed by the MoIDPLHSA-subordinated agency National Health Agency (NHA).⁴⁸
- “Universal Health Care Programme (UHCP)” covering the diagnosis, management and treatment of most diseases, including kidney diseases and is executed by the NHA.⁴⁹
- “Dialysis and Kidney Transplant” State Programme covering the cost of treatment (devices and surgery) for terminal kidney insufficiency and is executed by the NHA.⁵⁰
- “Referral Service” State Programme along with other services covering the cost of treatment for individual patients with kidney diseases applying for financial assistance not covered under other national programmes and is administered by the NHA.⁵¹

⁴⁴ Georgia, MoIDPLHSA, “საქართველოში არაგადამდებ დაავადებათა პრევენციისა და კონტროლის ეროვნული სტრატეგია 2023-2030 და 2023-2025 წლების სამოქმედო გეგმა. [National Strategy for Prevention and Control of Non-communicable Diseases in Georgia 2023-2030 and Action Plan for the years 2023-2025]”, 2025, [url](#)

⁴⁵ Kidney disease: a global health priority, 2024, [url](#), pp. 421–423

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

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

⁴⁸ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, [url](#), Annex 18.3

⁴⁹ 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](#)

⁵⁰ 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 15

⁵¹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, [url](#), Annex 15



- Programmes funded by the local self-government budgets (see Section 2.1.5).

Each of these programmes covers specific services at the respective level of care for individuals with kidney diseases. Eligibility criteria, population covered, co-payment requirements and coverage annual 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] are not covered for most of the services financed through UHCP). However, there are no duplications or overlaps between the national and municipal programmes, as (a) municipal programmes are coordinated with MoIDPLHSA prior to their adoption and (b) the municipal commissions making decisions on individual patient applications for municipal funding of needed medical care (see Section 2.1.5) verify that the patient or the requested care is not covered by the national programmes.⁵² It should be noted that municipal programmes may finance the set co-payments of treatment costs described in the national programmes for residents of their municipalities on a case-by-case basis (see details in Section 2.1, Access to treatment).

The international financial institutions and development partners, such as the United Nations' organisations, including the WHO, 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 aimed at improved coverage and quality of services for NCDs, including the kidney diseases. There are no international programmes that specifically target these diseases or support individual patient care for kidney diseases.⁵³

There are several professional medical associations, such as the Dialysis, Nephrology and Transplantation (DNT) Union of Georgia,⁵⁴ the Georgian Association of Transplantologists,⁵⁵ the Georgian Urological Association⁵⁶ and the Georgian Association of Oncological Urology,⁵⁷ which are members or associated members of the international professional bodies, such as the ISN⁵⁸ and the European Association of Urology.⁵⁹ They engage in international collaboration to improve the access and quality of care for patients with kidney diseases in Georgia. They utilise international partnerships to organise conferences and exchange experiences, develop national clinical guidelines, provide postgraduate education courses and peer support to medical professionals, and conduct health promotion, awareness and free screening services campaigns for the Georgian population.⁶⁰ The DNT Union of Georgia maintains the specific disease and care registries for acute kidney injury, kidney biopsy, vascular access, haemodialysis and peritoneal dialysis. There is no chronic kidney disease

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

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

⁵⁴ DNT Union of Georgia, [website], 2025, [url](#)

⁵⁵ Georgian Association of Transplantologists, [website], 2010-2025, [url](#)

⁵⁶ Georgian Urological Association, [Facebook page], Meta 2025, [url](#)

⁵⁷ Georgian Association of Oncological Urology, [website], n.d., [url](#)

⁵⁸ ISN, 2025, [url](#)

⁵⁹ European Association of Urology, n.d., [url](#)

⁶⁰ KII04, Representative of the DNT Union of Georgia, Interview, 2 June 2025; KII05, Representative of the Georgian Urological Association, Interview, 2 June 2025



registry in Georgia;⁶¹ the Georgian Association of Transplantologists maintains the transplantation registries.⁶²

⁶¹ Tchokhonelidze, I., Global Dialysis Perspective: Georgia, 2023, [url](#), pp. 106-109

⁶² Georgian Association of Transplantologists, [website], 2010-2025, [url](#)



2. Access to treatment

2.1. Specific Treatment Programmes for Kidney Diseases

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

2.1.1. Universal Health Care Programme (UHCP)

The UHCP is the main national programme that aims to ensure financial access to services required by most patients with kidney diseases.⁶³ It finances the provision of screening and diagnostic services, as well as surgical and nonsurgical treatment and management of kidney diseases, including the placement and removal of shunts in patients undergoing HD and PD.⁶⁴ 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*.⁶⁵

More generally, all Georgian citizens and also individuals with recognised stateless, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia, with the exception of individuals whose registered annual income exceeds GEL 40 000 [EUR 12 500] per year and those having private insurance, are eligible for the UHCP coverage⁶⁶ for the standard (minimal) package of services. This package includes 0 % to 30 % co-payment by the patient for most of the diagnostic and treatment services. The services provided for free (without co-payment) for patients with kidney diseases include:

- Outpatient consultations of family doctors and nurses at the PHC level (both office and home visits) where they are registered.
- A 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 test. The tests required for disability assessment,⁶⁷ including those caused by kidney diseases, with the

⁶³ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Annex 1

⁶⁴ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Annex 1.15, chapter 8, article 7

⁶⁵ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 38-42

⁶⁶ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Annex 1, Article 2

⁶⁷ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 1172, 2001, Law of Georgia on Medical and Social Examination, 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, [url](#), Chapter II and VII)



exception of the “high-technology” diagnostic services (computed tomography – (CT) and magnetic resonance imaging (MRI)).⁶⁸

- Urgent outpatient care for predefined “urgent” medical conditions, including emergency transportation and urgent outpatient care and emergency for AKI, or exacerbation of CKD.⁶⁹
- Urgent inpatient care for the predefined “critical” medical conditions that involve acute insufficiency or one or more critical life functions, including in case of kidney diseases.⁷⁰ The UHCP coverage of the urgent inpatient care for critical conditions has GEL 15 000 [EUR 4 688] limit (cap) per case.⁷¹

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

- Outpatient consultations with specialists: cardiologist, neurologist, endocrinologist, urologist and ophthalmologist, if referred by the family doctor.
- Chest X-ray, abdominal ultrasound, liver function test and thyroid-stimulating hormone test if prescribed by the family doctor.
- Urgent inpatient care for the predefined medical conditions with GEL 15 000 [EUR 4 688] limit (cap) per case.
- Planned (non-urgent) surgical inpatient care (non-surgical inpatient care is not covered) with an annual limit of GEL 15 000 [EUR 4 688].⁷²

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.⁷³

⁶⁸ 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

⁶⁹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Annex 1.2, Article 1

⁷⁰ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Annex 1.2, Article 2

⁷¹ 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

⁷² 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

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](#), Annex 1.1, Article 1b.a



The UHCP coverage rates are extended, and patient co-payment rates are reduced or annulled for certain categories of beneficiaries with differentiated benefit packages. These include socially vulnerable households below the poverty line (below 100 000 points on the social assistance scale, with those below 70 000 points having wider benefits and no co-payments and limits), settled internally displaced persons, children in foster care, teachers, public artists, settled internally displaced people, pensioners, 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. The UHCP benefit packages for beneficiaries of these categories do not have annual limits and enjoy either no co-payments (for example, socially vulnerable), at 10 % or a maximum of GEL 500 [EUR 156] (pensioners) or at 20 % maximum of GEL 1 000 [EUR 312] (students) for UHCP-covered services.⁷⁴ In addition, the socially vulnerable, pensioners, children with disabilities, adults with severe and moderate disabilities, war veterans and residents of borderline regions with the occupied territories have full, unlimited coverage for a defined list of medications for the outpatient treatment of several chronic diseases, including CVDs and diabetes that may lead to kidney diseases.⁷⁵ However, the list of medications does not include specific medications used for the treatment of CKD.⁷⁶

Refer to Table 2: Cost of consultations, Table 3: Cost of treatment and Table 4: Cost of medications for additional details.

2.1.2. Rural Doctor – Rural Primary Health Care Sub-Programme

This sub-programme of UHCP covers the services provided to patients with kidney 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.⁷⁷

2.1.3. State Programme for Dialysis and Kidney Transplantation

The goal of this national programme is to “maintain and improve health status of individuals with terminal kidney insufficiency” and provides coverage to all Georgian citizens, stateless persons and foreign citizens permanently residing in Georgia that have terminal insufficiency or are recipients of the organ transplant. Patients that were discharged from the hospital after an AKI episode, that do not have terminal kidney insufficiency but still require dialysis, are

⁷⁴ 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

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](#), Annexes 1 and Annex 1.9

⁷⁶ KII04, Representative of the DNT Union of Georgia, Interview, 2 June 2025; KII05, Representative of the Georgian Urological Association, Interview, 2 June 2025

⁷⁷ 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



temporary beneficiaries of this programme.⁷⁸ The Programme entails coverage for following services:

- “a) Provision of HD, including:
 - i) Consultation with a nephrologist;
 - ii) Clinical and laboratory investigations, as required;
 - iii) Provision of medication – if necessary;
- b) Provision of PD, including:
 - i) Consultation with a nephrologist;
 - ii) Clinical and laboratory investigations – as required;
 - iii) Provision of medication – if necessary;
- c) Procurement and delivery of dialysis supplies, materials and medications necessary for HD and PD;
- d) Kidney transplantation – performing kidney transplant surgery;
- e) Ensuring the operation of the transplant information bank;
- f) Provision of immunosuppressive medication for organ transplant recipients (including “Simulect” for induction immunosuppressive therapy and “Antithymocyte Globulin” for patients at high immunological risk); and
- g) Transport, storage and dispensing of medicinal products (including customs clearance costs for medicinal products within the customs territory of Georgia, receipt, storage, transportation, and distribution to beneficiaries via pharmacies).⁷⁹

The total budget of this national programme is GEL 48 000 000 [EUR 15 000 000], or approximately 2.6 % of the total healthcare budget (GEL 1 855.8 million or approximately EUR 580 million)⁸⁰ for the year 2025. The programme pays GEL 53 [EUR 16.7] per HD session for no more than 157 sessions per year (HD provider should absorb costs of any additional sessions in case of need) and GEL 105 [EUR 32.8] monthly voucher for PD. This cost does not include the cost of dialysis solutions, medications and other supplies, and materials that are provided for free to the providers of HD and PD services.⁸¹ The payment rates for dialysis sessions are lower than the rates reported in European Union (EU) countries – for example, in Italy (GEL 533-821 or EUR 170-262 per HD session)⁸² – and are at par with the costs per HD session reported in lower middle-income countries, such as India (approximately GEL 48-127 or EUR 15-40).⁸³

⁷⁸ 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 15, Article 1 and 2

⁷⁹ 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 15, Article 3

⁸⁰ Georgia, Parliament of Georgia, “2025 წლის სახელმწიფო ბიუჯეტის პროექტის მიმოხილვა [Review of the State Budget 2025]”, [url](#), p. 43

⁸¹ 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 15, Article 4

⁸² Pani, A. & Capasso, G., Global Dialysis Perspective: Italy, 2022, [url](#), pp. 1948-1952

⁸³ DCDC Kidney Care, Understanding the Cost of Dialysis in India: What Are Your Options?[website], 2025, [url](#)



The programme reimburses up to GEL 20 000 [EUR 6 250] to health providers that conduct kidney transplant, which also includes follow-up. However, the immune suppressive medications are separately procured by the NHA and provided for free to the health providers.⁸⁴ For comparison, kidney transplantation in Turkey is approximately EUR 32 000 and starts from EUR 75 000 in Germany.⁸⁵ On average, up to 40 kidney transplant surgeries are conducted and funded nationwide per year (e.g. 41 transplants were conducted in 2024).⁸⁶

Organ donation in Georgia is free and voluntary. Paid donation is legally prohibited. Georgian legislation regulates who can be a live organ donor, and in cases the donor is not a relative, the court permission is needed.⁸⁷

2.1.4. Referral Service State Programme

This national programme aims to deliver medical services to the population groups defined in the list below.⁸⁸ 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 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.⁸⁹

The list of beneficiaries defines general priorities for funding. According to the Decree of the Government of Georgia, the referral programme also covers costs of medical services for patients who individually apply for assistance, including those seeking funding for treatment abroad. A special commission established by the MoIDPLHSA provides the final decision regarding the application, including the amount of covered costs for medical services or

⁸⁴ 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 15, Articles 4 and 6

⁸⁵ Flymedi, [website], 2015-2025, [url](#)

⁸⁶ Georgian Association of Transplantologists, [website], 2010-2025, [url](#)

⁸⁷ Georgia, Government of Georgia, Legislative Herald of Georgia, Law of Georgia, Document No. 3611-XIIIმს-Хმპ ადამიანის ორგანოთა გადანერგვის შესახებ [About Human Organ Transplantation], November 2023, [url](#), Articles 5, 16 and 17

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 19

⁸⁹ 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, [url](#), Appendix 19, Chapter 2



medicines requested by the patient, based on (a) whether the patient represents one of the priority categories listed above, (b) patient's income, (c) medical urgency and (d) availability of the treatment in Georgia (for patients applying for funding of treatment outside Georgia).⁹⁰

The decision on cost coverage under the Referral Service State Programme is made by a commission established by the Ministry of Health and the Ordinance of the Minister. The amount of assistance with medical expenses is determined with the co-payment principle. The current regulations of the commission set the financial assistance limits for medical care, at no more than GEL 10 000 [EUR 3 125] in total per applicant per year, except for residents of the occupied territories and villages bordering the occupied territories, for whom the annual limit is capped at GEL 15 000 [EUR 4 688]. Similarly, financial assistance is capped at the GEL equivalent of 10 000 foreign currency units for individuals applying for funding of treatment outside Georgia.⁹¹

The costs of expensive medications (including medications required for the treatment of kidney diseases) not covered under other state health programmes are funded twice per year (once every six months). The commission may consider such an application four times a year (once every three months) for socially vulnerable citizens, persons with disabilities and the residents of the villages bordering the occupied territories. The ordinance also imposes restrictions on beneficiaries, including no costs covered above the prescribed limits under the UHCP for intensive care. Furthermore, the applications of patients with so-called minimum packages are considered for individual review only in situations where immediate action could prevent the loss of life.⁹²

2.1.5. Programmes Funded by the Local Self-Government Budgets

Tbilisi Municipality and the Autonomous Republic of Adjara have programmes funded through the local budgets that may provide their residents with additional financial opportunities for treatment of the kidney 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 kidney diseases for expenses not covered under the state health programmes.⁹³ 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

⁹⁰ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 331 „რეფერალური მომსახურების“ ფარგლებში შესაბამისი სამედიცინო დახმარების გაწევის შესახებ გადაწყვეტილების მიღების მიზნით კომისიის შექმნისა და მისი საქმიანობის წესის განსაზღვრის შესახებ“ [On the establishment of a commission for the purpose of making decisions on the provision of appropriate medical care within the framework of the "referral service" and determining the rules of its activities], 3 November 2010, [url](#), Chapter 2

⁹¹ KII01, Senior official at the MoDPLHSA, Follow-up Interview, 15 October 2025

⁹² KII01, Senior official at the MoDPLHSA, Follow-up Interview, 15 October 2025

⁹³ 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



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.⁹⁴

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 the mountainous regions of Georgia to access the care needed, particularly in winter.⁹⁵ There is also a shortage of qualified rehabilitation service providers, particularly for the rural population.

Financial access to primary-level care and life-saving urgent surgical and nonsurgical care for patients with kidney diseases is almost universal. Many face a significant financial burden related to diagnostics (particularly for high-technology instrumental procedures), specialist outpatient care and medicines for chronic kidney conditions that are not covered or only partially covered by the UHCP or State Programme for Dialysis and Kidney Transplantation.⁹⁶ The out-of-pocket (OOP) expenditures of patients with kidney 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)⁹⁷ and catastrophic expenditures in the country, particularly among the poorest.⁹⁸

Ethnic minorities may experience additional access problems to quality care due to language barriers and socioeconomic disparities.⁹⁹

Despite the 100 % public coverage, the rate of kidney transplants in 2024 was approximately 11.1 per million population, which is lower than the global median of approximately 14 per million population in 2022.¹⁰⁰ According to the DNT Union representative, the long waiting times for kidney transplant (average waiting time is 5-6 months) can be attributed to restrictions for cadaver organ transplantation in Georgia. This is the main barrier to transplantation. The waiting time for a kidney transplant is limited by the ability of a patient and their family to find a compatible living donor, which in many cases takes months and, in some cases, may take over a year.¹⁰¹

⁹⁴ 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

⁹⁵ KII04, Representative of the Georgian Society of Cardiology, Interview, 10 April 2025

⁹⁶ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025

⁹⁷ WHO, Global Health Expenditure Database, 2014, [url](#)

⁹⁸ Gorgodze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, 2025, [url](#), p. 2

⁹⁹ Open Society Georgia Foundation, "ეთნიკური უმცირესობების წარმომადგენლების სოციალური ექსკლუზიის (გარიყვის) კვლევა [The Study of Social Exclusion of Ethnic Minorities]", 2022, [url](#)

¹⁰⁰ Mudiayi, D., et al., Global Estimates of Capacity for Kidney Transplantation in World Countries and Regions. Transplantation, 2022, [url](#), p. 1115

¹⁰¹ KII04, Representative of DNT Union of Georgia, Interview, 2 June 2025

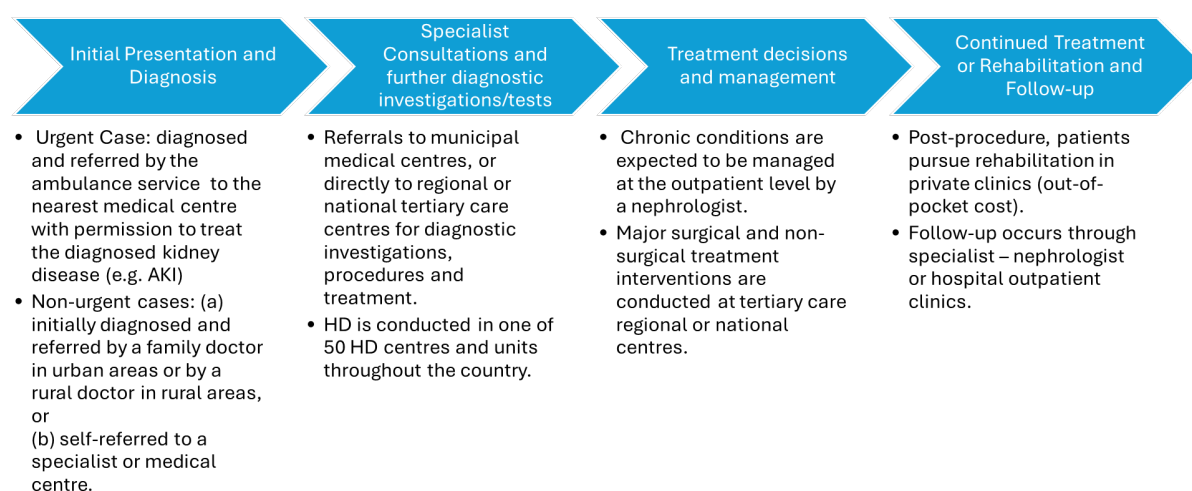
The DNT Union of Georgia reports that all patients with ESRD requiring dialysis are covered under the national programme and the average waiting time for the inclusion into the dialysis programme does not exceed several weeks.¹⁰² The geographical access to HD services has improved during the last few years.¹⁰³

Access barriers listed above are recognised and addressed by the Government of Georgia through reforms expanding UHCP coverage for medicines, including for chronic diseases (hypertension and diabetes) that are major contributors to CKDs, by removing the annual limits starting from 2024,¹⁰⁴ introducing reference pricing for pharmaceuticals, initiating the PHC reform¹⁰⁵ and telemedicine pilots,¹⁰⁶ and applying efforts for the reintegration of the ethnic minorities.¹⁰⁷

2.3. Typical Journey of a Patient with Kidney 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 kidney disease in the health system of Georgia



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

¹⁰² Tchokhonelidze, I., Global Dialysis Perspective: Georgia, 2023, [url](#), pp. 106-109

¹⁰³ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025; KII04, Representative of DNT Union of Georgia, Interview, 2 June 2025

¹⁰⁴ 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 and Annex 1.9

¹⁰⁵ WHO/Europe, Georgia: moving from policy to actions to strengthen primary health care: primary health care policy paper series, 2023, [url](#), pp. 9-20

¹⁰⁶ United Nations, Georgia, Telemedicine: Bridging a Healthcare Gap in Georgia, 2024, [url](#)

¹⁰⁷ Salakhunova, A., Georgia's Path to Inclusivity: Integrating Ethnic Minorities through Education and Policy Reform, Eurac Research, 2024, [url](#)

Urgent cases of kidney diseases, like AKI or exacerbation of the CKD, are commonly transferred by the emergency ambulance service to the nearest medical centre (secondary or tertiary level hospital) that has a permit to manage urgent conditions, including kidney diseases (see Table 1). The emergency medical service is free for all citizens and residents of Georgia.¹⁰⁸

Initial diagnosis of a non-urgent case of a kidney 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 or possible diagnosis of kidney disease are commonly referred for specialist consultations and diagnostic procedures to one of the multi-profile polyclinics and municipal medical centres in 61 out of 64 municipalities, or directly to regional and national specialised centres and departments of multi-profile tertiary care hospitals. The patients with terminal kidney insufficiency (kidney failure) are receiving mostly HD at one of the 50 HD centres nationwide. Patients can choose which HD centre to attend. The public reimbursement rules and amounts for HD and PD do not depend on the location or level of provider where the service is received by patients.¹⁰⁹

When the diagnosis is confirmed and the treatment decisions are taken, the patient follows one of the two alternatives: chronic conditions are expected to be managed at the outpatient level, but by the specialist nephrologist or urologist, rather than a family/rural doctor, while major surgical and non-surgical treatment interventions are conducted at a tertiary care regional or national centres, usually in those hospitals registered as the providers of the publicly funded UHCP.¹¹⁰ Patients with ESRD requiring dialysis are referred to the HD centres of their choice for centre-based dialysis and to PD centres for home-based dialysis, if deemed necessary for medical reasons.¹¹¹

However, the patient often follows a different care pathway. Although PHC is legally considered to be the first point of contact for patients,¹¹² in practice only a small proportion of the population (17 %-23 %, varying by facility) utilises PHC services in Georgia, according to the WHO.¹¹³ As a result, the role of general PHC providers as an initial point of care or even referral for patients with kidney diseases is limited.¹¹⁴ 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

¹⁰⁸ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹⁰⁹ 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 15, Article 4

¹¹⁰ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹¹¹ KII04, Interview, Representative of DNT Union of Georgia, Interview, 2 June 202

¹¹² Georgia, Parliament of Georgia, ჯანმრთელობის დაცვის შესახებ [Law of Georgia on Healthcare], 2007, [url](#), Article 3(s)

¹¹³ WHO/Europe, Georgia: Moving from policy to actions to strengthen primary health care: Primary health care policy paper series, 2023, [url](#), p. 3

¹¹⁴ KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024



NCDs, such as hypertension and diabetes that may lead to kidney diseases, and results-based financing for better healthcare outcomes.¹¹⁵

¹¹⁵ Georgia, Legislative Herald of Georgia, Document No. 36 'საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ' [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Annex 1.17



3. Insurance and national programmes

3.1. National Programmes

Along with the national programmes financing the treatment of the kidney diseases, there are very limited public investments in health promotion programmes that are focused on prevention and mitigation of the risk factors related to their prevention, such public health campaigns directed at increased awareness of hypertension and diabetes and possible life-threatening conditions caused by it, including hypertensive and diabetic GN.¹¹⁶ The budget of the national programme, State Programme on Health Promotion, which funds these initiatives, is only GEL 2 000 000 [EUR 625 000], or approximately 0.1 % of the total government health budget of GEL 1 859 036 000 [EUR 593 107 452] for the year 2025.¹¹⁷

3.2. Private Insurance

The Insurance State Supervision Service reports that as of the end of the first quarter of 2025, 773 366 individuals, or more than 20 % of the total population, were covered by private medical insurance in Georgia. The largest share of privately insured is through the private sector employers' insurance scheme (57.1 % of all privately insured), with 33.8 % through the public schemes and a small proportion (9.1 %) are individually insured.¹¹⁸ Private insurance accounted for up to 6.8 % of total health expenditures in 2022. Total medical (health) claims paid by private insurance in the year 2024 was GEL 358 728 602 [EUR 112 102 688].¹¹⁹

The most prevalent insurance products typically include coverage for the full spectrum of services required for patients with kidney diseases that were diagnosed during the insurance coverage period, including preventive services and medications, with the exclusion of rehabilitation services. However, these products typically do not cover the treatment of the “pre-existing conditions” that include CKD and chronic kidney failure requiring dialysis. There are specific insurance products that provide one-time payment in case the patient is diagnosed with a predefined list of “critical diseases”, including kidney failure that are excluded from common insurance packages.¹²⁰ 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

¹¹⁶ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹¹⁷ 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 10

¹¹⁸ Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, [url](#)

¹¹⁹ Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, [url](#)

¹²⁰ GPI, Insurance Scheme, 2025, [url](#); TBC Insurance, Health Insurance, 2025, [url](#)



premium, depending on the insured person's age and insurance limit. The maximum compensation amount is GEL 250 000 [approximately EUR 78 125].¹²¹

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.¹²²

UHCP eligibility rules prohibit many people from holding public and private insurance in parallel – albeit, many exceptions are made for specific groups, including teachers, public artists, children in foster care, settled internally displaced people, socially vulnerable households below the poverty line (70 000-100 000 points on the social assistance scale), persons of retirement age (over 60 for women and over 65 for men), children aged up to 18 years, with children under 6 years having wider benefits, students and people registered as persons with disability.¹²³

¹²¹ TBC Insurance, Critical Illness Insurance, 2025, [url](#)

¹²² KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025

¹²³ Georgia, Legislative Herald of Georgia, Document No. 36 'საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ' [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Article 59, Annex I



4. Non-government organisations (NGOs)

NGOs, such as NCD Alliance Georgia and Tobacco Control Alliance, along with international partners, such as the WHO, are engaged in the national campaigns for promotion of healthy lifestyles, anti-tobacco efforts and hypertension control that may help to prevent kidney diseases.¹²⁴

There are no NGOs that focus solely on kidney disease patients or that address ways the patients can manage their lifestyles once diagnosed with kidney disease.

¹²⁴ NCD Alliance Georgia, [website], n.d., url; თამბაქოს კონტროლის ალიანსი [Tobacco Control Alliance], [Facebook page], n.d., url



5. Cost of treatment

As noted in Section 1, General information, the majority of facilities providing services for patients with kidney diseases, including the HD centres/units 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 or price ranges for “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 Diagnosis Related Groups¹²⁵ and other state-defined tariffs that NHA pays for the treatment of kidney diseases under the publicly financed programmes (UHCP, Dialysis and Kidney Transplant State Programme, 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;¹²⁶
- b) a representative of the largest private health provider network;¹²⁷ and
- c) a manager of the tertiary care hospital.¹²⁸

The costs 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 2.

The specialists' outpatient consultations, laboratory tests and diagnostic services (with the exemption of positron emission tomography (PET) scan) are covered under the UHCP depending on the eligibility criteria and within the annual limits and co-payments specified in Section 1.2.

¹²⁵ 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](#)

¹²⁶ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹²⁷ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹²⁸ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



Table 2: 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
Internist	Not available	65 ¹²⁹	40 ¹³⁰ -70 ¹³¹	50 ¹³²	<p>Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details).</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Nephrologist	65 ¹³³		50 (office visit); 60-70 (home visit) ¹³⁴		<p>Outpatient consultations are publicly covered only for patients on dialysis.</p> <p>Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details).</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Paediatric nephrologist	65 ¹³⁵				

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

¹³⁰ Synevo, Therapist, Family Doctor, 2021-2025 [url](#)

¹³¹ MediMedi, Medical Centre, მომსახურების ფასები [service prices], 2016-2025, [url](#)

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

¹³³ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹³⁴ MediMedi, Medical Centre, მომსახურების ფასები [service prices], 2016-2025, [url](#)

¹³⁵ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

Note: Some prices are also obtained from web pages of other healthcare providers, which are referenced accordingly.

Table 3: Cost of treatment

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/comments
Laboratory research			
Acid-base balance in blood and urine: blood and urine pH	60 ¹³⁶	15 (urine pH) – 37 (blood pH) ¹³⁷	<p>The “general urine analysis” which includes pH measurement in urine is free at the outpatient level when prescribed by the PHC doctor for all beneficiaries of UHCP.</p> <p>The private inpatient treatment price for laboratory tests refers to the amount included as a component in the full cost (price) of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries, as needed. The public coverage of the full price of the treatment episode varies, requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details).</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Kidney function overall index: Glomerular filtration rate (GFR)	20 ¹³⁸	65 ¹³⁹	<p>The private inpatient treatment price for laboratory tests refers to the amount included as a component in the full cost (price) of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries, as needed. The public coverage of the full price of the treatment episode varies, requiring 0 % to 30 % co-payment rates from the patient side, depending on the</p>
Bacterial cultures	70 ¹⁴⁰	81 ¹⁴¹	

¹³⁶ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹³⁷ Medcapital, დიაგნოსტიკური ლაბორატორია [diagnostic laboratory], 2025, [url](#)

¹³⁸ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹³⁹ Synevo, Glomerul filtration rate, 2021-2025 [url](#)

¹⁴⁰ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁴¹ Synevo, Bacteriology, 2021-2025 [url](#)

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/comments
Electrolytes; potassium, sodium, calcium and magnesium	80 ¹⁴²	89 ¹⁴³	UHCP beneficiary category (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.
PTH, calcium, phosphate	20 ¹⁴⁴	PTH – 58.5; ¹⁴⁵ calcium – 16.20; ¹⁴⁶ phosphate – 13.50 ¹⁴⁷	
Renal/ kidney function (creatinine, ureum, proteinuria, sodium, potassium levels)	Creatinine – 20; urea – 20; proteinuria – 20; sodium – 20; potassium – 20 ¹⁴⁸	Creatinine – 15.30; ¹⁴⁹ urea – 16.20; ¹⁵⁰ proteinuria – 15.30; ¹⁵¹ sodium – 22.50; ¹⁵² potassium – 21.60 ¹⁵³	
Medical imaging			
Ultrasound of the kidney	80 ¹⁵⁴	100 ¹⁵⁵	The private inpatient treatment price for laboratory tests refers to the amount included as a component in the full cost (price) of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries, as needed. The public coverage of the full price of the treatment episode varies, requiring 0 % to 30 % co-payment rates from the patient side, depending on the

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

¹⁴³ Synevo, Full Profile of Electrolytes (Minerals), 2021-2025 [url](#)

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

¹⁴⁵ Synevo, Parathyroid hormone, 2021-2025 [url](#)

¹⁴⁶ Synevo, Calcium, 2021-2025 [url](#)

¹⁴⁷ Synevo, Phosphorus P (urine), 2021-2025 [url](#)

¹⁴⁸ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁴⁹ Synevo, Creatinine (urine), 2021-2025, [url](#)

¹⁵⁰ Synevo, Urea, 2021-2025, [url](#)

¹⁵¹ Synevo, Protein (urine), 2021-2025, [url](#)

¹⁵² Synevo, Sodium (Na), 2021-2025, [url](#)

¹⁵³ Synevo, Potassium (K), 2021-2025, [url](#)

¹⁵⁴ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁵⁵ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/comments
			UHCP beneficiary category (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.
Treatment			
Clinical admittance in nephrology department (daily rates)	Free or patient pays specific percentage of a pre-determined tariff for the hospitalisation that is not broken down by specific services rendered or bed day costs	150-220 ¹⁵⁶	Covered for UHCP beneficiaries. If it is a non-urgent (planned) surgery, then it is covered within the annual limit for planned surgeries (15 000 GEL 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). No co-payment within the annual limit is required for socially vulnerable individuals and veterans of retirement age or with severe disabilities. Individuals of retirement age and other veterans are required to co-pay 10 %, and students are required to pay 20 % of the price. All other UHCP beneficiaries should pay 30 % out of the DRG price indicated. ¹⁵⁷
Surgical placement of a shunt through jugular vein for haemodialysis (HD)	1 959.89 ¹⁵⁸	Not available	
Surgery: specifically surgery; parathyroidectomy with follow-up	1 938.33 ¹⁵⁹	Not available	
Chronic haemodialysis (HD) (3/week); cost of one session	53 (does not include needed solutions, medications and supplies that are provided for		The chronic HD is fully covered for the state programme beneficiaries without co-payment.

¹⁵⁶ KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁵⁷ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, [url](#), Annex 1 and 2

¹⁵⁸ Georgia, LEPL National Health Agency of Georgia, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებებითი წონებით (cost weight) და ფასებით [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]”, 2020, [url](#)

¹⁵⁹ Georgia, LEPL National Health Agency of Georgia, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებებითი წონებით (cost weight) და ფასებით [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]”, 2020, [url](#)

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/comments
	free to service providers by the state programme.) ¹⁶⁰		
Acute haemodialysis (HD)	53 (does not include needed solutions, medications and supplies that are provided for free to service providers by the state programme.) ¹⁶¹	120 ¹⁶²	The PD is fully covered for all the state programme beneficiaries without co-payment. Patient or private insurance may cover the cost of several sessions of HD in case if needed for the patients with AKI that were not eligible or included in the state programme.
Peritoneal dialysis (PD); costs of one session	105 - monthly cost (does not include needed solutions, medications and supplies that are provided for free to service providers by the state programme) ¹⁶³	2 160 for continuous manual PD and 3 536 for automated PD (includes all costs). ¹⁶⁴	The PD is fully covered for all the state programme beneficiaries without co-payment. Patient or private insurance may cover the cost of several sessions of PD in case if needed for the patients with AKI that were not eligible or included in the state programme.

¹⁶⁰ 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 15, Article 4

¹⁶¹ 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 15, Article 4

¹⁶² KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁶³ 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 15, Article 4

¹⁶⁴ Tchokhonelidze, I., Global Dialysis Perspective: Georgia, 2023, [url](#), pp. 106-109



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/comments
Kidney transplantation and follow-up	20 000 ¹⁶⁵		The actual cost incurred and billed by the provider will be reimbursed but not more than sum indicated here. The patient is not required to pay anything.
Surgical placement of an arterial shunt for haemodialysis (HD)	1 959.89 ¹⁶⁶	2 000-2 100 ¹⁶⁷	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 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). No co-payment within the annual limit is required for socially vulnerable individuals, and veterans of retirement age or with severe disabilities. Individuals of retirement age and other veterans are required to co-pay 10 %, and students are required to pay 20 % of the price. All other UHCP beneficiaries should pay 30 % out of the DRG price indicated. ¹⁶⁸

Note: The bed/day prices include only accommodation and food.

¹⁶⁵ 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 15, Article 4

¹⁶⁶ 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](#)

¹⁶⁷ KII03, Manager of the tertiary care hospital, II Interview, 8 October 2025

¹⁶⁸ 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 and 2



6. Cost of medication

All the pharmaceutical products available in Georgia are either registered through the national schemes and are generally accessible without significant physical access problems throughout the country.¹⁶⁹ However, the cost of medicines remains a significant challenge in Georgia's healthcare system and a major driver of catastrophic health expenditures.¹⁷⁰

The cost of pharmaceutical products, along with any other medical consumables used for the provision of the inpatient services, is covered by the state health programmes or by the patient if the service provided is not included in the list of services covered by the state health programmes. If the patient is insured, the costs are fully or partially covered by private insurance. Patients must pay the full cost of all pharmaceuticals prescribed during outpatient care unless these costs are covered by health insurance or fall under the UHCP or other vertical health programmes.¹⁷¹ There is a limited but expanding list of the most commonly used outpatient essential drugs for chronically ill patients covered for UHCP beneficiaries, as discussed in Section 2. Access to treatment.

In the column “place” in Table 4 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. 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 respective column (Reimbursement) Table 4.

Legend for asterisks used in Table 4: 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

¹⁶⁹ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

¹⁷⁰ Gorgodze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, 2025, [url](#), p. 2

¹⁷¹ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025



and permanent residents of Georgia with epilepsy or Parkinson's disease are covered fully without limits.¹⁷²

** "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 4: Cost of medications

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/free
Haematopoietic growth factor; for anaemia due to renal problems							
Epoetin beta	Recormon®	2 000 IU/ 0.3 ml	syringe	6	300	Pharmacy ¹⁷³	Inpatient Public ** Private ***
Epoetin zeta	Epobel®	10 000 IU/1 ml	injection pen	1	846.25	Pharmacy ¹⁷⁴	Private ***
Calcium regulators							
Cinacalcet	Cynacal	60 mg	tablet	28	337.70	Pharmacy ¹⁷⁵	Private ***
Paricalcitol	Parical	10 mcg/ 2 ml	ampoule	5	178.25	Pharmacy ¹⁷⁶	Private ***
Against iron deficiency anaemia							
Ferrous fumarate	Galfer	305 mg	capsule	100	104.45	Pharmacy ¹⁷⁷	Private ***
Ferrous gluconate	Fersal	360 mg	tablet	30	47.70	Pharmacy ¹⁷⁸	Private ***
Ferrous sulphate	Ferrograd®	325 mg	tablet	30	34.42	Pharmacy ¹⁷⁹	Private ***

¹⁷² 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

¹⁷³ Aversi, Epoetin Beta [Epoetin Beta], 2018, [url](#)

¹⁷⁴ Pharmaco, Epobel, n.d., [url](#)

¹⁷⁵ Pharmaco, Cynacal, n.d., [url](#)

¹⁷⁶ Pharmaco, Parical, n.d., [url](#)

¹⁷⁷ PSP, Galfer, 2025, [url](#)

¹⁷⁸ GPC, Fersal, 2025, [url](#)

¹⁷⁹ Aversi, Ferrograd, 2018, [url](#)

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/free
Ferric carboxymaltose (intravenous iron)	Ferinject®	500 mg/ 10 ml	vial	1	169.96	Pharmacy ¹⁸⁰	Inpatient Public ** Private ***
Ferrioxidesaccharate (= iron sucrose = ferric saccharate-intravenous iron) - Venofer®	Venofer®	100 mg/ 5 ml	vial	1	55.50	Pharmacy ¹⁸¹	Inpatient Public ** Private ***
Iron dextran (injection/ intravenous)	Ferrum Lek®	100 mg/ 2 ml	Am-poule	50	357.15	Pharmacy ¹⁸²	Inpatient Public ** Private ***
Immune suppressants							
Tacrolimus	Prograf®	0.5 mg	capsule	50	56.75	Pharmacy ¹⁸³	Inpatient Public ** Private ***
Ciclosporin	Sandimmun Neoral®	100 mg	capsule	50	138.75 – 200	Pharmacy ¹⁸⁴	Inpatient Public ** Private ***
Mycophenolate mofetil	Cellcept®	500 mg	tablet	50	42.54	Pharmacy ¹⁸⁵	Inpatient Public ** Private ***
Azathioprine	Imuran®	25mg	tablet	100	50	Pharmacy ¹⁸⁶	Inpatient Public ** Private ***
Everolimus	Elomet	10 mg	tablet	30	1 620.75	Pharmacy ¹⁸⁷	Inpatient Public ** Private ***
Phosphate binders							
Calcium acetate	Calciumacetate-Nefro	700 mg	tablet	200	78.99	Pharmacy ¹⁸⁸	Inpatient Public ** Private ***

¹⁸⁰ PSP, ფერინჯექტი [Ferinject], 2025, [url](#)

¹⁸¹ Aversi, Venofer, 2018, [url](#)

¹⁸² PSP, Ferrum Lek, 2025, [url](#)

¹⁸³ Aversi, Prograf, 1994-2025, [url](#)

¹⁸⁴ Medical Information Service, n.d., [url](#)

¹⁸⁵ PSP, Cellcept, 2025, [url](#)

¹⁸⁶ Medical Information Service, n.d., [url](#)

¹⁸⁷ Aversi, Elomet, 2018, [url](#)

¹⁸⁸ Pharmdepot, Calciumacetate-Nefro, 2025, [url](#)



Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/free
Calcium carbonate	Body-Calcin	500 mg	tablet	20	38	Pharmacy ¹⁸⁹	Inpatient Public ** Private ***
Magnesium hydroxide + aluminium hydroxide (combination)	Maalox®	250 ml	Suspension	1	13.82 12.58	Hospital ¹⁹⁰ Pharmacy ¹⁹¹	Inpatient Public ** Private ***
Sevelamer	Nephroton	800 mg	tablet	180	208.47	Pharmacy ¹⁹²	Private ***
Medication to treat metabolic acidosis							
Sodium bicarbonate (= sodium hydrogen carbonate)	Bicarbonorm	1 000 mg	tablet	50	62.73	Pharmacy ¹⁹³	Private ***
Vitamin D3							
Colecalciferol; cholecalciferol	Vitagamma® D3	2 000 IU	tablet	50	27	Pharmacy ¹⁹⁴	Inpatient Public ** Private ***
Calcitriol	Rocaltrol®	0.5 mcg	tablet	100	250.08	Pharmacy ¹⁹⁵	Inpatient Public ** Private ***

¹⁸⁹ Aversi, BodyCalcin, 2018, [url](#)

¹⁹⁰ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁹¹ PSP, Maalox, 2025, [url](#)

¹⁹² PSP, Nephroton, 2025, [url](#)

¹⁹³ PSP, Bicarbonorm, 2025, [url](#)

¹⁹⁴ Aversi, Vitagamma D3, 2018, [url](#)

¹⁹⁵ PSP, როკალტროლი [Rocaltrol], 2025,

Annex 1: Bibliography

Oral sources, including anonymous sources

KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025, and Follow-up Interview, 15 October 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 DNT Union of Georgia, Interview, 2 June 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

American Hospital Tbilisi, [website], 2023, <https://ahtbilisi.com/en/services/tirkImlis-transplantacia/>, accessed 20 July 2025

Aversi, BodyCalcin, 2018, <https://www.aversi.ge/en/aversi/act/drugDet/?MatID=92922>, accessed 20 July 2025

Aversi, Elomet, 2018, <https://www.aversi.ge/en/aversi/act/drugDet/?MatID=84260>, accessed 20 July 2025

Aversi, Epoetin Beta [Epoetin Beta], 2018, <https://www.aversi.ge/en/aversi/act/genDet/?GenID=406>, accessed 20 July 2025

Aversi, Ferrograd, 2018, <https://www.aversi.ge/en/aversi/act/drugDet/?MatID=125680>, accessed 20 July 2025

Aversi, Nephroton, 2018, <https://www.aversi.ge/en/aversi/act/drugDet/?MatID=83217>, accessed 20 July 2025

Aversi, Prograf, 1994-2025, https://shop.aversi.ge/en/medication/anti-inflammatory/immunosuppressants/prograf-0.5mg-50caps/?srsltid=AfmBOoppMWaT_3cJcTMcmm-ufLnlfw6sz_maT1hyAgX1Wtc2RO1MRRjI, accessed 20 July 2025

Aversi, Venofer, 2018, <https://www.aversi.ge/en/aversi/act/drugDet/?MatID=127516>, accessed 20 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 20 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 20 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://efaidnbmnnnnibpcajpcgclefindmkaj/https://tbsakrebulo.gov.ge/uploads/1/2024/49-97-2024.pdf>, accessed 20 July 2025

Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 331 „რეფერალური მომსახურების“ ფარგლებში შესაბამისი სამედიცინო დახმარების გაწევის შესახებ გადაწყვეტილების მიღების მიზნით კომისიის შექმნისა და მისი საქმიანობის წესის განსაზღვრის შესახებ“ [On the establishment of a commission for the purpose of making decisions on the provision of appropriate medical care within the framework of the "referral service" and determining the rules of its activities], 3 November 2010, <https://matsne.gov.ge/document/view/1088054?publication=27>, accessed 20 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 20 July 2025

Georgia, Legislative Herald of Georgia, Document No. 36 ‘საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ’ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, <https://matsne.gov.ge/ka/document/view/1852448?publication=0>, accessed 20 July 2025

Georgia, LEPL National Health Agency of Georgia, “დანართი 2: DRG ჯგუფები პირითადი 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/ge/c/DRG>, accessed 20 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%2Finsurance.gov.ge%2Fen%2FStatistics%2FGetFile%2F691%3Ftype%3D4&wdOrigin=BROWSELINK>, accessed 20 July 2025

Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, <https://view.officeapps.live.com/op/errorpage.htm?lcc=en-US&hid=0917b955-f398-40a6-b6d3-91198cc336b0>, accessed 20 July 2025



Georgia, MoIDPLHSA (Ministry of Internally Displaced People from Occupied Territories, Labour, Health and Social Affairs of Georgia), “კლინიკური გზამკვლევი [clinical guidelines]“, 2025, <https://www.moh.gov.ge/medi.php?uid=202404171232101933886693&lang=1>, accessed 20 July 2025

Georgia, MoIDPLHSA (Ministry of Internally Displaced People from Occupied Territories, Labour, Health and Social Affairs of Georgia), “საექიმო სპეციალობათა კომპეტენციები [competences of medical specialties]“, 2025, <https://www.moh.gov.ge/medi.php?uid=202312052133378585200686&lang=1>, accessed 20 July 2025

Georgia, MoIDPLHSA (Ministry of Internally Displaced People from Occupied Territories, Labour, Health and Social Affairs of Georgia), “სიახლეები [news]“, 2025, <https://www.moh.gov.ge/viewnews.php?lang=1&uid=&v=0?lang=&uid=202506180941413805644739&v=0>, accessed 20 July 2025

Georgia, MoIDPLHSA (Ministry of Internally Displaced People from Occupied Territories, Labour, Health and Social Affairs of Georgia), “საქართველოში არაგადამდებ დაავადებათა პრევენციისა და კონტროლის ეროვნული სტრატეგია 2023-2030 და 2023-2025 წლების სამოქმედო გეგმა. [National Strategy for Prevention and Control of Non-communicable Diseases in Georgia 2023-2030 and Action Plan for the years 2023-2025]“, 2025, <https://www.moh.gov.ge/uploads/20231220060632-დანართი%201%20-%20არაგადამდები.docx>, accessed 20 July 2025

Georgia, MoIDPLHSA (Ministry of Internally Displaced People from Occupied Territories, Labour, Health and Social Affairs of Georgia), Decree of the Minister No 01-68/o “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 20 July 2025

Georgia, NCDC (National Center for Disease Control and Public Health of Georgia), Health Care, Statistical Yearbook 2021, 2022, <https://www.ncdc.ge/#/pages/file/b3956fe5-2a48-4fc1-9a5a-37d13c6d397f>, accessed 20 July 2025

Georgia, Parliament of Georgia, “2025 წლის სახელმწიფო ბიუჯეტის პროექტის მიმოხილვა [Review of the State Budget 2025]“, https://pbo.parliament.ge/media/k2/attachments/_1_-_2025.pdf, accessed 20 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 20 July 2025

Georgian Association of Oncological Urology, [website], n.d., <https://gaou.ge/>, accessed 20 July 2025

Georgian Association of Transplantologists, [website], 2010-2025, <https://www.transplantation.ge/index.php?a=main&pid=1&lang=eng>, accessed 20 July 2025

Georgian Association of Transplantologists, [website], 2010-2025, <https://transplantation.ge/demo/>, accessed 20 July 2025

Georgian Medical Holding, [website], 2021, <https://gmh.moh.gov.ge/en/main>, accessed 20 July 2025

Georgian Urological Association, [Facebook page], Meta 2025, https://www.facebook.com/GUAUROLOGY/?locale=ka_GE, accessed 20 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 20 July 2025

GPC, Fersal, 2025, <https://gpc.ge/en/details/medication/blood-and-blood-forming/fersal-tablet-30?product=43653>, accessed 20 July 2025

GPI, Insurance Scheme, 2025, <https://www.gpih.ge/en/pages/144>, accessed 20 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 20 July 2025

ISN (International Society of Nephrology) – Global Kidney Health Atlas, Georgia, 2025, <https://gkha.theisn.org/country/georgia/>, accessed 20 July 2025

ISN (International Society of Nephrology) – Global Kidney Health Atlas, Eastern and Central Europe, 2025, <https://gkha.theisn.org/isn-region/eastern-&-central-europe/>, accessed 20 July 2025

ISN (International Society of Nephrology), 2025, <https://www.theisn.org/>, accessed 20 July 2025

K. Eristavi National Center of Experimental and Clinical Surgery, [website], n.d., <https://kirurgia.ge/en/full-department/The-Department-of-Nephrology-Transplantation-and-Hemodialysis/29>, accessed 20 July 2025

Kidney disease: a global health priority. *Nat Rev Nephrol*, Vol. 20, 2024, <https://www.nature.com/articles/s41581-024-00829-x#citeas>, accessed 20 July 2025

L. Managadze National Urology Center, [Facebook page], Meta 2025, https://www.facebook.com/NationalCenterofUrology/about?locale=ka_GE, accessed 20 July 2025

Medcapital, დიაგნოსტიკური ლაბორატორია [diagnostic laboratory], 2025, https://medcapital.ge/service_details.php?id=26, accessed 20 July 2025

Medical Information Service, n.d., http://www.mis.ge/mis_aftiaqebi.mis, accessed 20 July 2025



MediMedi, Medical Centre, მომსახურების ფასები [service prices], 2016-2025, http://medimedi.ge/medimedi_price_list.php?lang=geo, accessed 20 July 2025

Mudiayi, D., Shojai, S., Okpechi, I., Christie, E.A., Wen, K., Kamaleldin, M., Osman, M.E., Lunney, M., Prasad, B., Osman, M.A., Ye, F., Khan, M., Htay, H., Caskey, F., Jindal, K.K., Klarenback, S., Jha, V., Rondeau, E., Kazancioglu, R.T., Ossareh, S., Jager, K.J., Kovesdy, C.P., O'Connell, P.J., Muller, E., Olanrewaju, T., Gill, J.S., Tonelli, M., Harris, D.C., Levin, A., Johnson, D.W., & Bello, A.K., Global Estimates of Capacity for Kidney Transplantation in World Countries and Regions. Transplantation, Vol. 106, article no. 6, 2022, <https://pmc.ncbi.nlm.nih.gov/articles/PMC9128615/#:~:text=Of%20these%2C%2074%25%20stated%20that%20KT%20was,it%20was%20disproportionately%20lower%20for%20ethnic%20minorities>, accessed 20 July 2025

NCD Alliance Georgia, [website], n.d., <https://ncdalliance.ge/>, accessed 20 July 2025

თამბაქოს კონტროლის ალიანსი [Tobacco Control Alliance], [Facebook page], n.d., <https://www.facebook.com/profile.php?id=100011426257527>, accessed 20 July 2025

Open Heart - University Hospital, [website], 2019, <https://openheart.ge/en/news-3/>, accessed 20 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 20 July 2025

Pani, A. & Capasso, G., Global Dialysis Perspective: Italy, Kidney360, Vol. 3, article no. 11, 2022, <https://www.flymedi.com/blog/kidney-transplant-costs-around-the-world>, accessed 20 July 2025

Pharmaco, Cynacal, n.d., https://pharmaco.ge/product/cynacal-60-mg-28-tablet-ცინაკალური-60-მგ-28-ტაბლეტი/?srsId=AfmBOooiVumpNH2x3tbDkgD8zCmxtHhUH6NjQcGQfyo0_cuY5xh1i1eh, accessed 20 July 2025

Pharmaco, Epobel, n.d., <https://pharmaco.ge/product/ეპობელი-10000-იუ-1-მლ-ივ-სც-მზანე/?srsId=AfmBOorgqpC9mZfl4AGtE8WG--bvXEgK1wxZcYYbB2GRcwqmNmYNmBKy>, accessed 20 July 2025

Pharmaco, Parical, n.d., <https://pharmaco.ge/product/პარიკალი-10-მგ-2-მლ-ივ-საინექ//>, accessed 20 July 2025

Pharmdepot, Calciumacetate-Nefro, 2025, <https://pharmadepot.ge/en/details/food-supplements/gynecology-and-urology/calciumacetate-nefro-tab-700mg-200?product=124970>, accessed 20 July 2025

PSP, Bicarbonorm, 2025, <https://psp.ge/მედიკამენტები/საშარდე-სისტემა/თირკმლის-უკმარისობა/bicarbonorm-ბიკარბონორმი-1000მგ-50-ტაბლეტი-85742-929.html>, accessed 20 July 2025

PSP, Cellcept, 2025, <https://psp.ge/ცელცეპტი-ტაბ-500მგ-n50.html>, accessed 20 July 2025



PSP, Ferrum Lek, 2025, <https://psp.ge/მედიკამენტები/ჰემატოლოგია/ანემიის-წამლები/ფერუმ-ლეკი-კუნთის-2მლ-50-ამპულა-lek-28497.html>, accessed 20 July 2025

PSP, Galfer, 2025, <https://psp.ge/მედიკამენტები/ჰემატოლოგია/ანემიის-წამლები/galfer-გალფერი-305მგ-100-კაფსულა-82557-3295.html>, accessed 20 July 2025

PSP, Maalox, 2025, <https://psp.ge/მედიკამენტები/კუჭ-ნაწლავისთვის/გულმმარვის-საწინააღმდეგო-წამალი/მაალოქსი-250-მლ-სუსპენზია-sanofi-aventis-italy-1072.html>, accessed 20 July 2025

PSP, Nephroton, 2025, <https://psp.ge/მედიკამენტები/საშარდე-სისტემა/თირკმლის-უკმარისობა/nephroton-ნეფროტონი-800მგ-180-ტაბლეტი-86698-1357.html>, accessed 20 July 2025

PSP, როკალტროლი [Rocaltrol], 2025, <https://psp.ge/მედიკამენტები/მვალ-სახსროვანი-სისტემა/როკალტროლი-0-5მგ-100-კაფსულა-catalent-germany-57414.html>, accessed 20 July 2025

PSP, ფერინჯექტი [Ferinject], 2025, <https://psp.ge/მედიკამენტები/ჰემატოლოგია/ანემიის-წამლები/ფერინჯექტი-ფლ-500მგ-10მლ-10მლ.html>, accessed 20 July 2025

Rukhi Republican Hospital, [website], 2025, <https://www.facebook.com/Rukhihospital.ge/>, accessed 20 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, Bacteriology, n.d., <https://synevo.ge/en/product-category/bacteriology/page/2/>, accessed 20 July 2025

Synevo, Calcium, n.d., <https://synevo.ge/en/product/calcium-ca-laboratory-research/>, accessed 20 July 2025

Synevo, Creatinine (urine), n.d., <https://synevo.ge/en/product/creatinine-laboratory-research/>, accessed 20 July 2025

Synevo, Full Profile of Electrolytes (Minerals), n.d., <https://synevo.ge/en/product/electrolitebi-profil-sruli-electrolytes/>, accessed 20 July 2025

Synevo, Glomerul filtration rate, n.d., <https://synevo.ge/en/product/glomerular-filtration-rate-1-16-year-children/?srsltid=AfmBOopSRizmr2Pv8lcTZG1Q2h4n4nTHlbpITpJnqAXv5hYLfXAkWqD7>, accessed 20 July 2025

Synevo, Parathyroid hormone, n.d., <https://synevo.ge/en/product/parathyroid-hormone-test/>, accessed 20 July 2025

Synevo, Phosphorus P (urine), n.d., <https://synevo.ge/en/product/phosphorus-p-test-in-urine/>, accessed 20 July 2025





Synevo, Potassium (K), n.d., <https://synevo.ge/en/product/potassium-k/>, accessed 20 July 2025

Synevo, Protein (urine), n.d., <https://synevo.ge/en/product/urinary-protein/?srsId=AfmBOoqG4MkyyAltBvwd0eDY7RXCqeprtTuJSd7tIAclxzm6OBAJrIH->, accessed 20 July 2025

Synevo, Sodium (Na), n.d., <https://synevo.ge/en/product/sodium-na/>, accessed 20 July 2025

Synevo, Therapist, Family Doctor, n.d., <https://synevo.ge/en/product/online-consultation-with-doctor-general-practitioner/?srsId=AfmBOoqL3tUkMFcFbBztEVukwpFxlk682xFePdT4xsx9GNuDluqMkOVE>, accessed 20 July 2025

Synevo, Urea, n.d., <https://synevo.ge/en/product/urea-laboratory-research/>, accessed 20 July 2025

TBC Insurance, Critical Illness Insurance, 2025, <https://tbcinsurance.ge/en/personal/health/critical-illness-insurance>, accessed 20 July 2025

TBC Insurance, Health Insurance, 2025, <https://tbcinsurance.ge/en/business/business-health-insurance/health-insurance>, accessed 20 July 2025

Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic, Departments, 2024, <https://htmc09.wixsite.com/ingorokvacliniceng/departments>, accessed 20 July 2025

Tchokhanelidze, I., Global Dialysis Perspective: Georgia, Kidney360, Vol. 4, article no. 1, 2023, <https://doi.org/10.34067/kid.0000772022>

Todua Clinic, [website], 2020, <https://toduaclinic.ge/en/article/chven-shesakheb>, accessed 20 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 20 July 2025

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

WHO (World Health Organization), Global Health Expenditure Database, 2014, <https://apps.who.int/nha/database/ViewData/Indicators/en>, accessed 20 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 20 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 20 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 20 July 2025

Yell.ge, Nephrology Clinical Center, n.d.,
<https://www.yell.ge/company.php?lan=eng&id=119626>, accessed 20 July 2025





Annex 2: Terms of Reference

General information

- Briefly describe prevalence and incidence of nephrology/kidney diseases / types of these disease (epidemiologic data). No more than one paragraph.
- How is the health care organized for nephrology/kidney diseases disease?
- How are nephrology/kidney diseases treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat the 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 nephrology/kidney diseases? Are there sufficient resources available to treat all patients?
- Are there a particular type of nephrology/kidney diseases for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating nephrology/kidney diseases?
- Are there any national or international plans or (donor) programmes for certain diseases; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for nephrology/kidney 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? 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.? Is access to specialised nephrology services limited in rural areas, necessitating travel to urban centres for comprehensive care? 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 nephrology/kidney diseases (after being diagnosed)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can s/he receive follow-up treatment? Are there waiting times for treatments (e.g., dialysis, kidney transplant, plasmapheresis, or conservative management, 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.
- Does the government (or NGO's or other bodies) implement any healthcare initiatives that encompass kidney health, such as chronic disease management programs and public health campaigns aimed at preventing and managing conditions like hypertension and diabetes (risk factors for kidney disease)? Is so, who can participate, what prevention measures (testing/programs/treatment) are offered?

NGOs

- Include if relevant, otherwise delete section.
- Are any NGOs or international organisations active for patients of nephrology (kidney diseases; renal failure etc.)? 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).
- Include sections on general information, access to treatment, insurance, treatment and medication costs, and NGOs. In addition, the below treatments and medication should be included.



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.



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