Medical Country of Origin Information

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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 Report 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 13 May 2026. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the Introduction.

Glossary and abbreviations

Term	Definition
AFP	Alpha-Fetoprotein
CEA	Carcinoembryonic Antigen
CEECA	Central Europe, Eastern Europe and Central Asia
COI	Country of Origin Information
CRP	C-reactive Protein
CT	Computed Tomography
DRG	Diagnosis-Related Group
ECG	Electrocardiogram
ERCP	Endoscopic Retrograde Cholangiopancreatography
EU	European Union
EUAA	European Union Agency for Asylum
FIT	Faecal Immunochemical Test
FOBT	Faecal Occult Blood Test
GEL	Georgian Lari (currency)
GID	Gastrointestinal Disease

Term	Definition
HDL	High-Density Lipoprotein
HER2	Human Epidermal Growth Factor Receptor 2
IHME	Institute of Health Metrics and Evaluation
ISO	International Organization for Standardization
KCL	Potassium Chloride
LDL	Low-Density Lipoprotein
MedCOI	Medical Country of Origin Information
MoIDPLHSA	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs
MRI	Magnetic Resonance Imaging
NaCl	Sodium Chloride
$NaHCO_3$	Sodium Bicarbonate
NCD	Non-Communicable Disease
NCDC	National Center for Diseases Control and Public Health of Georgia
NGO	Non-Government Organisation
NHA	National Health Agency
OOP	Out of Pocket

Term	Definition
PET	Positron Emission Tomography
PHC	Primary Healthcare
TNF	Tumour Necrosis Factor
UEG	United European Gastroenterology
UHCP	Universal Health Care Programme
WHO	World Health Organization

Introduction

Methodology

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

Terms of reference

The terms of reference for this Medical Country of Origin Information (MedCOI) Report can be found in Annex 2: Terms of Reference. The initial drafting period finished on 8 April 2026, peer-review occurred between 9 April-22 April 2026 and additional information was incorporated into the report as a result of the quality review process during the review implementation up until 13 May 2026. The report was internally reviewed subsequently.

Collecting information

The European Union Agency for Asylum (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 International Organization for Standardization (ISO) code and the conversion amounts are taken from the InforEuro website of the European Commission. The rate used is that prevailing on 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]

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

Quality control

This report was written by Intl.SOS in line with the EUAA MedCOI Report Methodology (2025),[2] the EUAA Country of Origin Information (COI) Reports 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 the 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 implemented to the extent possible, under time constraints.

Sources

In accordance with EUAA MedCOI methodology, a range of different published sources has been consulted on relevant topics for this report. These include government publications, academic publications, reports by non-government organisations (NGOs) and international organisations, as well as publicly available online sources relevant to gastroenterology and related healthcare services in Georgia.

In addition to publicly available sources, oral anonymised sources were consulted for this report. These included senior officials, representatives of relevant organisations and healthcare providers. The sources were assessed for their background and ground-level knowledge, and represent different aspects of the Georgian healthcare system. All sources that are used in this report are outlined in Annex 1: Bibliography.

[2] EUAA, MedCOI Methodology, March 2025, url
[3] EUAA, 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 gastrointestinal diseases in Georgia

In 2024, the National Statistics Office of Georgia (GeoStat) reported 88 600 new cases of gastrointestinal diseases (GIDs) nationwide, accounting for 5.6 % of all diseases registered in Georgia, with an incidence rate of 2 398.1 per 100 000.[5] The nationally reported reliable incidence and prevalence rates for specific GIDs are not available because national registries for these GIDs do not exist; however, according to the Institute of Health Metrics and Evaluation (IHME), the estimated age-standardised incidence and prevalence of the GIDs in focus for this report, are comparable with the average rates reported for the same diseases for the Central Europe, Eastern Europe and Central Asia (CEECA) region in 2023, with the exception of colon and rectum cancers, for which the rates for Georgia are significantly lower (see Table 1).[6]

Table 1: Estimated age-standardised incidence and prevalence rates per 100 000 population and percentage difference in these rates for key GIDs for Georgia and CEECA according to the Global Burden of Diseases 2023 Study

Disease	Georgia		CEECA	
	Incidence	Prevalence	Incidence	Prevalence
Gastroesophageal reflux disease	5 227.1	13 510.0	5 517.5	14 328.4
Peptic ulcer disease	41.2	93.7	46.1	106.1
Inflammatory bowel disease	6.0	69.2	6.1	62.0
Stomach cancer	18.5	25.2	18.5	31.0
Colon and rectum cancer	29.3	117.6	47.8	219.7

Source: IHME, 2026[7]

[5] Georgia, Geostat, Morbidity with acute and chronic diseases by main disease groups, 2024, url, row 14; the incidence rate was calculated by author based on the cited number
[6] IHME, Global Burden of Disease Collaborative Network, GBD 2023 Results, Seattle, United States, 2026, url
[7] IHME, Global Burden of Disease Collaborative Network, GBD 2023 Results, Seattle, United States, 2026, url

In 2024, the country recorded 364 deaths due to stomach cancer, 357 due to colon and rectum cancer and an additional 1 307 deaths due to other GIDs, including 320 deaths due to peptic and duodenal ulcers. This amounts to 2 028 deaths from GIDs in focus, accounting for approximately 4.6 % of all deaths and a mortality rate of 54.9 per 100 000.[8]

1.2. Organisation of GID care and treatment facilities

Delivery of healthcare for GIDs in Georgia is decentralised and dominated by private health providers,[9] and is organised into three tiers of care:

- primary healthcare (PHC) is provided by rural doctors and nurses serving rural residents, and urban outpatient facilities serving urban and pre-registered or referred rural residents;
- secondary inpatient and specialist services are provided by medical centres at the municipal level; and
- tertiary care is provided by regional- and national-level hospitals.[10]

Rural doctors and nurses are publicly employed, while most municipal-level medical centres, including those providing PHC services and tertiary care hospitals, are private.[11] For comprehensive information on the healthcare system in Georgia, refer to *MedCOI Report on the Provision of Healthcare in Georgia*.[12]

PHC is defined, in the Law of Georgia on Health Care, as the first point of contact 'of an individual or a family within the healthcare system',[13] including those seeking diagnosis and treatment of GIDs. PHC providers are responsible for the initial diagnosis and referral of GIDs in focus to specialists - gastroenterologists for confirmation and initiation of treatment. The PHC doctors are expected to engage in case management of chronic GIDs, such as peptic ulcer or gastroesophageal reflux disease. However, this rarely happens due to an absence of coordination between PHC doctors and specialists.[14]

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

[8] Georgia, Geostat, Number of deaths by sex, age and causes of death, 2024, url; the mortality rate was calculated by author based on the cited number
[9] WHO/European Observatory on Health Systems and Policies Health Systems in Action: Georgia, 2022, url, p. 8
[10] KII01, Senior official at the MoIDPLHSA, Interview, 10 February 2026
[11] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[12] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 19-23
[13] Georgia, Law of Georgia on Health Care, Chapter I. General Provisions, "ჯანმრთელობის დაცვის შესახებ" [Law of Georgia on Healthcare], 2007, url, Article 3(s)
[14] KII03, Representative of the Georgia Family Medicine Association, Interview, 2 February 2026

There is no leading clinical or scientific institution for GID or oncology care in Georgia. Diagnosis, confirmation and treatment of GIDs are primarily undertaken by specialists at regional and national tertiary care centres and departments of multi-profile tertiary care hospitals.[15] See Table 2 for key providers of specialised and tertiary GID care services. Also see 'Section 1.3 Organisation of healthcare for oncological diseases' in *MedCOI Topical Report – Georgia: Oncology*,[16] for the list of key specialised service providers for stomach and colon cancers.

Table 2: Key providers of specialised health services for GIDs

Institution	Ownership status	GID healthcare services provided	Location(s)
Georgian Medical Holding[17]	Public	GID diagnostic and specialist outpatient and inpatient care, gastroenterology departments in all three hospitals owned by the Georgia Medical Holding (see next column).	**Tbilisi** – N. Kipshidze Central University Clinic[18] **Zugdidi** – Rukhi Republican Hospital[19] **Batumi** – Batumi Republican Hospital[20]
Georgia Healthcare Group[21]	Private for–profit	GID diagnostic and specialist outpatient and inpatient care, gastroenterology departments in all hospitals owned by the Georgia Healthcare Group (see next column).	**Tbilisi** – Caucasus Medical Center; M. Iashvili Children's Central Hospital; Iv. Bokeria University Hospital; Caraps Medline Vake and Dighomi **Kutaisi** – West Georgia Medical Center
Aversi Clinic[22]	Private for–profit	GID diagnostic and specialist outpatient and inpatient care is provided by the gastroenterology department.	**Tbilisi**

[15] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[16] EUAA, MedCOI Topical Report – Georgia: Oncology, April 2025, url
[17] Georgian Medical Holding, [website], 2021, url
[18] Central University Clinic, [website], 2017, url
[19] Rukhi Republican Hospital, [Facebook page], n.d., url
[20] Batumi Republican Hospital, [website], n.d., url
[21] Vian, [website], 2023, url
[22] Aversi Clinic, [website], 2026, url

Institution	Ownership status	GID healthcare services provided	Location(s)
Todua Clinic[23]	Private for–profit	GID diagnostic and specialist outpatient and inpatient care is provided by the gastroenterology department.	**Tbilisi**
American Hospital Tbilisi[24]	Private for–profit	GID diagnostic and specialist outpatient and inpatient care is provided by the endoscopic department.	**Tbilisi**
Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic[25]	Private for–profit (University Hospital)	GID diagnostic and specialist outpatient and inpatient care is provided by the internal medicine department.	**Tbilisi**
New Hospitals[26]	Private for – profit	GID diagnostic and specialist outpatient and inpatient care is provided by the gastroenterology department.	**Tbilisi**
Alexandre Aladashvili Clinic[27]	Private for–profit	GID diagnostic and specialist outpatient and inpatient care is provided by the endoscopic department.	**Tbilisi**
BAU International Hospital[28]	Private for-profit	GID diagnostic and specialist outpatient and inpatient care is provided by the endoscopic department.	**Batumi**

Source: Compiled by the author based on the information provided by key informants and from the facility websites (referenced).[29]

[23] Todua Clinic, [website], 2020, url
[24] American Hospital Tbilisi, [website], 2025, url
[25] Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic, Departments, 2024, url
[26] New Hospitals, [website], 2026, url
[27] Alexandre Aladashvili Clinic, [website], 2019, url
[28] BAU International Hospital, [Facebook page], n.d., url
[29] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026; KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

1.3. Resources for GID care

Georgia has advanced infrastructure for high-tech GID care, including for stomach and colon cancers. The endoscopy and ultrasound equipment is available in every municipal medical centre. Larger municipalities and regional centres are also equipped to perform GI endoscopy and laparoscopy. Infrastructure and equipment for most of the surgical and non-surgical treatment options are available in Georgia.[30]

Distribution of the healthcare staff engaged in GID care, specifically PHC doctors and nurses, internal medicine doctors/gastroenterologists and oncologists, generally reflects the patterns observed in the health workforce in the country.[31] Namely, there is an imbalance in the distribution of medical staff in Georgia, with an excess of physicians and a shortage of nurses.[32] However, it should be noted that while Georgia is undertaking specific steps to increase the role of nurses in the provision of healthcare, as of the year 2026, nurses are not used in a specialised capacity in most of the medical specialities, including GID care, in Georgia.[33] The country has one of the highest (and growing) numbers of physicians reaching 6.6 per 1 000 people in 2023,[34] significantly exceeding the European average 4.2 per 1 000 in 2022.[35] Moreover, the number of registered internal medicine doctors, which also includes gastroenterologists, have almost tripled in the period 2015 to 2024 from 1 075 to 3 098 (83.8 per 100 000 population).[36] However, most physicians are concentrated in cities, with Tbilisi having three times more doctors than other regions. The recruitment and retention of healthcare professionals in remote and rural areas are challenging. Access to qualified specialists, including gastroenterologists and oncologists, in rural areas remains very limited.[37] For more information on the healthcare resources in Georgia, refer to *MedCOI Report on the Provision of Healthcare in Georgia*.[38]

1.4. National and international programmes

In 2023, Georgia adopted the National Strategy for Prevention and Control of Non-Communicable Diseases covering the years from 2023 to 2030.[39] This strategy is in line with the World Health Organization (WHO) guidelines and aims to minimise risk factors, such as smoking, poor diet and lack of physical activity. It highlights the importance of early diagnosis and treatment access for cancer-related diseases, including oncology GIDs. Furthermore, it

[30] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[31] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026; KII02, Manager of the tertiary care hospital, Interview, 2 February 2026; KII03, Representative of the Georgia Family Medicine Association, Interview, 2 February 2026
[32] WHO/European Observatory on Health Systems and Policies Health Systems in Action: Georgia, 2022, url, p. 11
[33] WHO/Georgia moves forward to regulate nursing and midwifery, News Release, 2024, url
[34] Georgia, Geostat, Healthcare and Social Protection, 2024, url
[35] OECD, Health at a Glance: Europe 2024: Availability of Doctors, 2024, url
[36] Georgia, Geostat, Number of physicians by occupations (Main staff), 2024, url
[37] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[38] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 27-30
[39] 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

establishes a strategic framework for national programmes addressing GID treatment, which are developed, implemented, and financed by the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health, and Social Affairs (MoIDPLHSA) and its agencies. These include the National Center for Disease Control and Public Health of Georgia (NCDC), responsible for the "State Programme on Health Promotion," and the National Health Agency (NHA), which administers all other national programmes.[40]

There are five national programmes and sub-programmes, as well as additional programmes funded by local self-government (municipal) budgets, all funded from the general taxation to finance specific services related to GID prevention, treatment and care. Table 3 presents a summary of these programmes. Each programme covers services at the respective level of care for individuals with selected GIDs. More comprehensive coverage is provided for surgical treatments and oncology GIDs. Eligibility criteria, population covered, co-payment requirements and annual coverage limits differ (beyond which individuals must cover any additional service costs). Consequently, there are coverage gaps for certain services for specific population groups (for example, privately insured individuals and individuals with annual household income exceeding GEL 40 000 [EUR 12 500]); however, there are no duplications or overlaps between the national or municipal programmes. It is important to note that municipal programmes may cover the co-payments of treatment costs established in the national programmes for residents of their municipalities for some individuals upon application (see details in Section 2.1.5).[41]

Table 3: Summary information on the national and municipal programmes for financing GID prevention, treatment and care

National programme	Population covered	Programme focus and services covered for GIDs care	Co-payments and limits
State Programme "Early Detection and Screening of Diseases"[42]	All Georgia residents aged 50-70 years, with the exception of those registered in Tbilisi (see details in Section 2.1.2).	Colorectal cancer screening and confirmatory diagnostic tests.	None

[40] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[41] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[42] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 1

National programme	Population covered	Programme focus and services covered for GIDs care	Co-payments and limits
"Universal Health Care Programme (UHCP)"[43]	All Georgian citizens, as well as individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia with exceptions (see details in Section 2.1.1).	Screening, initial diagnosis, referral and management of the diagnosed GIDs by an urban PHC (family) doctor and nurse. Primary diagnosis, referral and inpatient surgical treatment of all GIDs. Confirmation diagnosis and surgical and nonsurgical treatment of oncologic GIDs.	0 % to 30 % co-payments depending on the beneficiary eligibility criteria and annual limits for coverage of specific services apply (see details in Section 2.1.1).
State Programme "Rural Doctor – Rural Primary Health Care Sub-programme"[44]	Beneficiaries of UHCP residing in rural areas.	Services of the rural PHC doctor and nurse. Screening, initial diagnosis, referral and management of the diagnosed GIDs by a rural PHC doctor and nurse.	None
State Programme "Palliative Care of Terminal Patients"[45]	Beneficiaries of UHCP	Palliative care for terminal (incurable) GID patients with cancer or other progressive chronic GID.	0 % to 30 % co-payments for inpatient palliative care depending on the beneficiary eligibility criteria (see details in Section 2.1.1).

[43] 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
[44] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 18.3
[45] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 16

National programme	Population covered	Programme focus and services covered for GIDs care	Co-payments and limits
State Programme "Referral Service"[46]	All Georgia residents may apply. Priority is given to specific population groups (see Section 2.1.4).	Treatment for individual GID patient cases applying for the financial assistance not covered under other national programmes.	Maximum limit of GEL 10 000 [EUR 3 125] financing per individual application.
Programmes funded by the local self-government budgets[47]	Residents of respective municipalities. Priority is given to socially vulnerable citizens, persons with disabilities, veterans and persons with the status of lost breadwinner.	Treatment for individual GID patient cases applying for the financial assistance not covered under other national programmes.	No costs covered above the UHCP annual limits.

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

The international financial institutions and development partners, such as the United Nations organisations including the WHO, the World Bank and the Asian Development Bank, are providing financial and technical support to the ongoing reforms in the health sector, which includes implementation of PHC reform and health services payment reforms aimed at improved coverage and quality of services for non-communicable diseases (NCDs), including GIDs. There are no international programmes that specifically target these diseases or support individual patient care for GIDs.[48]

[46] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 19
[47] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026; Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 7-1, "ქალაქ თბილისის მუნიციპალიტეტის 2026 წლის ბიუჯეტის დამტკიცების შესახებ" ქალაქ თბილისის მუნიციპალიტეტის საკრებულოს 2025 წლის 23 დეკემბრის № 5-8 დადგენილებაში ცვლილებების შეტანის შესახებ" [About Approval of changes to the resolution No. 5-8 on approval of 2026 Budget for Tbilisi Municipality], 6 January 2026, url, Code 06 01 02
[48] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026

There are professional bodies, such as the Georgian National Society of Gastroenterologists and Hepatologists,[49] which is a member of the international professional body - the United European Gastroenterology (UEG),[50] and the National Society of Children's Gastroenterology, Hepatology and Nutrition, [51] which is engaged in international collaboration to improve the quality of GID care in Georgia. They utilise international partnerships to organise conferences and exchange experiences, develop national clinical guidelines, provide postgraduate education courses and peer support to medical professionals, and conduct health promotion, awareness and free screening services campaigns for the Georgian population. [52] There are no NGOs that focus on non-oncology GIDs or support patients suffering from such diseases.[53] NGOs and professional associations that are active for patients suffering from oncological GIDs, including those in need of diagnostics, oncology treatments and medications, supportive care services (e.g. pain management, psychosocial support and palliative care) are presented in *MedCOI Topical Report – Georgia: Oncology*.[54]

[49] Georgian National Society of Gastroenterologists and Hepatologists [საქართველოს გასტროენტეროლოგთა და ჰეპატოლოგთა ეროვნული საზოგადოება], [Facebook page], n.d., url
[50] UEG, 2026, url
[51] Georgian National Society of Gastroenterology, Hepatology and Nutrition [საქართველოს ბავშვთა გასტროენტეროლოგიის, ჰეპატოლოგიის და ნუტრიციოლოგიის ეროვნული საზოგადოება], [Facebook page], n.d., url
[52] KII04, Representative of the Georgian National Society of Gastroenterologists, Interview, 3 February 2026
[53] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[54] EUAA, MedCOI Topical Report – Georgia: Oncology, April 2025, url, p. 26

2. Access to treatment

2.1. Specific treatment programmes for GIDs

Georgia has several national programmes covering partially or fully the cost of GID treatment.

2.1.1. Universal Health Care Programme (UHCP)

The UHCP is the main national programme that ensures financial access to services required by most of the GID patients. It finances the provision of screening and diagnostic services to confirm oncology GIDs, as well as their surgical and non-surgical treatment, including medications. It also covers emergency cases and surgeries related to all GIDs .[55] There is a complex system of eligibility and differentiated benefit packages for UHCP beneficiaries, as described in detail in the *MedCOI Report on the Provision of Healthcare in Georgia*.[56]

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[57] of the standard (minimal) package of services. This package includes a 0 % to 30 % co-payment from the patient for most diagnostic and treatment services. The following services are provided for free (without co-payment) for all eligible beneficiaries, including GID patients:

- outpatient consultations of family doctors and nurses at the PHC level (both office and home visits) where the patients are registered;
- defined list of diagnostic procedures and laboratory tests at the outpatient level, if administered or prescribed by the family doctor: electrocardiogram (ECG); complete blood count; blood tests for glucose, cholesterol and creatinine; faecal occult blood test (FOBT); urine analysis; serum lipid test and prothrombin time test. The tests required for disability assessment, with the exception of the “high-technology” diagnostic services (computed tomography (CT) scan and magnetic resonance imaging (MRI));[58]

[55] 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
[56] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 38-42
[57] 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
[58] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, “საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ” [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1

- ambulance service and emergency transportation for hospitalisation for urgent conditions;[59] and
- urgent inpatient care for the predefined 'critical' medical conditions that involve acute insufficiency or one or more critical life functions.[60] The UHCP coverage of the urgent inpatient care for critical conditions has GEL 15 000 [EUR 4 688] limit (cap) per case (per hospital episode).[61]

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

- outpatient consultations with specialists: cardiologist, neurologist, endocrinologist, urologist and ophthalmologist (not gastroenterologist and oncologist), if referred by the family doctor;
- chest X-ray, abdominal ultrasound, liver function tests and thyroid-stimulating hormone test if prescribed by the family doctor;
- urgent inpatient care for the predefined medical conditions with GEL 15 000 [EUR 4 688] limit (cap) per case (per hospital episode), above which the patient is responsible for covering any additional costs; and
- planned (non-urgent) surgical inpatient care (non-surgical inpatient care is not covered) with an annual limit of GEL 15 000 [EUR 4 688]. The patient should cover any care costs exceeding this limit.[62]

Coverage for inpatient care includes all instrumental and laboratory investigations, medical personnel services and medicines (pre-operative, during the operation and post-operative examinations), which are related to the admission. The UHCP beneficiaries are required to pay the remaining 30 % of the service price, but no more than GEL 1 500 [EUR 469] for the services covered under the UHCP.[63] 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, pensioners or persons of retirement age (over 60 for women and over 65 for men), children aged 6 to 18 years, with children under 6 having wider benefits, students and people registered as persons with disability. The UHCP benefit packages for beneficiaries of these categories do not have annual limits and have

[59] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.3, Article 1
[60] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.2, Article 2
[61] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1
[62] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1
[63] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1, Article 1b.a

either no co-payments (for example, socially vulnerable), co-payments of 10 % or a maximum of GEL 500 [EUR 156] (pensioners) or of 20 % maximum at GEL 1 000 [EUR 312] (students) for UHCP-covered services. In addition, certain categories of beneficiaries have a defined list of medications for outpatient treatment of several chronic diseases and these include oncologic GIDs.[64] The details regarding the services and medications covered under UHCP for oncologic GIDs - stomach and colon cancers, are provided in *MedCOI Topical Report – Georgia: Oncology*.[65] All medications not included in the UHCP list and needed for GIDs require full out-of-pocket (OOP) payments for those patients who do not have private insurance to reimburse or cover these costs.[66] For further details, see Table 3, Table 4 and Table 5.

2.1.2. Early Detection and Screening of Diseases State Programme

This national programme finances cancer screening and follow-up diagnostic tests and instrumental investigations, including FOBT, faecal immunochemical test (FIT), colonoscopy (in case of positive FOBT or FIT), biopsy, and subsequent histomorphological examination for individuals aged 50 to 70 years.[67]

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

This sub-programme covers the services provided by rural doctors and nurses to GID patients residing in rural areas. They include initial diagnosis and referral to specialists, basic laboratory tests free for the patient (e.g. FOBT) and management of diagnosed GIDs, which are free for all patients.[68]

2.1.4. Referral Service State Programme

This national programme aims to deliver medical services to the population groups defined in the list below.[69] The rules to implement the provision of financial assistance have been enacted by the Decree of the Government of Georgia, which defines the general priorities for funding 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;

[64] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1 and 1.9
[65] EUAA, MedCOI Topical Report – Georgia: Oncology, April 2025, url, pp. 17-18
[66] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[67] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 1
[68] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 19
[69] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix 19

- police officers of the Ministry of Internal Affairs and the Special Penitentiary Service, or military personnel of the Ministry of Defence;
- citizens of Georgia who are victims of sexual violence;
- citizens of Georgia with idiopathic pulmonary fibrosis;
- citizens with human epidermal growth factor receptor 2 (HER2) positive early breast cancer and HER2-positive metastatic breast cancer, except for citizens registered in Tbilisi and the Autonomous Republic of Adjara; and
- citizens insured under the budget allocation whose medical services are not covered within insurance schemes/conditions purchased through the state procurement, but are financed by the UHCP.[70]

The referral programme covers costs for medical services of patients applying for assistance through proper channels.[71] A specified list of beneficiaries defines general priorities for funding. The programme also covers costs of medical services for patients not included in the defined list who individually apply for assistance, including those seeking funding for treatment abroad. A special commission established by the MoIDPLHSA provides the final decision regarding the application, including the amount of covered costs of medical services or medicines requested by the patient based on:

(a) whether the patient represents one of the priority categories listed above;

(b) patient's income;

(c) medical urgency; and

(d) availability of the treatment in Georgia (for the patients applying for funding the treatment outside Georgia).[72]

The decision on cost coverage under the Referral Service State Programme is made by a commission established by the Ministry of Health as well as the Ordinance of the Minister. The amount of financial assistance with medical expenses is determined with the co-payment principle. The current regulations of the commission set the annual financial assistance limits for medical care, at no more than GEL 10 000 [EUR 3 125] in total to be allocated per person, except for residents of the occupied territories and villages bordering the occupied territories for whom the annual limit is capped at 15 000 GEL [EUR 4 688]. Similarly, the financial assistance is capped at GEL equivalent of 10 000 foreign currency units for individuals applying for funding of the treatment outside Georgia. The patient should pay any additional costs related to the treatment.[73]

[70] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix 19, Chapter 2

[71] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix 19, Chapter 2

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

[73] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026

The costs of expensive medications (including medications required for the treatment of GIDs) not covered under other state health programmes may be reviewed and funded once every six months. The commission may consider such an application four times a year (once every three months) for socially vulnerable citizens, persons with disabilities and the residents of the villages bordering the occupied territories. The ordinance imposes some restrictions on beneficiaries, including no costs covered above the prescribed limits under the UHCP for intensive care. Furthermore, the applications of patients with so-called minimum packages are considered for individual review only in situations where immediate action could prevent the loss of life.[74]

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

Tbilisi Municipality and the Autonomous Republic of Adjara, and several other municipalities, have various programmes funded through local budgets that provide the population with additional financing opportunities for GID screening and treatment.[75] Namely, the local budget of Tbilisi, the capital city, includes programme for “Diseases Screening”, which finances the screening for colorectal cancers for Tbilisi residents aged 50 to 70 years. The same screening and diagnostic services are financed as for the UHCP beneficiaries (see Section 2.1.1).[76] Another municipal sub-programme "Measures to Assist Medical and Other Social Needs" enables Tbilisi residents to apply to have treatment of GIDs not covered under the state health programmes.[77] The purpose of this programme is to finance medical and other services for vulnerable citizens whose co-payment share exceeds GEL 1 000 [EUR 313] for certain procedures. The direct beneficiaries of the programme are the socially vulnerable citizens, persons with disabilities, veterans and persons with the status of lost breadwinner, as well as any person in need of assistance based on their own application due to their financial situation. As with the State Referral Service Programme, the decision of funding and its rate is taken by the relevant commission.[78]

[74] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[75] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[76] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 7-1, “ქალაქ თბილისის მუნიციპალიტეტის 2026 წლის ბიუჯეტის დამტკიცების შესახებ“ ქალაქ თბილისის მუნიციპალიტეტის საკრებულოს 2025 წლის 23 დეკემბრის № 5-8 დადგენილებაში ცვლილებების შეტანის შესახებ” [About Approval of changes to the resolution No. 5-8 on approval of 2026 Budget for Tbilisi Municipality], 6 January 2026, url, Code 06 01 02
[77] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 7-1, “ქალაქ თბილისის მუნიციპალიტეტის 2026 წლის ბიუჯეტის დამტკიცების შესახებ“ ქალაქ თბილისის მუნიციპალიტეტის საკრებულოს 2025 წლის 23 დეკემბრის № 5-8 დადგენილებაში ცვლილებების შეტანის შესახებ” [About Approval of changes to the resolution No. 5-8 on approval of 2026 Budget for Tbilisi Municipality], 6 January 2026, url, Code 06 02
[78] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 7-1, “ქალაქ თბილისის მუნიციპალიტეტის 2026 წლის ბიუჯეტის დამტკიცების შესახებ“ ქალაქ თბილისის მუნიციპალიტეტის საკრებულოს 2025 წლის 23 დეკემბრის № 5-8 დადგენილებაში ცვლილებების შეტანის შესახებ” [About Approval of changes to the resolution No. 5-8 on approval of 2026 Budget for Tbilisi Municipality], 6 January 2026, url, Code 06 02

2.2. Factors limiting access to care

2.2.1. Geographical disparities

Geographical disparities in access to care exist due to the unequal distribution of infrastructure and human resources, and to long travel distances faced by specific rural communities in Georgia's mountainous regions to access the needed care, particularly in winter.[79] This may lead to delays in the timely administration of the needed diagnostic and treatment procedures for GID patients that are not available in their localities. To mitigate these geographic barriers, the Government of Georgia has launched the PHC reform[80] and telemedicine pilots[81] that are expected to be scaled up nationally from the year 2028.[82]

2.2.2. Financial access

Financial access to initial diagnosis at primary care level for GIDs and life-saving urgent surgical and emergency nonsurgical care for GID patients 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 acute or chronic GID conditions that are not covered or only partially covered by the UHCP.[83] The OOP expenditures of GID patients for these services, particularly for medicines, contribute to the high level of OOP spending (more than 40 % of the current health expenditures in 2022)[84] and catastrophic expenditures in the country, particularly among the poorest.[85]

The GID patients seeking funding for high-technology diagnostic investigations, such as CT and MRI scans, or expensive planned surgical interventions, may have to wait for up to 2 months to be approved for the funding decision from NHA under UHCP or by the MoIDPLHSA under the State Programme for Referral Services. [86]

These access barriers are recognised and addressed by the Government of Georgia through reforms expanding UHCP coverage for medicines, by removing the annual limits starting from 2024 for GI cancer treatments (immunotherapy and chemotherapy),[87] introducing reference pricing for pharmaceuticals from the year 2022.[88]

[79] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[80] WHO/Europe, Georgia: moving from policy to actions to strengthen primary health care: primary health care policy paper series, 2023, url, pp. 9-20
[81] UN, Georgia, Telemedicine: Bridging a Healthcare Gap in Georgia, 2024, url
[82] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[83] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026; KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[84] WHO, Global Health Expenditure Database, 2014, url
[85] Gorgodze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, 2025, url, p. 2
[86] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026; KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[87] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1 and 1.9
[88] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026

2.2.3. Ethnic minorities

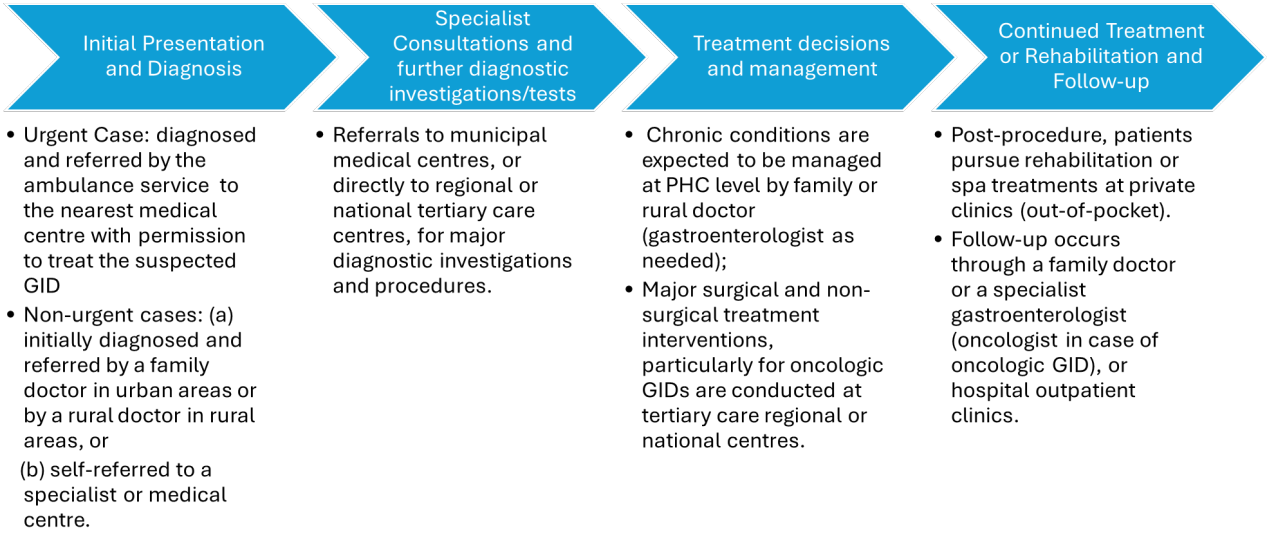
Ethnic minorities may experience additional access problems for quality GID care due to language barriers and socioeconomic disparities.[89] To remedy these problems, the Governmet of Georgia has undertaken steps to reintegrate the ethnic minorities.[90]

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

2.3. Typical GID patient journey

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

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



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

[89] Open Society Georgia Foundation, "ეთნიკური უმცირესობების წარმომადგენლების სოციალური ექსკლუზიის (გარიყვის) კვლევა" [The Study of Social Exclusion of Ethnic Minorities], 2022, url
[90] Salakhunova, A., Georgia's Path to Inclusivity: Integrating Ethnic Minorities through Education and Policy Reform, Eurac Research, 2024, url

Emergency cases involving GIDs, such as worsening or perforation of peptic ulcers or complications from inflammatory bowel diseases, are typically transported by emergency ambulance services. The attending doctor makes an initial diagnosis and directs the patient to the nearest medical facility, either a secondary or tertiary hospital, authorised to handle these urgent GID situations.[91]

The initial diagnosis of GID should be conducted by a family or rural doctor at the PHC facility where the patient is registered, or within the patient's area of residence, especially in rural areas. Patients diagnosed with GID at the primary level are often referred for specialist consultations and diagnostic tests at multi-speciality polyclinics and municipal medical centres, or directly to regional and national specialised centres and departments within multi-speciality tertiary care hospitals. Once the diagnosis is confirmed and treatment plans are established, GID patients have two main options: chronic conditions are generally managed at the PHC level by family or rural doctors, while major surgical and non-surgical treatments are performed at regional or national tertiary care centres, typically those recognised as providers of the UHCP.[92]

However, the actual patient journey for GID patients differs. Although PHC is officially the first point of contact for patients, in practice, due to a lack of trust in PHC, only a small percentage of the population (17 % to 23 %, depending on the facility) in Georgia uses PHC services, as reported by the WHO.[93] Consequently, the role of general PHC providers as the initial point of care and diagnosis for GID patients is limited, leading patients to pay for specialist consultations and lab tests that would be free if referred by the designated family or rural doctor. The Government of Georgia is taking steps to enhance the scope and quality of care at the PHC level by initiating PHC pilot programmes, introducing extended care packages for patients with NCDs, including GIDs, and implementing results-based financing to improve healthcare outcomes.[94]

[91] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[92] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[93] WHO/Europe, Georgia: Moving from policy to actions to strengthen primary health care: Primary health care policy paper series, 2023, url, p. 3
[94] 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 GIDs, there are very limited public investments in health promotion programmes that are focused on prevention and mitigation of the risk factors related to prevention of oncologic GIDs, such as tobacco control measures and public health campaigns directed at increased awareness of healthy nutrition and possible life-threatening conditions caused by it, including GIDs and cancer.[95] 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 approximately GEL 2.2 billion [EUR 707.51 million] for the year 2026.[96]

3.2. Private insurance

The Insurance State Supervision Service reports that as of the end of the third quarter of 2025, 782 095 individuals, or more than 20 % of the total population, are covered by private medical insurance in Georgia. The largest share of privately insured individuals is through the private sector employers' insurance scheme (57.9 % of all privately insured), followed by the public schemes (32.9 %) and a small share of individually insured (9.2 %).[97] Private insurance accounted for up to 6.8 % of total health expenditures in 2022.[98] Total medical (health) claims paid by private insurance in the year 2024 were GEL 358 728 602 [EUR 112 102 688].[99]

The most prevalent insurance products typically include coverage for the full spectrum of services required for patients with GIDs 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 treatment for oncology diseases or 'pre-existing conditions,' such as inflammatory bowel disease. 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.[100] 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.[101] Since 2022, several insurance

[95] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix 10
[96] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix 10
[97] Georgia, LEPL, State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, url
[98] WHO, Global Health Expenditure Database, 2014, url
[99] Georgia, LEPL, State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, url
[100] GPI, Insurance Scheme, 2025, url; TBC Insurance, Health Insurance, 2025, url
[101] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

companies offer a specific product that includes coverage for oncology diseases; refer to *MedCOI Topical Report – Georgia: Oncology* for details.[102]

The UHCP eligibility rules prohibit many people from holding public and private insurance in parallel – even though, exceptions are made for specific groups that are allowed to hold public and private insurance in parallel, 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 6 to 18 years, with children under 6 having wider benefits, students and people registered as persons with disability.[103] The exemption to this rule also applies to individuals who have oncologic GIDs, notwithstanding their private insurance status, as UHCP still provides coverage for their treatment in accordance with the rules described in *MedCOI Topical Report – Georgia: Oncology*.[104]

[102] EUAA, MedCOI Topical Report – Georgia: Oncology, April 2025, url, pp. 17-18
[103] 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
[104] EUAA, MedCOI Topical Report – Georgia: Oncology, April 2025, url, pp. 17-18

4. Cost of treatment

As noted in Section 1, General information, the absolute majority of facilities providing services for patients with GIDs 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 4 and Table 5 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 (DRGs)[105] and other state-defined tariffs that NHA pays for the treatment of GIDs under the publicly financed programmes (UHCP, Referral Service State Programme and the municipal programmes).

The information was provided by key informants: (a) the senior official from the MoIDPLHSA, who provided data on maximum prices for those services[106] and (b) a manager of the tertiary care hospital.[107] Some prices are also obtained from web pages of other healthcare providers of treatment 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 4.

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 2.1. Unless indicated otherwise, all information on public and private coverage in the reimbursement section was provided by key informant KII02, a manager at a tertiary care hospital.[108]

[105] 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
[106] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[107] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[108] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

Table 4: Cost of treatment: Specialists

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/special programme/free/ comments
Gastroenterologist	50[109]		70 - 120[110]		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 (diagnosis-related group (DRG) or tariff) for UHCP beneficiaries and are 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 episodes.
Surgeon	70[111]		100 - 130[112]		
Oncologist	70 - 150[113]				Outpatient and inpatient treatment costs are publicly covered (100 % of the cost under UHCP) only for patients with confirmed oncologic diagnoses. Patients without a confirmed oncological diagnosis and with private insurance may be reimbursed fully or partially.

[109] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[110] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[111] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[112] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026; Georgian Medical Portal VIPMED.GE, [website], 2012, url
[113] EUAA, MedCOI Topical Report – Georgia: Oncology, April 2025, url, p. 28

Table 5: Cost of treatment: laboratory measurements, diagnostic imaging and treatments

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Laboratory measurements			
Alkaline phosphatase	13[114] - 18[115]		These laboratory measurements are fully covered for patients with oncologic diagnoses, if prescribed by the oncologist. They are also covered under UHCP as a component of the full cost of inpatient treatment of urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and are 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 episodes. Patients with private insurance are reimbursed partially or fully.
Alpha-fetoprotein (AFP)	47[116] - 50[117]		
C-reactive protein (CRP)	40[118] - 48[119]		
Electrolytes: sodium, calcium, potassium, chloride, phosphate and magnesium	60[120] - 89[121]		
Reticulocytes counting in blood	15[122] - 17[123]		
Tumour marker: carcinoembryonic antigen (CEA)	55[124] - 60[125]		
Pancreas function (amylase, lipase)	30[126] - 44[127]		
Lipid profile (total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides)	80[128] - 114[129]		
Faecal calprotectin: stool test for intestinal inflammation/ disease activity	78[130] - 140[131]		

[114] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[115] Synevo, Alkaline phosphatase (ALP) | Laboratory research, 2021-2026, url
[116] Synevo, Alkaline fetoprotein (AFP) | Laboratory research, 2021-2026, url
[117] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[118] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[119] Synevo, High Sensitivity C Reactive Protein (hsCRP) | Laboratory research, 2021-2026, url
[120] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[121] Synevo, Full Profile of Electrolytes (Minerals) | Laboratory research, 2021-2026, url
[122] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[123] Synevo, Reticulocytes| Laboratory research, 2021-2026, url
[124] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[125] Synevo, Carcinoembryonic Antigen | Laboratory research, 2021-2026, url
[126] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[127] Synevo, Lipase| Laboratory research, 2021-2026, url; Synevo, P amylase| Laboratory research, 2021-2026, url
[128] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[129] Synevo, Lipid metabolism| Laboratory research, 2021-2026, url
[130] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[131] Synevo, Calprotectin (feces)| Laboratory research, 2021-2026, url

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Faecal occult blood test (FOBT)	9[132]	25[133]	"Public Treatment Price" is covered under the State Programme for Screening and Early Detection of Diseases.
Stool culture	78[134] - 90[135]		The reimbursement policy is the same as for other laboratory measurement with the exception of FOBT. Patients with private insurance are reimbursed partially or fully.
Diagnostic imaging			
Diagnostic imaging: Oesophago-gastro-duodenoscopy	130[136]		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.
Sigmoidoscopy	220[137]		
MRI scan	350 - 1 100[138]		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).

[132] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 1
[133] Synevo, Occult blood test (feces)| Laboratory research, 2021-2026, url
[134] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[135] Synevo, Bacteriological examination of feces| Laboratory research, 2021-2026, url
[136] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[137] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[138] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
			Patients with private insurance are reimbursed partially or fully. Price depends on location and magnetic field power.
Integrated PET/CT scan	3 300[139]		Not covered under the UHCP. Referral Services State Programme or Municipal Programmes may cover fully or partially in case of patient's application.[140] Patients with private insurance are partially or fully reimbursed.
Computed tomography (CT) scan	150 - 720[141]		Price depends on which body part (s) are scanned. 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.
Computed tomography (CT) scan with contrast	300 - 650[142]		
Endoscopic retrograde cholangiopancreatigraphy (ERCP)	4 092[143]		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

[139] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[140] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[141] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026; Solomed, "სერვისები [services]", [website], n.d., url
[142] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[143] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
			beneficiary category (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.
Colonoscopy	127[144]	220[145]	"Public Treatment Price" is covered under the State Programme for Screening and Early Detection of Diseases.
Diagnostic imaging: Endoscopic ultrasound	220[146]		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.
Ultrasound of the abdomen	80 - 130[147]		
X-ray radiography	60 - 250[148]		
Treatment			
Diagnostic test: Colon biopsy	70[149]	400[150]	"Public Treatment Price" is covered under the State Programme for Screening and Early Detection of Diseases.

[144] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 1
[145] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[146] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[147] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[148] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[149] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 1
[150] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Diagnostic test: Cytological examination of biopsy material	35[151]	100 - 350[152]	"Public Treatment Price" is covered under the State Programme for Screening and Early Detection of Diseases.
Clinical admittance in general ward (daily rates)	450 - 700[153]		Price is higher for the surgical patients.[154]
Surgery; specifically gastrointestinal: colostomy operation and closure	3 070 - 8 880[155]	3 000 - 15 800[156]	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.
Surgery: Specifically gastrointestinal – restore bile drainage	1 505[157]	2 000[158]	
Surgery: Specific gastrointestinal; Whipple operation/procedure	8 436[159]	10 500[160]	
Surgery: Specific gastrointestinal; (segmental) duodenal resection	2 608 - 5 095[161]	3 000 - 8 000[162]	

[151] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 1
[152] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[153] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[154] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[155] 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
[156] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[157] 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
[158] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[159] 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
[160] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[161] 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
[162] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Surgery: Specific gastrointestinal: ileostomy	3 069[163]	2 450[164]	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.
Surgery, specifically fundoplication surgery for gastro-oesophageal reflux disease	2 500[165]	3 220 - 3 900[166]	
Gastroenterology: Enema	50[167]		
Surgery; specifically gastrointestinal: Colostomy operation and closure	3 070 - 8 880[168]	3 000 - 15 800[169]	
Diagnostic test: Gastric tissue biopsy	256[170]	400[171]	

[163] 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
[164] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[165] 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
[166] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[167] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[168] 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
[169] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[170] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[171] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

5. Cost of medication

All pharmaceutical products available in Georgia are either registered under the national schemes or are generally accessible without significant physical access issues across the country. However, medicine costs are a major challenge for Georgia's healthcare system and a leading cause of catastrophic health spending.[172]

Pharmaceutical costs and other medical consumables required for inpatient care are paid either by state health programmes (indicated as reimbursed by "Public *" in the last column of Table 6) or, if the services are not included in those programmes, by the patient. If a patient has insurance, private coverage may pay all or part of these expenses (indicated as "Private **" in the last column of Table 5). For outpatient care, patients must cover the entire cost of their prescribed pharmaceuticals unless their private insurance provides coverage, or the costs are covered by UHCP (for oncology patients and certain chronic diseases) or other state (public) health programmes described in Section 2.[173] The medicines for chronic GI diseases are not included in the UHCP reimbursed list of outpatient drugs for chronic diseases, with the exception of drugs used for the treatment of patients with a confirmed diagnosis of GI cancer (see Table 6).

The price differentials on the Georgian pharmaceutical retail market are significant. At any given time, most pharmaceutical manufacturers offer volume-based commercial discounts to Georgian importers and wholesalers, with discounts ranging from 3 % to 20 %.[174]

Table 6 lists the most recent price quoted on the website of several major importer/wholesaler/retailer pharmaceutical chains in Georgia, "PSP" and "Aversi". If not available at their websites, the prices are quoted from the online source "Medical Information Service".

For certain medicines not available in the aforementioned pharmacies as of February 2026, several pharmaceutical companies (e.g. "Pharmaco") provide an opportunity for patients to call or apply online and place an order for that specific medication that will be delivered to their address (or any other location) in four to eight weeks' time. Some of these medications may require a doctor-issued prescription and medical certificate (form 100) so companies can comply with import requirements for those medicines that are on the controlled substances national list or are not registered in Georgia.[175]

[172] Gorgodze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, 2025, url, p. 2
[173] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[174] CIF, Pharmaceutical pricing policies to improve the population's access in Georgia, October 2019, url, pp. 16-17
[175] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026

In the column "Place", two possible options are presented:

- *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 that are directly negotiated with pharmaceutical companies are not disclosed due to commercial confidentiality agreements.
- *Pharmacy* – prices for medications offered at pharmacies (all of which are private). Cost of these medications may be reimbursed by public or private payers, as indicated in the respective column (Reimbursement/Special Programme) of Table 6.

Legend for asterisks used in Table 6: Cost of medicines:

* "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 6: Cost of medicines

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/ free
Proton pump inhibitors							
Omeprazole	Omezee	20 mg	capsule	200	17.02	Pharmacy[176]	Inpatient Public * Private **
Esomeprazole	Esomeprazole	40 mg	tablet	40	20.47	Pharmacy[177]	
Pantoprazole	Pantoprazole	40 mg	tablet	50	19.88	Pharmacy[178]	
Lansoprazole	Lansoprazole	30 mg	capsule	10	6.96	Pharmacy[179]	
Histamine-2-receptor antagonists							
Famotidine	Quamatel	20 mg	tablet	28	12.29	Pharmacy[180]	Inpatient Public * Private **
Ranitidine	Ranitindin	150 mg	tablet	30	2.47	Pharmacy[181]	

[176] GPC, Omeprazole caps, 2026, url
[177] PSP, Esomeprazole, 2025, url
[178] Aversi, Pantoprazole, n.d., url
[179] Aversi, Lansoprazole, n.d., url
[180] PSP, Quamatel, 2025, url
[181] PSP, Quamatel, 2025,

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/ free
Nizatidine	Axid	150 mg	capsule	28	11.25	Pharmacy[182]	Available only upon individual patient request; imported from Turkey with form 100 provided to the importer. Takes 4 - 6 weeks to import.
Antacids							
Sodium alginate + sodium bicarbonate + calcium carbonate	Gaviscon®	150 ml	suspension	1	14.8	Pharmacy[183]	Inpatient Public * Private **
Magnesium hydroxide + aluminium oxide	Maalox®	15 ml	suspension	30	34.28	Pharmacy[184]	
Calcium carbonate + magnesium carbonate	Rennie®	N/A	tablet	24	14.01	Pharmacy[185]	
Antibiotics							
Amoxicillin	Amoxicillin	500 mg	capsule	21	7	Pharmacy[186]	UHCP reimburses 50 % of costs for children aged 0 - 5 years, with annual limit of 50 GEL and 100 GEL for children aged 0-5 with disabilities[187] Inpatient Public * Private **
Ciprofloxacin	Cipro-Denk	500 mg	tablet	10	11.5	Pharmacy[189]	
Levofloxacin	Adiflox	500 mg	tablet	7	26.41	Pharmacy[190]	
Tetracycline	Tetracycline	100 mg	tablet	20	2.77	Pharmacy[191]	
Tinidazole	Tinidazol	500 mg	tablet	4	3.7	Pharmacy[192]	
Metronidazole	Trichopol	250 mg	tablet	20	14.5	Pharmacy[193]	

[182] Pharmaco, Axid, n.d., url
[183] PSP, Gaviscon, 2025, url
[184] PSP, Maalox, 2025, url
[185] Aversi, Rennie, n.d., url
[186] Aversi, Amoxicillin, n.d., url
[187] 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
[189] Aversi, Cipro-Denk, n.d., url
[190] Aversi, Adiflox, n.d., url
[191] Aversi, Tetracycline, 2025, url
[192] PSP, Tinidazol, 2025, url
[193] PSP, Trichopol, 2025, url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/ free
Clarithromycin	Clarithromycin	250 mg	tablet	10	13.37	Pharmacy[194]	UHCP reimburses 50 % of costs for children aged 0 - 5 years, with annual limit of 50 GEL and 100 GEL for children aged 0-5 with disabilities[188] Inpatient Public * Private **
Aminosalicylates							
Mesalazine	Kronizon	500 mg	tablet	100	71.2	Pharmacy[195]	Inpatient Public * Private **
Sulfasalazine	Sulfasalazin	500 mg	tablet	50	42.18	Pharmacy[196]	
Corticosteroids							
Betamethasone	Bentrizol - Humanity	2+5 mg/ 1 ml	injection	5	18.96	Pharmacy[197]	Inpatient Public * Private **
Dexamethasone	Dexamethasone	4 mg/ 1 ml	ampoule	25	10.11	Pharmacy[198]	
Prednisolone	Prednisolone	5 mg	tablet	28	6.9	Pharmacy[199]	
Immunosuppressants							
Azathioprine	Imuran®	50 mg	tablet	100	45	Pharmacy[200]	Inpatient Public * Private **
Ciclosporin	Sigmasporin Microral	25 mg	capsule	50	29	Pharmacy[201]	

[194] PSP, კლარიტრომიცინი [clarithromycin], 2025, url
[188] 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
[195] Aversi, Kronizon, n.d., url
[196] PSP, Sulfasalazin, 2025, url
[197] PSP, Bentrizol-Humanity, 2025, url
[198] PSP, Dexomethasone, 2025, url
[199] PSP, Prednisolone, 2025, url
[200] Medical Information Service, Imuran, n.d., url
[201] Aversi, Sigmasporing Microral, n.d., url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/ free
Everolimus	Afinitor®	10 mg	tablet	30	N/A	NHA[202]	Centrally procured by NHA and provided for free to patients with a confirmed oncological diagnosis.[203]
	Elomet	10 mg	tablet	30	1 620	Pharmacy[204]	Not covered by any public programme or private insurance.[205]
Tioguanine	Lanvis®	40 mg	tablet	25	455	Pharmacy[206]	Not covered by any public programme or private insurance.[207] Available only upon individual patient request; imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.
Mercaptopurine	Merpurin	50 mg	tablet	25	65	Pharmacy[208]	Inpatient Public *

[202] Georgia, LEPL, National Health Agency, "ცენტრალიზებულად შესყიდული (ფარმაცევტულ კომპანიებთან პირდაპირი მოლაპარაკების გზით შესყიდული) ავთვისებიანი სიმსივნის საწინააღმდეგო მედიკამენტები" [Centrally procured (through directly negotiated prices with phramceutical companies) medication against malignant tumors], 2020, url
[203] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[204] Aversi, Elomet, n.d., url
[205] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[206] Pharmaco, Lanvis, n.d., url
[207] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[208] Medical Information Service, Merpurin, n.d., url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/ free
Methotrexate	Methotrexat	2.5 mg	tablet	50	25.5	Pharmacy[209]	Inpatient Public * Also publicly covered fully and free for all patients if used for chemotherapy in case of a confirmed oncological diagnosis.[210]
Mycophenolate mofetil	Cellcept®	500 mg	tablet	50	42.54	Pharmacy[211]	Inpatient Public * Also publicly covered fully and free for all patients if used for chemotherapy in case of a confirmed oncological diagnosis or after an organ transplant.[212]
Tacrolimus	Prograph®	1 mg	capsule	50	100	Pharmacy[213]	Inpatient Public * Also publicly covered fully and free for all patients if used for chemotherapy in case of an organ transplant.[214]
TNF alpha blockers							
Adalimumab	Humira®	40 mg/ 0.4 ml	injection pen	2	650	Pharmacy[215]	Inpatient Public * Private **
Against diarrhoea							
Loperamide	Loperamid Slavia	2 mg	capsule	10	3.39	Pharmacy[216]	Inpatient Public *

[209] Aversi, Methotrexat, n.d., url
[210] KII01, Senior official at the MoIDPLHSA, Interview, 10 February 2026
[211] PSP, Cellcept, 2025, url
[212] KII01, Senior official at the MoIDPLHSA, Interview, 10 February 2026
[213] Medical Information Service, Tacrolimus, n.d., url
[214] KII01, Senior official at the MoIDPLHSA, Interview, 10 February 2026
[215] Medical Information Service, Adalimumab, n.d., url
[216] Aversi, Loperamid Slavia, n.d., url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/ free
							Private **
Colestyramine	Colestyramine	4 g	Suspension	50	98.11	Pharmacy[217]	Inpatient Public * Private **
Octreotide	Octreotide	0.1 mg/ 1 ml	ampoule	10	125.71	Pharmacy[218]	Inpatient Public * Private **
Bismuth subsalicylate	Intestal	262.5 mg	tablet	21	29.52	Pharmacy[219]	
For constipation / laxatives							
Macrogol	Folax	10 g	powder	1	0.93	Pharmacy[220]	Inpatient Public * Private **
Macrogol + electrolytes [KCl, NaCl, $NaHCO_3$ (bicarbonate)	Fortrans	64 g	powder	4	42.08	Pharmacy[221]	
Lactulose	Duphalac®	10 g	syrup	10	22.44	Pharmacy[222]	
Sodium phosphate (as enema)	Fleet Phosfo-Soda®	90 ml	liquid	1	6.25	Pharmacy[223]	Not covered by any public programme or private insurance.[224] Available only upon individual patient request; imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.
Bisacodyl	Bisacodylum Grindex	5 mg	tablet	40	7.6	Pharmacy[225]	Inpatient Public * Private **

[217] PSP, ქოლესტირამინი [Colestyramine], 2025, url
[218] Aversi, Octreotide, n.d., url
[219] Aversi, Intestal, n.d., url
[220] Aversi, Forlax, n.d., url
[221] Aversi, Fortrans, n.d., url
[222] Aversi, Duphalac, n.d., url
[223] Pharmaco, Fleet Phosfo-Soda 90 ml Solution, n.d., url
[224] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[225] Aversi, Bisacodyl, n.d., url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/ free
Gastroprotection							
Misoprostol	Cytotek	200 mcg	tablet	60	50.14	Pharmacy[226]	Inpatient Public * Private **

[226] Aversi, Cytotec, n.d., url

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KII04, Representative of the Georgian National Society of Gastroenterologists, Interview, 3 February 2026. The person wishes to remain anonymous.

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Annex 2: Terms of Reference

Note for drafters: These are guidelines on the information to be included. If one aspect is not relevant, e.g., there is no national institute to treat this disease or no international donor programme, there is no need to mention it. Keep the focus on treating medicine – preventive care can be mentioned but is of less interest to the target group.

General information

- Briefly describe prevalence and incidence of gastrointestinal diseases (epidemiologic data). If relevant but very briefly, include information on widespread over the counter (OCT) medications access - antibiotics without a prescription, self-medication without proper diagnosis etc.
- How is the health care organized for gastrointestinal diseases?
- How are gastrointestinal diseases treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat gastrointestinal diseases [public, private not for profit (e.g., hospitals run by the church), private for-profit sector]? Include links to facilities' websites if possible.
- How are the resources organized in general to treat patients with gastrointestinal diseases? Are there sufficient resources available to treat all patients? Are there screening programmes for GI diseases e.g. colorectal cancers etc?
- Is there a particular type of gastrointestinal diseases for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating gastrointestinal 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 gastrointestinal diseases? If so, what are the eligibility criteria to gain access to it and what they contain?
- Are there specific government (e.g., insurance or tax) covered programmes for gastrointestinal diseases? If so, what are the eligibility criteria to gain access to it?
- Are there any factors limiting the access to healthcare for patients? If so, are they economic, cultural, geographical, etc.? Are there any policies to improve access to healthcare and/or to reduce the cost of treatments and/or medication? If relevant consider e.g. endoscopy availability (endoscopic diagnostics are concentrated in urban areas; rural patients face delays?). Is there gender gap (e.g. men more often access care for ulcer and GI cancers; women not sufficiently screened in Georgia?). 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 gastrointestinal diseases (after being diagnosed)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can s/he receive follow-up treatment? Are there waiting times for treatments (e.g., for endoscopic procedures such as colonoscopy or gastroscopy, diagnostic imaging like CT or MRI, or surgical interventions for gastrointestinal cancers etc)?
- What must the patient pay and when? Is palliative care (cancer, but not only) covered under UHCP or is there a gap in coverage? [or (if the same applies) include reference to Oncology report see 2.3.5 State Programme for Palliative Care of Terminal Patients in EUAA, MedCOI Topical report - Georgia: Oncology, April 2025.]
- 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 gastrointestinal diseases?

Insurance and national programmes

- National coverage (state insurance).
- If possible, include information on "Patient Referral Programme" (MoH) for coverage of high-cost procedures abroad if relevant for GI diseases/GI cancers (in case of oncologic GI diseases, if the same applies, no need to repeat, but include reference to Oncology report see EUAA, MedCOI Topical report - Georgia: Oncology, April 2025)
- Programmes funded by international donor programmes, e.g., initiatives supported by WHO, USAID, the World Bank, or the European Union focusing on cancer screening, nutrition, or gastrointestinal disease management) etc.
- Include any insurance information that is specific for patients with gastrointestinal diseases.

NGOs

Include if relevant, otherwise delete section.

- Are any NGOs or international organisations active for patients with gastrointestinal diseases? What are the conditions to obtain help from these organisations? What help or support can they offer?
- Any NGO support in GI diseases palliative and oncology care (only if not mentioned yet in oncology report)?
- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children).

Cost of treatment

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

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

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

Cost of medication

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

- Do not delete any medicines from the tables. Instead state that they/the prices could not be found if that is the case.
- Are the available medicines in general accessible in the whole country or are there limitations?
- Are the medicines registered in the country? If yes, what are the implications of it being registered?
- Indicate in the tables: generic name, brand name, strength of unit, form, pills per package, official prices, source, insurance coverage.
- When multiple brands/producers are available, chose the most commonly used version. When a specific form is not mentioned in the table, check first for tablets. In case different forms of a medication can be used for different indications (e.g., tablet, injection, transdermal form, nose spray, etc), this will usually be indicated in the table.
- Are (some of the) medicines mentioned on any drug lists like national lists, insurance lists, essential drug lists, hospital lists, pharmacy lists etc.?
    - If so, what does such a list mean specifically in relation to coverage?
- Are there other kinds of coverage, e.g., from national donor programmes or other actors?

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

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