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The report has been reviewed by International SOS and EUAA.

Contents

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 28 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
CEECA	Central Europe, Eastern Europe and Central Asia
CT	Computed Tomography
CVA	Cerebral Vascular Accident
CVD	Cardiovascular Disease
DALYs	Disability Adjusted Life Years
DRG	Diagnostic Related Group
EEG	Electroencephalogram
EMG	Electromyography
EUAA	European Union Agency for Asylum
EU	European Union
GEL	Georgian Lari (currency)
HER2	Human Epidermal Growth Factor Receptor 2
IHME	Institute of Health Metrics and Evaluation
IM	Intramuscular
IV	Intravenous

Term	Definition
MoIDPLHSA	Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs
MRI	Magnetic Resonance Imaging
MS	Multiple Sclerosis
NCD	Non-Communicable Disease
NCDC	National Center for Diseases Control and Prevention of Georgia
NGO	Non-Government Organisation
NHA	National Health Agency
OOP	Out of Pocket
PD	Parkinson's Disease
PET	Positron Emission Tomography
PHC	Primary Healthcare
SCA	State Care Agency
SMA	Spinal Muscular Atrophy
UHCP	Universal Health Care Programme
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Methodology

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

Terms of reference

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2: Terms of Reference. The initial drafting period finished on 12 September 2025, peer review occurred between 15 September 2025 – 1 October 2025, and additional information was added to the report as a result of the quality review process during the review implementation up until 28 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, 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 of Neurological Diseases

The National Statistics Office of Georgia (Geostat) reports more than 40 % decline in new cases of neurological diseases registered during the last 10 years (2015-2024) from 73 500 cases (crude incidence rate of 1 974 per 100 000[5]) to 42 300 cases (1 169 per 100 000).[6] There are no national registries for each key neurological disease in Georgia to report reliable morbidity trends; however, according to the Institute of Health Metrics and Evaluation (IHME), the estimated age-standardised incidence and prevalence of the most prevalent neurological diseases, such as stroke, Alzheimer's disease and epilepsy, exceed the average rates reported for the same diseases for the Central Europe, Eastern Europe and Central Asia (CEECA) region in 2021 (see Table 1). For example, the estimated age-standardised incidence of stroke in Georgia was more than 35 % higher than in CEECA, with the estimated prevalence of stroke in Georgia also exceeding the respective rate in CEECA by approximately 19%. At the same time, the estimated morbidity rates for Parkinson's disease and multiple sclerosis (MS) are lower in Georgia compared to CEECA.[7]

Table 1: Estimated age-standardised incidence and prevalence rates per 100 000 population and percentage difference in these rates for key neurological diseases for Georgia and CEECA according to the Global Burden of Diseases 2021 Study

Disease	Georgia		CEECA		Difference (%)	
	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence
Stroke	348.4	1 890	258	1 590	35 %	19 %
Alzheimer's disease	210	1 209.1	180.8	1 034	16 %	17 %
Epilepsy	37.3	366.9	34.8	331.4	11 %	7 %
Parkinson's disease	16.7	127	18.4	148.6	10 %	-17 %
Multiple sclerosis (MS)	1.2	34	1.3	39.1	-6 %	-14 %

Source: IHME, 2022[8]

[5] Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, url, p. 79
[6] Georgia, Geostat, Morbidity-with-acute-and-chronic-diseases-by-main-disease-groups, 2025, url
[7] IHME, Global Burden of Disease Collaborative Network, GBD 2021 Results, Seattle, United States, 2022, url
[8] IHME, Global Burden of Disease Collaborative Network, GBD 2021 Results, Seattle, United States, 2022, url

In 2024, there were 8 432 deaths registered as caused by cerebrovascular disease, or stroke, accounting for 19.2 % of all deaths that year in Georgia.[9] According to IHME, the estimated stroke mortality rate has increased by 26.7 % in the 2011-2021 period,[10] and is the second leading cause of death in the country in 2021 with age-standardised rate of 285.1 per 100 000 population, which is considerably higher than average rate (173.5 per 100 000) estimated for the CEECA region.[11] There were few registered deaths in 2024, which had Alzheimer's disease (110 deaths, or 0.25 % of all deaths) or Parkinson's disease (66 deaths, or 0.15 % of all deaths) indicated as a direct cause of death. The deaths caused by epilepsy (an estimated 64 deaths in 2021)[12] and MS (an estimated 7 deaths in 2021) were included among 448 deaths (1 % of all deaths) reported due to "all other diseases of nervous system" in 2024.[13] In 2021, neurological disorders and stroke, in particular, accounted for the highest disease burden in the country as measured by the disability adjusted life years (DALYs) at 5 110.5 per 100 000 people. This figure also exceeds the CEECA average by approximately 54 %.[14]

1.2. Organisation of Care for Neurological Diseases and Treatment Facilities

The delivery of healthcare services for neurological conditions in Georgia is decentralised and primarily dominated by private providers.[15] The system is structured across three levels of care:

- **Primary Healthcare (PHC):** Delivered by rural physicians and nurses for rural populations, and by urban outpatient clinics serving both urban residents and referred or pre-registered rural patients;
- **Secondary Care:** Comprises inpatient and specialised services provided by municipal-level medical centres; and
- **Tertiary Care:** Offered by regional and national hospitals, delivering advanced diagnostic and treatment services.[16]

In Georgia, rural doctors and nurses are employed within the public sector. The facilities offering PHC services, as well as tertiary care hospitals, are privately owned and operated. The facilities offering PHC services constitute the majority of municipal-level medical centres.[17] For a comprehensive overview of the national healthcare system, including institutional structures, service delivery and health insurance coverage, refer to the *MedCOI Report on the Provision of Healthcare in Georgia*.[18]

[9] Georgia, Geostat, Number of deaths by sex and causes of death, 2024, url
[10] IHME, Georgia, n.d., url
[11] IHME, Global Burden of Disease Collaborative Network, GBD 2021 Results, Seattle, United States, 2022, url
[12] IHME, Global Burden of Disease Collaborative Network, GBD 2021 Results, Seattle, United States, 2022, url
[13] Georgia, Geostat, Number of deaths by sex and causes of death, 2024, url
[14] IHME, Global Burden of Disease Collaborative Network, GBD 2021 Results, Seattle, United States, 2022, url
[15] WHO/European Observatory on Health Systems and Policies Health Systems in Action: Georgia, 2022, url, p. 8
[16] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025
[17] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[18] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 19-23

Under the *Law of Georgia on Health Care*, PHC is defined as the initial point of contact for individuals or families within the national healthcare system.[19] This includes patients presenting with symptoms indicative of neurological disorders. According to the national guideline for the management of dementia (which also includes Alzheimer's disease), the PHC providers are also responsible for the initial diagnosis, treatment, referral (if needed) and case management of these diseases, once the diagnosis is confirmed through appropriate further investigations and specialist consultations as required by the guidelines.[20]

Specialised diagnostic and secondary outpatient and inpatient care for patients with neurological diseases is provided by multi-profile polyclinics and municipal medical centres in 61 out of 64 municipalities.[21]

There is no lead scientific or clinical institute in Georgia coordinating the treatment of neurological diseases. Complex neurological conditions, including stroke, epilepsy, Alzheimer's and Parkinson's diseases, are mostly diagnosed and managed in tertiary care regional and national specialised centres and departments of multi-profile tertiary care hospitals (see Table 2 for some of the key providers of specialised and tertiary care services for neurology diseases). Six of these providers have the status of the "Neurovascular, or Stroke Centre".[22] The Stroke Centres are expected to provide the highest level and most sophisticated and resource-intensive diagnostic and treatment services for patients with stroke, including the catheterisation, thrombolysis and neurosurgery. The detailed requirements for infrastructure, human resources and equipment to achieve the status of the Stroke Centre are defined by the normative act of the Minister of the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA).[23]

Table 2: Key providers of tertiary and specialised health services for neurology diseases

Institution	Ownership Status	Healthcare Services Provided for Neurological Diseases	Location (s)
Georgian Medical Holding's N. Kipshidze Central University Clinic[24]	Public	Diagnostic and specialist outpatient and inpatient care for neurology diseases, specialisation in epilepsy diagnosis and treatment.	**Tbilisi**

[19] Georgia, Law of Georgia on Health Care, Chapter I. General Provisions, ჯანმრთელობის დაცვის შესახებ [Law of Georgia on Healthcare], 2007, url, Article 3(s)
[20] Georgia, MoIDPLHSA, "კლინიკური გზამკვლევი [clinical guidelines]", 2025, url
[21] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[22] 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
[23] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 26/ნ, ინსულტის მართვის სისტემის ფუნქციონირების წესის დამტკიცების თაობაზე [Approval of the Rule of Functioning of the Stroke Management System], 21 April 2023, url, Annex 1
[24] Academician Nikoloz Kipshidze Central University Clinic, [website], 2017, url

Institution	Ownership Status	Healthcare Services Provided for Neurological Diseases	Location (s)
American Hospital Tbilisi[25]	Private for-profit	Paediatric and adult diagnostic and specialist outpatient and inpatient care for neurology diseases and neurosurgery.	**Tbilisi**
Aversi Clinic[26]	Private for-profit	Paediatric and adult diagnostic and specialist outpatient and inpatient care for neurology diseases and neurosurgery. Specialised branch for outpatient rehabilitation of neurological diseases.[27]	**Tbilisi**
BAU International Hospital[28]	Private for-profit	Paediatric and adult diagnostic and specialist outpatient and inpatient care for neurology diseases and neurosurgery.	**Batumi**
Georgia Healthcare Group (Has three "Stroke Centres" at hospitals in Tbilisi and Kutaisi)[29]	Private for-profit (network)	Paediatric and adult diagnostic and specialist outpatient and inpatient care for neurology diseases and neurosurgery.	**Tbilisi** – Caucasus Medical Center (Stroke Centre); M. Iashvili Children's Central Hospital; Iv. Bokeria University Hospital (Stroke Centre); Caraps Medline Vake and Dighomi. **Kutaisi** – West Georgia Medical Center (Stroke Centre).

[25] American Hospital Tbilisi, [website], 2023, url
[26] Aversi Clinic, [website], 2025, url
[27] Aversi Rehabilitation Center, [website], 2025, url
[28] BAU International Hospital, [Facebook page], 2025, url
[29] Vian, [website], 2025, url

Institution	Ownership Status	Healthcare Services Provided for Neurological Diseases	Location (s)
Institute of Neurology and Neuropsychology[30]	Private for-profit	Outpatient diagnostic and specialist services for the management and rehabilitation of chronic neurological conditions, including epilepsy.	**Tbilisi**
K. Eristavi National Center of Experimental and Clinical Surgery (Has the status of the "Stroke Centre")[31]	Private for-profit	Paediatric and adult diagnostic and specialist outpatient and inpatient care for neurology diseases and neurosurgery.	**Tbilisi**
Ken Walker Medical Rehabilitation University Clinic[32]	Private non-profit (University Hospital)	Standalone specialised centre for rehabilitation services for children and adults, including outpatient and inpatient. rehabilitation for neurological diseases.	**Tbilisi**
Neurodevelopment Centre[33]	Private non-profit	Standalone specialised outpatient centre for rehabilitation services for children with neurological diseases.	**Tbilisi**
New Hospitals[34]	Private for-profit	Adult diagnostic and specialist outpatient and inpatient care for neurology diseases, neurosurgery and a specialised rehabilitation department for rehabilitation of neurology diseases.	**Tbilisi**

[30] Institute of Neurology and Neuropsychology, [website], 2024, url
[31] K. Eristavi National Center of Experimental and Clinical Surgery, [website], n.d., url
[32] Ken Walker Medical Rehabilitation University Clinic, [website], 2024, url
[33] Neurodevelopment Center, [website], 2013-2018, url
[34] New Hospitals, [website], 2025, url

Institution	Ownership Status	Healthcare Services Provided for Neurological Diseases	Location (s)
Pineo Medical Ecosystem (Has the status of the "Stroke Centre")[35]	Private for-profit	Adult diagnostic and specialist outpatient and inpatient care for neurology diseases, neurosurgery.	**Tbilisi**
Todua Clinic[36]	Private for-profit	Adult diagnostic and specialist outpatient and inpatient care for neurology diseases and neurosurgery.	**Tbilisi**
Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic (Has the status of the "Stroke Centre")[37]	Private for-profit (University Hospital)	Adult diagnostic and specialist outpatient and inpatient care, cardiac surgery, and interventional cardiology.	**Tbilisi**

Source: Compiled by the author based on the information provided by the key informants.[38]

1.3. Resources for Care of Neurological Diseases

Georgia has a well-developed infrastructure for sophisticated and high-technology care,[39] including six national and regional-level Stroke Centres (see Table 2). The number of neurologists per population (643 or 17.3 per 100 000 people)[40] is almost double the latest median figure reported for the WHO European Region at 9 per 100 000 people.[41]

[35] Pineo Medical Ecosystem, [website], 2025, url
[36] Todua Clinic, [website], 2020, url
[37] Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic, Departments, 2024, url
[38] 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
[39] 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
[40] Georgia, Geostat, Number of physicians by occupation, 2024, url
[41] WHO, Atlas: country resources for neurological disorders, 2nd ed., 2017, url, p. 35

However, most resources, including human resources and diagnostic capacity for neurological disorders, are concentrated in Tbilisi and major urban centres such as Kutaisi and Batumi; rural areas often lack advanced infrastructure and specialists, including neurologists and neurosurgeons.[42] Most of the non-surgical and surgical treatment options are available in Georgia; however, there are significant access gaps to inpatient rehabilitation for neurologic diseases, with private-only provision (limited to two hospitals in Tbilisi) and no public coverage.[43] For more information on the healthcare resources and services in Georgia, refer to the *MedCOI Report on the Provision of Healthcare in Georgia*.[44]

1.4. National and International Programmes

In 2023, Georgia adopted the National Strategy for Prevention and Control of Non-Communicable Diseases (2023–2030).[45] The strategy aligns with the World Health Organization (WHO) recommendations and focuses on reducing risk factors for stroke, such as tobacco use, unhealthy diet and physical inactivity. It also creates a strategic framework for the national programmes that finance care for stroke and other neurological diseases, which are developed, executed and funded by the MoIDPLHSA and its agencies.[46]

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

- Preventive programme “State Programme on Health Promotion” focused on prevention of risk factors for stroke and other non-communicable diseases (NCDs) and is executed by the MoIDPLHSA subordinated agency - the National Center for Diseases Control and Prevention of Georgia (NCDC).[47]
- “Rural Doctor – Rural Primary Health Care Sub-programme” covering the initial diagnosis and referral for acute and chronic neurological disorders for rural residents and is executed by the National Health Agency (NHA).[48]
- “State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy” covering the outpatient and inpatient treatment of patients with multiple sclerosis for Georgian citizens not residing in Tbilisi and Adjara Autonomous Republic and is executed by the NHA.[49]

[42] KII04, Representative of the Georgian Union of Neurologists, Interview, 4 May 2025
[43] KII04, Representative of the Georgian Union of Neurologists, Interview, 4 May 2025
[44] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 27-30
[45] 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
[46] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[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. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, url, Annex 17

- "Universal Health Care Programme (UHCP)" covering the diagnosis, management, treatment and rehabilitation of most neurological diseases and is executed by the MoIDPLHSA subordinated agency – the NHA.[50]
- "The State Programme for Social Rehabilitation and Child Care" provides a range of medical rehabilitation services for children with developmental delays and chronic nervous diseases up to 18 years of age, including physical therapy, speech therapy, occupational therapy, and psychological support and is executed by the MoIDPLHSA subordinated agency – the State Care Agency (SCA).[51]
- "State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy" covering the outpatient and inpatient treatment of patients with spinal muscular atrophy (SMA) and MS for Georgian citizens or permanent residents not residing in Tbilisi and Adjara Autonomous Republic and is executed by the NHA.[52]
- "Referral Service State Programme" along with other services covering the cost of treatment for individual neurological patient cases applying for the financial assistance not covered under other national programmes and is administered by the NHA.[53]
- Programmes funded by the local self-government budgets.

Each of these programmes covers specific services at the respective level of care for individuals with neurological 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]); however, there are no duplications or overlaps between the national or municipal programmes.[54] It should be noted that municipal programmes may finance co-payments of treatment costs set in the national programmes for residents of their municipalities in case of individual application[55] (see details in Section 2.1.6).

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

[50] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url
[51] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 495, სოციალური რეაბილიტაციის და ბავშვზე ზრუნვის 2025 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე [On Approval of the Social Rehablitation and Child Care 2025 State Programme], 31 December 2024, url, Annexes 2.2 – 2.3.
[52] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, url, Annex 17
[53] 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
[54] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[55] 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

The international financial institutions and development partners, such as the United Nations' organisations, including the WHO, the World Bank, the Asian Development Bank, are providing financial and technical support to the ongoing reforms in the health sector, which includes the implementation of PHC reform and health services payment reforms aimed at improved coverage and quality of services for neurologic diseases (children and adult medical rehabilitation services for patients with neurological and neurodevelopmental disorders). There are no international programmes that specifically target these diseases or support individual patient care for neurological diseases.[56]

There are several professional medical associations, such as the Georgian Union of Neurologists,[57] the Georgian Association of Child Neurologists and Neurosurgeons[58] and the Georgian Chapter of the International League Against Epilepsy,[59] which are members of the international professional bodies, such as the European Academy of Neurology[60] and the International League Against Epilepsy,[61] and are engaged in international collaboration to improve the quality of care for neurological 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.[62]

[56] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[57] Georgian Union of Neurologists, [Facebook page], 2025, url
[58] Georgian Association of Child Neurologists and Neurosurgeons [website], n.d., url
[59] Georgian League Against Epilepsy, [website], 2021, url
[60] European Academy of Neurology, [website], 2025, url
[61] The International League Against Epilepsy, [website], 2025, url
[62] KII04, Representative of the Georgian Union of Neurologists, Interview, 4 May 2025

2. Access to treatment

2.1. Specific Treatment Programmes for Neurological Diseases

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

2.1.1. Universal Health Care Programme (UHCP)

The UHCP is the main national programme that ensures financial access to services required by most patients with neurological diseases. It finances the provision of screening and diagnostic services, as well as surgical and nonsurgical treatment and management of neurological diseases, including outpatient provision of medications for epilepsy and Parkinson's disease.[63] 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*.[64]

More generally, all Georgian citizens and also individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia, with the exception of (a) individuals whose registered annual income exceeds GEL 40 000 [EUR 12 500] per year and (b) most individuals having private insurance, are eligible for the UHCP coverage[65] of the standard (minimal) package of services. This package implies from 0 % to 30% co-payment from the patient's side for most of the diagnostic and treatment services. The services provided for free (without co-payment) needed for neurological disease patients include:

- Outpatient consultations of family doctors and nurses at the PHC level (both office and home visits) where they are registered.
- Defined list of diagnostic procedures and laboratory tests at the outpatient level, if administered or prescribed by the family doctor: risk assessment, electrocardiogram, 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,[66] including those caused by neurological conditions, with the exception of the "high-technology" diagnostic services (computed tomography (CT)

[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] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 38-42
[65] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1, Article 2
[66] UNICEF, Assessing disability of Children in Georgia, 2023, url

and magnetic resonance imaging (MRI)).[67] In Georgia, the disability assessment and status-determination system remains rooted in the medical model, under which "disability" is defined primarily as a substantial physical, mental, intellectual, or sensory impairment that limits capability—assessed only when classified as moderate, severe or major. The process is managed by medical experts at authorised healthcare facilities (around 68 providers across the country), where applicants undergo examinations and are evaluated against a predefined list of health conditions outlined in ministerial orders. Upon diagnosis, disability status is conferred, and applicants are informed of follow-up steps to receive benefits; reassessments occur periodically, potentially affecting eligibility if health improves. Despite national commitment to align with the UN Convention on the Rights of Persons with Disabilities, the current approach largely overlooks social or environmental factors affecting participation and tends to omit functional or biopsychosocial evaluation.[68]

- Urgent outpatient care for predefined "urgent" medical conditions, including emergency transportation and urgent outpatient care and emergency for stroke and other neurological conditions.[69]
- Urgent inpatient care for the predefined "critical" medical conditions that involve acute insufficiency or one or more critical life functions, including in cases of neurological diseases.[70] Coverage for inpatient care covered by UHCP includes all instrumental and laboratory investigations, medical personnel services and medicines (preoperative, during the operation, and postoperative examinations) related to the hospitalisation. The UHCP coverage of the urgent inpatient care for critical conditions has GEL 15 000 [EUR 4 688] limit (cap) per patient and instance.[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.

[67] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1
[68] UNICEF, Assessing disability of Children in Georgia, 2023, url
[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

- Planned (non-urgent) surgical inpatient care (non-surgical inpatient care is not covered) with an annual limit of GEL 15 000 [EUR 4 688]. Coverage for inpatient care covered by UHCP also includes all instrumental and laboratory investigations, medical personnel services and medicines (preoperative, during the operation, and postoperative examinations) related to the hospitalisation.[72]

The UHCP beneficiaries are required to pay the remaining 30 % of the service price, but no more than GEL 1 500 [EUR 469] per case for the services covered under the UHCP.[73]

The UHCP coverage rates are extended, and patient co-payment rates are reduced or annulled for certain categories of beneficiaries with differentiated benefit packages. These include socially vulnerable households below the poverty line (below 100 000 points on the social assistance scale, with those below 70 000 points having wider benefits and no co-payments and limits), settled internally displaced persons, children in foster care, teachers, public artists, settled internally displaced people, pensioners, or persons of retirement age (over 60 for women and over 65 for men), children (up to 18 years), with under-6 children 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 GEL [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 regions bordering the occupied territories have full, unlimited UHCP coverage for a defined list of medications for the outpatient treatment of several chronic diseases, including cardiovascular diseases and diabetes that are key risk factors for stroke. The UHCP also fully covers the cost of a defined list of medications for the treatment of all Georgian citizens with epilepsy and Parkinson's disease.[75]

The UHCP's subprogramme "Rehabilitation of Conditions Caused by the Brain Circulatory Disorders and Brain and Spinal Cord Injuries" launched in 2023 covers medical rehabilitation interventions (physical therapy, occupational therapy, speech therapy, psychotherapy and psychological support, family and beneficiary education, etc.) managed by the multidisciplinary team at the outpatient level for predefined neurological diseases and conditions that include haemorrhagic, ischaemic, subarachnoid and unspecified strokes, consequences of head and

[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
[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 1.9

spinal cord trauma and injuries.[76] There are specific infrastructure and personnel requirements for providers of medical rehabilitation services to register as UHCP providers for this subprogramme. As of April 2025, there are only four such eligible providers of rehabilitation services located in urban centres (Tbilisi and Batumi), which limits the geographical accessibility of these services.[77]

Inpatient rehabilitation, advanced outpatient diagnostics (e.g. MRI scans and other high-end imaging), and all medications not included in the UHCP list require full out-of-pocket (OOP) payments from patients with neurological diseases. Refer to Table 3, Table 4 and Table 5 for additional details.

2.1.2. State Programme for Social Rehabilitation and Child Care

Two subprogrammes of this national programme, the "Subprogramme for Promoting Early Childhood Development" and the "Children Rehabilitation/Habilitation Subprogramme", provide coverage for medical rehabilitation services. The beneficiaries of the first subprogramme are children aged 0 to 7 years with a physician-established diagnosis of developmental delay.[78] The beneficiaries of the second subprogramme are children aged 0 to 3 years with a predefined list of diagnoses of neurological diseases and conditions, and children aged 3 to 18 years with a formally established disability status, or children without disability status but recognised as asylum seekers, refugees or having humanitarian or stateless status with the same list of diagnoses.[79]

The services covered include rehabilitation interventions (physical, occupational and speech therapies) and psychosocial support for children and their families as needed and prescribed by the individual rehabilitation plans for each child. The subprogrammes finance a specific number of intervention sessions with monthly limits - up to 8 sessions per month with a fixed cost of GEL 25 (approx. EUR 7.8] per session - for early development support[80] and no more than 192 per year or from 16 to 20 per month at GEL 17 [EUR 5.3] per session for the Children Rehabilitation/Habilitation Subprogramme.[81]

In 2021, the Office of the Public Defender of Georgia commissioned the evaluation of these two subprogrammes and found that both subprogrammes face key challenges, including

[76] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36 საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.13
[77] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[78] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 495, სოციალური რეაბილიტაციის და ბავშვზე ზრუნვის 2025 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე [On Approval of the Social Rehablitation and Child Care 2025 State Programme], 31 December 2024, url, Annex 2.2
[79] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 495, სოციალური რეაბილიტაციის და ბავშვზე ზრუნვის 2025 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე [On Approval of the Social Rehablitation and Child Care 2025 State Programme], 31 December 2024, url, Annex 2.3
[80] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 495, სოციალური რეაბილიტაციის და ბავშვზე ზრუნვის 2025 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე [On Approval of the Social Rehablitation and Child Care 2025 State Programme], 31 December 2024, url, Annex 2.2
[81] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 495, სოციალური რეაბილიტაციის და ბავშვზე ზრუნვის 2025 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე [On Approval of the Social Rehablitation and Child Care 2025 State Programme], 31 December 2024, url, Annex 2.3

limited availability and uneven geographic distribution of services, with a significant urban-rural gap that restricts access for children in remote areas. There is a shortage of qualified rehabilitation professionals, compounded by the lack of continuous professional development and standardised training programmes. Infrastructure deficiencies, outdated equipment and inadequate service environments further compromise the quality of care. The programme also suffers from weak coordination across sectors and institutions, fragmented service delivery, and the absence of individualised rehabilitation plans and outcome monitoring systems. Moreover, financial constraints (below market price paid by the public per intervention session in both subprogrammes in 2020) and low public awareness hinder timely access and continuity of rehabilitation services for children with disabilities.[82]

Following the evaluation recommendations, some positive changes to the programme were introduced in 2024-2025, including the introduction of service standards and improvements to monitoring systems, along with a 10 %-15 % increase in prices per intervention session paid to service providers.[83] However, according to both the MoIDPLHSA and the service providers, many of the key challenges identified, including disparities in geographical access, a deficit of rehabilitation professionals, suboptimal prices and a lack of intersectoral coordination, remain.[84]

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

This national programme provides coverage to all Georgian citizens, stateless persons and foreign citizens permanently residing in Georgia for medications used to treat specific rare diseases, which also include MS and SMA. Residents of Tbilisi and Adjara are not eligible for coverage under this state programme for MS, as they are covered by the respective local government programmes. Starting from 1 July 2025, patients with MS who are beneficiaries are also eligible for day hospital services to supervise the administration of covered medicines and undergo periodic MRI scans of the brain and spinal cord.[85]

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

This subprogramme covers the services provided to patients with neurological 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.[86]

[82] Georgia, Public Defender (Ombudsman) of Georgia, Analysis of the state programs for social rehabilitation and childcare for 2018-2020", 2021, url, p. 12 & p. 17
[83] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[84] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII05, Manager of Child Rehabilitation Service Provider, Interview, 16 May 2025
[85] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, url, Annex 17, Article 3
[86] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, url, Annex 19

2.1.5. Referral Service State Programme

This national programme aims to deliver medical services to the population groups defined in the list below.[87] 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 state budget allocation whose medical services are not covered within insurance schemes/conditions purchased through the state procurement, but are financed by the UHCP.[88]

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 decides to approve or reject the application, and the amount of covered costs of medical services or medicines requested by the patient based on (a) whether the patient represents one of the priority categories listed above, (b) patient's income, (c) medical urgency and (d) availability of the treatment in Georgia (for the patients applying for funding the treatment outside Georgia).[89] The decision on cost coverage under the Referral Service State Programme is made by a commission established by the Ministry of Health as well as the Ordinance of the Minister. The amount of assistance with medical expenses is determined with the co-payment principle. The current regulations of

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

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

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

the commission sets 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, the financial assistance is capped at the equivalent of GEL 10 000 foreign currency units for individuals applying for funding the treatment outside Georgia.[90]

The costs of expensive medications (including medications required for the treatment of neurological 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 some restrictions for beneficiaries, including no costs covered above the prescribed limits under the UHCP for intensive care. Furthermore, the applications of patients with so-called minimum packages are considered for individual review only in situations where immediate action could prevent the loss of life.[91]

2.1.6. Programmes Funded by the Local Self-Government Budgets

Tbilisi Municipality and the Autonomous Republic of Adjara have programmes funded through the local budgets that (a) cover the cost of medication for outpatient continuous treatment of MS and (b) may provide their residents with additional financial opportunities for treatment of the neurological diseases. For example, the local budget of Tbilisi, the capital city, includes the "Measures to Assist Medical and Other Social Needs" subprogramme through which Tbilisi residents can apply for funding for treatment of neurological diseases for expenses not covered under the state health programmes.[92] 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 the socially vulnerable citizens, persons with disabilities, veterans and persons with the status of lost breadwinner, as well as any person in need of assistance based on their own application due to their financial situation. Like the State Referral Service Programme, the decision of funding and its rate is made by the relevant commission.[93]

[90] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 15 October 2025
[91] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 15 October 2025
[92] 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
[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

2.2. Factors Limiting Access to Care

Geographical disparities in access to care exist due to unequal distribution of the infrastructure and human resources and long travel distances faced by specific rural communities in mountainous regions of Georgia to access the needed care, particularly in winter.[94] Also, there is a shortage of qualified rehabilitation service providers, particularly for the rural population.[95]

Financial access to primary-level care and life-saving urgent surgical and nonsurgical care for patients with neurological diseases is almost universal. However, many face a significant financial burden related to diagnostics (particularly for high-technology instrumental procedures), specialist outpatient care and medicines for chronic neurological conditions that are not covered or only partially covered by the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy and the UHCP.[96] The OOP expenditures of patients with neurological 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]

Patients with non-urgent neurological conditions (except patients with MS) seeking funding for high-technology diagnostics and care, including rehabilitation sessions, may have to wait up to two months for a decision on NHA funding.[99]

Ethnic minorities may experience additional access problems to quality care due to language barriers and socioeconomic disparities.[100]

There is no information on any other factors limiting access to care for neurological diseases, or discrimination of patients with neurological disorders, including for those citizens returning to the country after having spent a number of years abroad.

However, despite all these barriers, the utilisation of hospital care for neurological diseases appears to be high at the population level. For example, there were 20 078 hospitalisations and 7 345 surgeries, or 542 hospitalisations and 198.5 surgeries per 100 000 due to the neurological diseases were reported in 2021.[101] For comparison, in England, the respective

[94] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[95] KII04, Representative of the Georgian Union of Neurologists, Interview, 4 May 2025
[96] KII01, Senior official at the MoIDPLHSA, 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] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025
[100] Open Society Georgia Foundation, "ეთნიკური უმცირესობების წარმომადგენლების სოციალური ექსკლუზიის (გარიყვის) კვლევა [The Study of Social Exclusion of Ethnic Minorities]", 2022, url
[101] Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, url, p. 31

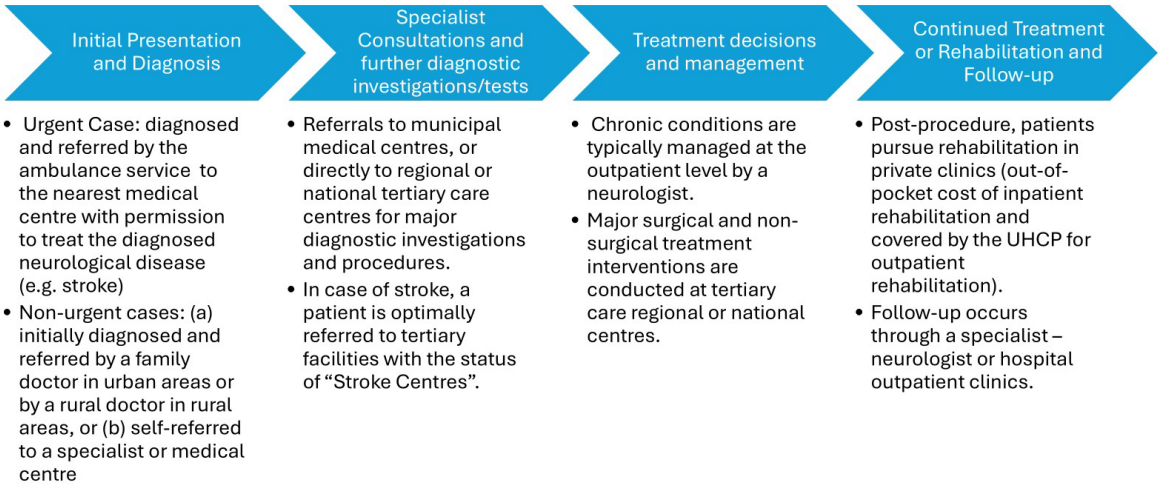
rates were 132.7 hospitalisations and 102.8 surgical procedures per 100 000 in the years 2013 to 2018.[102]

Yet, these access barriers listed above are recognised and addressed by the Government of Georgia through reforms expanding UHCP coverage for medicines, including for neurological diseases, by removing the annual limits starting from 2024;[103] introducing reference pricing for pharmaceuticals, launching the public funding subprogramme for rehabilitation (for outpatient rehabilitation at this stage to be extended also to inpatient rehabilitation for the neurological conditions in the future),[104] initiating the PHC reform[105] and telemedicine pilots[106] and applying efforts for reintegration of the ethnic minorities.[107]

2.3. Typical Journey of a Patient with Neurological Disease

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

Figure 1: Journey of a patient with neurological disease in the health system of Georgia



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

[102] Wahba, A. J., et al., Patterns and outcomes of neurosurgery in England over a five-year period: A national retrospective cohort study, 2022, url, p. 1
[103] 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
[104] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[105] WHO/Europe, Georgia: moving from policy to actions to strengthen primary health care: primary heath 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

The urgent cases of neurological diseases, such as stroke, are commonly transferred by the emergency ambulance service, whose doctor makes an initial or possible diagnosis of stroke, to the nearest medical centre (secondary or tertiary level hospital) that has a permit to manage urgent neurological conditions, including stroke. In Tbilisi, Batumi and Kutaisi, patients with suspected ischaemic stroke are preferentially transferred to hospitals that have the status of a "Stroke Centre" (see Table 2). The emergency medical service is free for all citizens and residents of Georgia.[108]

Initial diagnosis of a non-urgent case of neurological disease is expected to 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 neurological disease are commonly referred for specialist consultations and diagnostic procedures to multi-profile polyclinics and municipal medical centres, or directly to regional and national specialised centres and departments of multi-profile tertiary care facilities.[109]

When diagnosis is confirmed and the treatment decisions are taken, the patient follows two alternatives: chronic conditions are expected to be managed at the outpatient level, but by the specialist–neurologist, rather than a family/rural doctor, while major surgical and non-surgical treatment interventions are conducted at tertiary care regional or national centres, usually in those hospitals registered as the providers of the publicly funded UHCP.[110]

However, in reality, the patient journey often takes alternative care pathways. More specifically, although PHC is legally considered to be the first point of contact for patients,[111] in practice only a small proportion of the population (17 %-23 %, varying by facility) utilises PHC services in Georgia, according to the WHO.[112] As a result, the role of general PHC providers as an initial point of care or even referral for patients with neurological diseases is limited.[113] The Government of Georgia is undertaking certain steps to improve the scope and quality of care at the PHC level by launching the PHC pilots with the introduction of the extended care packages for patients with NCDs, including hypertension and diabetes (key risk factors for stroke) and results-based financing for better healthcare outcomes.[114]

[108] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[109] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[110] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[111] Georgia, Parliament of Georgia, ჯანმრთელობის დაცვის შესახებ [Law of Georgia on Healthcare], 2007, url, Article 3(s)
[112] WHO/Europe, Georgia: Moving from policy to actions to strengthen primary health care: Primary heath care policy paper series, 2023, url, p. 3
[113] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024
[114] 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 neurological diseases, there are very limited public investments in health promotion programmes that are focused on prevention and mitigation of the risk factors related to stroke prevention, such as tobacco control measures and public health campaigns directed at increased awareness of hypertension and possible life-threatening conditions caused by it, including stroke.[115] The budget of the national programme, the 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 for the year 2025.[116]

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, are 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), through the public schemes (33.8 %), and a small share of individually insured (9.1 %).[117] Private insurance accounted for up to 6.8 % of total health expenditures in 2022.[118] 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 neurological 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 neurological diseases such as epilepsy, Parkinson's disease or MS. 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.[120] 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.[121]

[115] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[116] 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
[117] Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, url
[118] WHO, Global Health Expenditure Database, 2014, url
[119] Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, url
[120] GPI, Insurance Scheme, 2025, url; TBC Insurance, Health Insurance, 2025, url
[121] KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025

The UHCP eligibility rules prohibit many people from holding public and private insurance in parallel – albeit, many exceptions are made for specific groups, including teachers, public artists, children in foster care, settled internally displaced people, socially vulnerable households below the poverty line (70 000-100 000 points on the social assistance scale), persons of retirement age (over 60 for women and over 65 for men), children aged up to 18 years, with under 6 children having wider benefits, students and people registered as persons with disability.[122]

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

4. Non-government organisations (NGOs)

NGOs, such as NCD Alliance Georgia,[123] Tobacco Control Alliance[124] and professional associations, the Georgian Society of Cardiology[125] and the Georgian Association of Cardiac Surgery,[126] along with international partners, such as the WHO, are engaged in the national campaigns for promotion of healthy lifestyles, antitobacco efforts, hypertension control and stroke prevention.[127] The Georgia Association of Child Neurologists and Neurosurgeons develops the capacity of local specialists, develops national clinical guidelines, organises scientific-research conferences and advocates for improved policies and care of patients with neurological diseases such as epilepsy, neurodevelopmental and autism spectrum disorders, MS, SMA, etc.[128]

There are also NGOs (for example, “MAC Georgia”,[129] “First Step”,[130] Neurodevelopment Centre[131]) that are focused on providing services for children with neurodevelopmental disorders. Along with participating in the respective state programmes as rehabilitation service providers, they also conduct advocacy work with the general public and the government to improve the services and livelihoods of their beneficiaries.[132]

[123] NCD Alliance Georgia, [website], n.d., url
[124] თამბაქოს კონტროლის ალიანსი [Tobacco Control Alliance], [Facebook page], n.d., url
[125] Georgian Society of Cardiology, 2025, url
[126] Georgian Association of Cardiac Surgery, 2025, url
[127] NCD Alliance Georgia, [website], n.d., url; თამბაქოს კონტროლის ალიანსი [Tobacco Control Alliance], [Facebook page], n.d., url; Georgian Society of Cardiology, 2025, url
[128] სბბნა - GACNN, [website], n.d., url
[129] MAC Georgia, [website], n.d., url
[130] First Step Georgia, [website], 2025, url
[131] Neurodevelopment Center, [website], 2013-2018, url
[132] MAC Georgia, [website], n.d., url, First Step Georgia, [website], 2025, url, Neurodevelopment Center, [website], 2013-2018, url

5. Cost of treatment

As noted in Section 1, General information, the absolute majority of facilities providing services for patients with neurological diseases in Georgia are private. While the prices for the same health services generally differ across these facilities, the prices do not vary depending on the ownership status of the facility. However, the prices for the same service may differ depending on the payor for these services, whether it is covered by the state (through national or municipal programmes) or by a private source (private insurance or patient OOP). Thus, the prices or price ranges for "public" treatments in Table 3 and Table 4 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 Groups[133] and other state-defined tariffs that NHA pays for the treatment or rehabilitation of neurological diseases under the publicly financed programmes (UHCP, Referral Service State Programme and the municipal programmes) and information provided by key informants:

a) the senior official from the MoIDPLHSA, who provided data on maximum prices for those services;[134]
b) a representative of the largest private health provider network;[135] and
c) a manager of the tertiary care hospital.[136]

Some prices are also obtained from web pages of other healthcare providers of neurological services, which are referenced accordingly. The bed per day prices include only accommodation and food. The prices for specialist consultations for inpatient treatment are included in the cost of inpatient treatment at the same rate or rate range as for outpatient consultations, as presented in Table 3.

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.

[133] 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
[134] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[135] KII02, 1st Manager of the private health provider network, Interview 3 April 2025
[136] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

Table 3: Cost of treatment I

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/ comments
Neurologist	50[137]		40[138] - 200[139]	50[140]	Private inpatient treatment price for consultations reflects the amount that is charged for specialist consultation as a component of the full cost of inpatient treatment of urgent or surgical conditions (Diagnostic-Related Group (DRG) or Tarriff) for UHCP beneficiaries and is not billed separately. Socially vulnerable individuals and those of retirement age do not pay DRG or tariffs (they have free access to these services) while other UHCP beneficiaries pay a co-payment of up to 30 % of the full cost of the treatment episode.
Paediatric neurologist	60[141] - 70[142]		40[143] - 100[144]	60[145]	
Neurosurgeon	50[146]		80 - 100[147]	50[148]	
Internist (gastroenterologist)	50[149]		50 - 60[150]	50[151]	

[137] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[138] Medical Centre "MediMEDI", მომსახურების ფასები [Service prices], n.d., url
[139] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[140] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[141] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[142] Medical Centre "MediMEDI", მომსახურების ფასები [Service prices], n.d., url
[143] Medical Centre "MediMEDI", მომსახურების ფასები [Service prices], n.d., url
[144] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[145] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[146] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[147] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[148] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[149] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[150] Tsamali.ge, მომსახურების ფასები [Service prices], 201-2025, url
[151] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/ comments
					Patients with private insurance are reimbursed partially or fully. Home visits have a higher price within the indicated price range.
Rehabilitation specialist	25 - 45[152]	Not available	25 - 45[153]		Included in the cost of the outpatient rehabilitation service for brain and spinal cord injuries for UHCP beneficiaries (adults) and is free for socially vulnerable individuals and those of retirement age or requires a co-payment of up to 30 % for other beneficiaries. Not covered in inpatient setting.
Paediatric rehabilitation specialist	45 - 60[154]	Not available	45 - 60[155]		Included in the cost of the outpatient rehabilitation service for children with developmental delays, autism spectrum disorders, cerebral palsy and other chronic neurological diseases and is free for children aged 0 to 18 years. Not covered in inpatient setting.

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

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/ comments
Occupational therapist (outpatient only)	40 - 60[156]	—	40 - 60[157]	—	Included in the cost of the outpatient rehabilitation service for brain and spinal cord injuries for UHCP beneficiaries (adults) and is free for socially vulnerable individuals and those of retirement age or requires a co-payment of up to 30% for other beneficiaries. Included in the cost of the outpatient rehabilitation service for children with developmental delays, autism spectrum disorders, cerebral palsy and other chronic neurological diseases and is free for children aged 0 to 18 years. Included in the cost of the outpatient rehabilitation service for brain and spinal cord injuries for UHCP beneficiaries (adults) and is free for socially vulnerable individuals and those of retirement age or requires a co-payment of up to 30% for other beneficiaries. Not covered in inpatient setting.

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

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/ comments
Physical therapist (one session)	30 - 35[158]	Not available	30 - 35[159]		Included in the cost of the outpatient rehabilitation service for brain and spinal cord injuries for UHCP beneficiaries (adults) and is free for socially vulnerable individuals and those of retirement age or requires a co-payment of up to 30% for other beneficiaries. Not covered in inpatient setting.
Paediatric physical therapist (one session)	30 -40[160]	Not available	30-40[161]		Included in the cost of the outpatient rehabilitation service for children with developmental delays, autism spectrum disorders, cerebral palsy and other chronic neurological diseases and is free for children aged 0 to 18 years. Not covered in inpatient setting.

[158] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[159] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[160] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[161] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

Table 4: Cost of treatment II

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
Laboratory research			
Laboratory research: medication level in the blood (e.g. for antipsychotics/for antiepileptics and/or for lithium carbonate)	27 (Lithium)[162] - 200 (Clonazepam)[163]		Not covered at the outpatient level. 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). Patients with private insurance are reimbursed partially or fully.
Laboratory research of blood; INR, e.g. in case of acenocoumarol anticlotting	20[164]	53[165]	It is free at the outpatient level when prescribed by the PHC doctor for all beneficiaries of UHCP Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or Tarriff) for UHCP beneficiaries and is free for socially vulnerable individuals and those of retirement age or requires a co-payment of up to 30 % for other beneficiaries. Patients with private insurance are reimbursed partially or fully.
Medical imaging			
Diagnostic imaging by means of EEG (electroencephalogram)	120[166]		Not covered at the outpatient level. 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

[162] Synevo, Monitoring of Therapeutic Medications, Lithium Li / Laboratory Research, 2021-2025, url
[163] Synevo, Monitoring of Therapeutic Medications, Clonazepam / Laboratory Research, 2021-2025, url
[164] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[165] Mrcheveli Medical Center, Limbakh Group, [website], 2020, url
[166] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
			beneficiary category (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.
Diagnostic imaging by CT scan	250 – 720[167]		At the outpatient level, the CT scan is covered if referred by the PHC doctor but only for specific categories of UHCP beneficiaries with co-payments from 0 % to 20 % of the cost: no co-payment is required for veterans of retirement age or with severe disabilities; 10 % for all individuals of retirement age and 20 % for children aged 0 to 5 years, students and other individuals with severe disabilities.[168] 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). Patients with private insurance are reimbursed partially or fully.
Diagnostic imaging by MRI scan	360 – 1 150[169]		The price depends on the type of MRI (1.5 tesla vs. 3 tesla) and whether the contrast and anaesthesia special regimes (to assess the perfusion or function) are used.[170] Not covered at the outpatient level. Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for

[167] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; Solomed, "სერვისები [services]", [website], n.d., url
[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 1.3, p. 2
[169] KII02, 1st Manager of the private health provider network, Interview; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; Solomed, "სერვისები [services]", [website], n.d., url
[170] KII02, 1st Manager of the private health provider network, Interview; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
			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). Patients with private insurance are reimbursed partially or fully.
Diagnostic imaging by means of EMG (Electro Myography)	200[171]		Not covered at the outpatient level. 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). Patients with private insurance are reimbursed partially or fully.
Diagnostic imaging: angiography (=arteriography) of cerebral arteries	420 – 1 000[172]		
Lumbar puncture	150[173]		
Treatment			
Clinical admittance in (neuro) rehabilitation department/clinic (daily rates)	4 177 - spinal cord stroke or injury (per course) 5 031 - brain stroke or injury (per course)[174]	100 – 190 (daily rate)[175]	The prices (tariff) per course of outpatient rehabilitation paid by NHA for UHCP beneficiaries are given. The co-payment rate from the beneficiary side of these prices varies from 0 % to 30 %, depending on the UHCP beneficiary category (see Section 2 for details). The daily rate for private treatment depends on which rehabilitation

[171] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[172] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; Solomed, "სერვისები [services]", [website], n.d., url
[173] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[174] 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 1.13, Article 3, point a)
[175] KII02, 1st Manager of the private health provider network, Interview 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
			interventions and for how long will be applied.
Neurology: rehabilitation clinic with 24/7 care (e.g. after CVA or accident)	Not available	5 920[176]	This price is calculated based on an average of 15 days' stay and includes the cost of a bed-day (excluding food), all interventions, and consultations.
Neurosurgery: deep brain stimulation, incl. implantation, repair and follow-up	Not available	70 000[177]	Patients with private insurance may be partially reimbursed, depending on their package.
Neurosurgery: Placement of cerebral shunt, including pre- and after care	10 794[178]	11 000[179]	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 GEL 0 to 1 500 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 GEL 500, and students are required to pay GEL 1 000. All other UHCP beneficiaries should pay GEL 1 500 out of the DRG price indicated.[180] Patients with private insurance are reimbursed partially or fully.

[176] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[177] KII02, 1st Manager of the private health provider network, Interview 3 April 2025
[178] 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
[179] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[180] 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.[181] However, the cost of medicines remains a significant challenge in Georgia's healthcare system and a major driver of catastrophic health expenditures.[182]

The cost of pharmaceutical products, along with any other medical consumables used for the provision of 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.[183] There is a limited but expanding list of the most commonly used outpatient essential drugs for chronically ill patients covered for UHCP beneficiaries, as discussed in Section 2, Access to treatment.

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

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

[181] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[182] Gorgodze, T., et al., Counting the savings: impact of Georgia’s drug policy interventions on households, 2025, url, p. 2
[183] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

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

* "Outpatient Public" means that the cost of the drug is covered fully provided for free to the patient without annual limits at the outpatient level for specific categories of UHCP beneficiaries: socially vulnerable, individuals of retirement age, children (0-18 years) with disabilities, adults with moderate or severe disability, veterans, rural residents of municipalities adjacent to the Occupied Regions. Other UHCP beneficiaries are not eligible. Also, all citizens and permanent residents of Georgia with epilepsy or Parkinson's disease are covered fully without limits.[184]

** "Inpatient Public" means that the cost of the drug is included in the inpatient treatment costs with or without co-payment for UHCP beneficiaries according to the eligibility criteria described in Section 2.

*** "Private" means that the cost of the drug is reimbursed both at outpatient and inpatient levels for patients with private insurance, partially or fully, depending on the insurance package.

Table 5: Cost of medications

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Antiepileptics (e.g. to reduce frequency of attacks)							
Carbamazepine	Carbamazepine	200 mg	tablet	1	0.14	NHA[185]	Outpatient Public *
	Carbamazepin			1	4.60	Hospital[186]	Inpatient Public **
	Slavia			50	8.55	Pharmacy[187]	Private ***
Clonazepam	Clonazepam	2 mg	tablet	30	19	Hospital[188]	Inpatient Public **
					26.95	Pharmacy[189]	Private ***
Gabapentine	Grimodin	300 mg	capsule	60	37.01	Pharmacy[190]	Inpatient Public ** Private ***
Lamotrigine	Lamictal®	100 mg	tablet	30	25.90	Pharmacy[191]	Inpatient Public ** Private ***

[184] 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

[185] Georgia, LEPL National Health Agency, „პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme", 2020, url

[186] KII02, 1st Manager of the private health provider network, Interview

[187] Aversi, Carbamazepin Slavia, 2018, url

[188] KII02, 1st Manager of the private health provider network, Interview

[189] Aversi, Clonazepam, 2018, url

[190] PSP, გრიმოდინი [Grimodin], 2025, url

[191] Aversi, Lamictal, 2018, url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Levetiracetam	Evalep	500 mg	tablet	50	26.50	Hospital[192]	Inpatient Public **
	Levetiracetam				34.25	Pharmacy[193]	Private ***
Phenytoin	Difenin®	117 mg	tablet	10	1.95	Pharmacy[194]	Inpatient Public ** Private ***
Primidone	Mysoline®	250 mg	tablet	30	23.75	Pharmacy[195]	Not registered or covered by the public programmes. Only upon individual patient request imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.
Stiripentol	Diacomit®	500 mg	capsule	60	2 050	Pharmacy[196]	Not registered or covered by the public programmes. Only upon individual patient request imported from Germany, with form 100 provided to the importer.
Valproic acid OR valproate OR Depakine®	Valproic acid	500 mg	tablet	1	0.34	NHA[197]	Outpatient Public *
	Depakine® chrono			30	9.49	Hospital[198]	Inpatient Public **
					10.23	Pharmacy[199]	Private ***
Zonisamide	Exegran®	100 mg	capsule	100	12.50	Pharmacy[200]	Not registered or covered by the public programmes. Only upon individual patient request imported from Turkey with form 100

[192] KII02, 1st Manager of the private health provider network, Interview
[193] PSP, ლევეტირაცეტამი [Levetiracetam], 2025, url
[194] PSP, დიფენინი [Difenin], 2025, url
[195] Pharmaco, Mysoline, n.d., url
[196] Pharmadepo, Diacomit, 2025, url
[197] Georgia, LEPL National Health Agency, „პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme“, 2020, url
[198] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[199] Aversi, Depakine chrono, 2018, url
[200] Pharmaco, Exegran, n.d., url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
							provided to the importer. Takes 4-6 weeks to import.
Antiepileptics to treat acute attacks /status epilepticus							
Diazepam (i.v. injection for epileptic attacks)	Diazem	10 mg / 2 ml	ampoule	10	12	Hospital[201]	Inpatient Public ** Private ***
Levetiracetam (i.v. injection for epileptic attacks)	Epixx	100 mg/ml / 150 ml	vial	1	32.01	Pharmacy[202]	Inpatient Public ** Private ***
Midazolam (i.m. injection for epileptic attacks)	Midazolam kalceks	15 mg / 3 ml	ampoule	10	39	Hospital[203]	Inpatient Public **
Midazolam (i.v. injection for epileptic attacks)	Midazolam serraclinics	15 mg / 3 ml	ampoule	10	80	Pharmacy[204]	Private ***
Phenytoin (i.v. injection for epileptic attacks)	Toinex	250 mg / 5 ml	ampoule	5	23.75	Pharmacy[205]	Not registered or covered by the public programmes. Only upon individual patient request imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.
Anti blood clotting medicines							
Acetylsalicylic acid (Aspirin®)	Acetylsalicylic acid, magnesium hydroxide	150 mg	tablet	1	0.12	NHA[206]	Outpatient Public * Inpatient Public **
	Aspirin Cardio®	100 mg		20	6.40	Pharmacy[207]	Private ***

[201] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[202] PSP, Epixx, 2025, url
[203] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[204] Aversi, Depakine chrono, 2018, url
[205] Pharmaco, Toinex, n.d., url
[206] Georgia, LEPL National Health Agency, „პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme“, 2020, url
[207] Aversi, Depakine chrono, 2018, url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Apixaban	Eliquis®	5 mg	tablet	60	161.40	Hospital[208]	Inpatient Public **
					185.68	Pharmacy[209]	Private ***
Clopidogrel	Zyllt®	75 mg	tablet	28	9.20	Hospital[210]	Inpatient Public **
					18.37	Pharmacy[211]	Private ***
Dabigatran	Pradaxa®	150 mg	capsule	60	144.30	Pharmacy[212]	Not registered or covered by the public programmes. Only upon individual patient request imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.
Enoxaparin	Clexane	20 mg / 0.2 ml	ampoule	1	4.53	Pharmacy[213]	Inpatient Public ** Private ***
Heparin	Heparin	25 000 units / 5 ml	vial	1	23.59	Pharmacy[214]	Inpatient Public ** Private ***
Prasugrel	Sugrel	10 mg	tablet	28	68.10	Pharmacy[215]	Inpatient Public ** Private ***
Rivaroxaban	Rivarox	20 mg	tablet	28	15.00 64.26	Hospital[216] Pharmacy[217]	Inpatient Public ** Private ***
Warfarin	Warfarin	2.5 mg	tablet	1	0.07	NHA[218]	Outpatient *
				50	3.60	Hospital[219]	Inpatient Public **
					4.35	Pharmacy[220]	Private ***

[208] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[209] Aversi, Eliquis, 2018, url
[210] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[211] Aversi, Zyllt, 2018, url
[212] Pharmaco, Pradaxa, n.d., url
[213] Aversi, Clexan, 2018, url
[214] PSP, Heparin, 2025, url
[215] Aversi, Sugrel, 2018, url
[216] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[217] PSP, Rivarox, 2025, url
[218] Georgia, LEPL National Health Agency, „პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme“, 2020, url
[219] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[220] PSP, Warfarin, 2025, url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Medication for MS: Multiple Sclerosis							
Dimethyl fumarate	TENiPRA	240 mg	capsule	56	491.62	Pharmacy[221]	Not covered by the public programmes or most private insurance policies.
Fingolimod	Gilenya®	0.5 mg	capsule	28	1 846	Pharmacy[222]	Fully covered by the public programmes for all patients (see details in Section 2) Not covered by most of the private insurance policies
Glatiramer acetate	Claria	40 mg / 1 ml	syringe	12	690	Pharmacy[223]	Not covered by the public programmes or most private insurance policies.
Interferon beta-1a	Avonex®	30 mcg / 0.5 ml	injection pen	1	139.10	Pharmacy[224]	Not registered or covered by the public programmes. Only upon individual patient request imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.
Ocrelizumab	Ocrevus®	300 mg / 10 ml	vial	1	13 018	Pharmacy[225]	Fully covered by the public programmes for all patients (see details in Section 2) Not covered by most of the private insurance policies
Rituximab	MabThera®	100 mg 500 mg	powder powder	1	-	NHA[226]	Fully covered by public programmes for oncology patients

[221] PSP, TENiPRA, 2025, url
[222] Aversi, Gilenya, 2018, url
[223] Aversi, Claria, 2018, url
[224] Pharmaco, Avonex, n.d., url
[225] Aversi, Ocrevus, 1994-2025, url
[226] Georgia, LEPL National Health Agency, „პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme“, 2020, url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
		1 400 mg	infusion				
		500 mg / 50 ml	vial	1	1 999	Pharmacy[227]	Not covered by most private insurance policies.
Teriflunomide	Aubagio®	14 mg	tablet	28	888.75	Pharmacy[228]	Not registered or covered by the public programmes. Only upon individual patient request imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.
Medication for Parkinson's disease							
Amantadine	PK-Merz®	100 mg	tablet	90	23.85	Hospital[229]	Inpatient Public **
					29.96	Pharmacy[230]	Private ***
Apomorphine	Dacepton®	10 mg / 3 ml	injection pen	5	525.05	Pharmacy[231]	Not covered by the public programmes or most private insurance policies.
Bromocriptine mesilate	Bromocriptine - richter	2.5 mg	tablet	30	12.98	Hospital[232]	Inpatient Public **
					17.20	Pharmacy[233]	Private ***
Levodopa + benserazide	Levodopa + Benserazide hydrochloride	100 mg / 25 mg	capsule	1	0.44	NHA[234]	Outpatient Public * Inpatient Public **
	Madopar®	100 mg/ 25 mg		100	47.77	Pharmacy[235]	Private ***

[227] Aversi, MabThera, 2018, url
[228] Pharmaco, Aubagio, n.d., url
[229] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[230] Aversi, PK-Merz, 2018, url
[231] PSP, TENiPRA, 2025, url
[232] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[233] Aversi, Bromcriptine-richter, 2018, url
[234] Georgia, LEPL National Health Agency, „პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme", 2020, url
[235] Aversi, Madopar, 2018, url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Levodopa + carbidopa	Levodopa + carbidopa	250 mg / 25 mg	tablet	1	0.40	NHA[236]	Outpatient Public *
				100	50.54	Hospital[237]	Inpatient Public **
	Levokom				67.39	Pharmacy[238]	Private ***
Levodopa + carbidopa + entacapone	Starlite	100 mg / 25 mg / 200 mg	tablet	100	99.35	Pharmacy[239]	Inpatient Public ** Private ***
Pramipexole	Parkyn	0.25 mg	tablet	100	30.85	Pharmacy[240]	Inpatient Public ** Private ***
Rasagiline mesilate	Rasagiline Egis	1 mg	tablet	30	54.59	Pharmacy[241]	Inpatient Public ** Private ***
Ropinirole	Sindranol	4 mg	tablet	28	38.53	Pharmacy[242]	Inpatient Public ** Private ***
Safinamide	Xadago®	50 mg	tablet	30	166.40	Pharmacy[243]	Not registered or covered by the public programmes. Only upon individual patient request imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.

[236] Georgia, LEPL National Health Agency, „პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme“, 2020, url
[237] KII03, Manager of the tertiary care hospital, Interview, 8 April 2025
[238] Aversi, Levocom, 1994-2025, url
[239] Aversi, Starlite, 2018, url
[240] Aversi, Parkyn, 2018, url
[241] PSP, რაზაგილინი ეგისი [Rasagiline Egis], 2025, url
[242] PSP, სინდრანოლი [Sindranol], 2025, url
[243] Pharmaco, Xadago, n.d., url

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

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Annex 2: Terms of Reference

General information

- Briefly describe prevalence and incidence of neurology diseases / types of these disease (epilepsy, cerebral vascular accident (CVA)/ “stroke”, Multiple Sclerosis, Parkinson’s disease, Alzheimer’s disease) (epidemiologic data).
- How is the health care organised for neurology diseases disease?
- How are these 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 organised in general to treat patients with neurological diseases? Are there sufficient resources available to treat all patients?
- Are there a particular type of neurological diseases for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating these diseases?
- Are there any national or international plans or (donor) programmes for certain diseases; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for neurology 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 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 neurological 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)?
- 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 etc.
- Include any insurance information that is specific for patients with this disease.

NGOs

Include if relevant, otherwise delete section.

- Are any NGOs or international organisations active for patients of neurological disease? 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.
- 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.
- Ensure coverage of disability recognition and benefits are explained.

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).
- 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.
- Ensure coverage of disability recognition and benefits are explained.

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

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