Medical Country of Origin Information

July 2026

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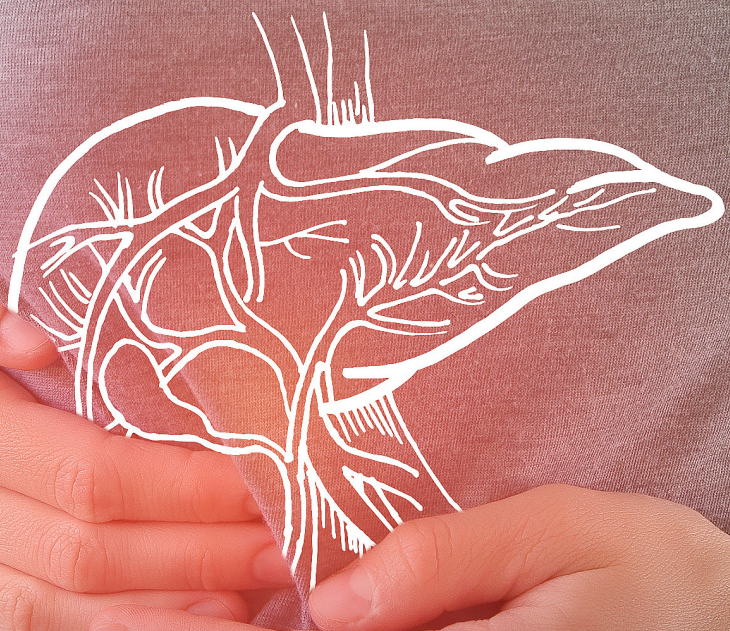

Georgia

Hepatitis

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MedCOI

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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 27 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
AIDS	Acquired Immunodeficiency Syndrome
AFP	Alpha-Fetoprotein
ALAT	Alanine Aminotransferase
HBcAb IgM	Immunoglobulin M Antibody to Hepatitis B Core Antigen
ASAT	Aspartate Aminotransferase
CSO	Civil Society Organisation
CBC	Complete Blood Count
COI	Country of Origin Information
DAA	Direct-Acting Antiviral
DNA	Deoxyribonucleic Acid
DRG	Diagnosis-Related Group
ELISA	Enzyme-Linked Immunosorbent Assay
EU	European Union
EUAA	European Union Agency for Asylum
GEL	Georgian Lari (currency)

Term	Definition
GHRN	Georgian Harm Reduction Network
HBcAb	Hepatitis B Core Antibody
HBeAb	Hepatitis B e-Antibody
HBeAg	Hepatitis B e-Antigen
HBsAb	Hepatitis B Surface Antibody
HBsAg	hepatitis B Surface Antigen
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HDV	Hepatitis D Virus
HIV	Human Immunodeficiency Virus
ICD-10	International Classification of Diseases, 10th Revision
ID	Identification
IDP	Internally Displaced Person
IDACIRC	Infectious Diseases, AIDS and Clinical Immunology Research Center
ISO	International Organization for Standardization

Term	Definition
MoIDPLHSA	Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs
MTCT	Mother-to-Child Transmission
NCDC	National Center for Diseases Control and Public Health of Georgia
NGO	Non-Government Organisation
NHA	National Health Agency
OOP	Out of Pocket
PCR	Polymerase Chain Reaction
PHC	Primary Healthcare
PT	Prothrombin Time
PWID	People Who Inject Drugs
RNA	Ribonucleic Acid
SGOT	Serum Glutamic-Oxaloacetic Transaminase
SGPT	Serum Glutamic-Pyruvic Transaminase
STI	Sexually Transmitted Infection
SVR-12	Sustained Virological Response at 12 Weeks After Treatment

Term	Definition
TB	Tuberculosis
TDF	Tenofovir Disoproxil Fumarate
UHCP	Universal Health Care Programme
US CDC	United States Centers for Disease Control and Prevention
WHO	World Health Organization

Introduction

Methodology

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

Terms of reference

The terms of reference for this Medical Country of Origin Information (MedCOI) Report can be found in Annex 2: Terms of Reference. The initial drafting period finished on 22 April 2026, peer review occurred between 23 April – 6 May 2026, and additional information was added to the report as a result of the quality review process during the review implementation up until 27 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 governmental and academic publications, reports by non-government organisations (NGOs) and reports by international organisations. Information on prices for services, treatments and medicines was obtained from websites of the government agencies, healthcare providers and pharmaceutical companies.

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

[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 viral hepatitis in Georgia

In 2015, the first nationwide serological survey was conducted in Georgia. This found:

- 2.9 % of adults suffered from chronic hepatitis B virus (HBV) infection;
- 5.4 % of the adult population suffered from chronic hepatitis C virus (HCV) infection (in 2015, the global average of chronic HCV infection was 1 %); and
- 7.7 % of the adult population in Georgia were found to have been exposed to HCV.[5]

HCV infection has historically been concentrated among people who inject drugs (PWID) and persons who received blood transfusions or underwent medical procedures before the adoption of universal infection control standards, but it is also prevalent in the general adult population.[6] In 2015, Georgia began a national programme to eliminate hepatitis C in order to reduce the prevalence of chronic hepatitis C.[7]

In 2021, a repeat serological survey found:

- the prevalence of chronic HBV infection had fallen to 2.7 %;[8] and
- approximately 2 % of adults suffered from chronic HCV infection: this represented a 67 % reduction in the prevalence of chronic HCV.[9]

Georgia's success in reducing HCV prevalence is recognised internationally. The National Center for Diseases Control and Public Health of Georgia (NCDC) was designated in 2023 as a World Health Organization (WHO) Collaborating Centre on Viral Hepatitis Elimination, and Georgia is considered a global model for hepatitis C elimination efforts.[10]

The 2021 survey further revealed that two decades of routine hepatitis B vaccination of infants in Georgia had resulted in a very low HBV seroprevalence among vaccinated age groups: the hepatitis B surface antigen (HBsAg) prevalence of 0.03 % among children was well below the 0.5 % European regional hepatitis B control target[11] and met the WHO target of ≤ 0.1 % seroprevalence so as to eliminate mother-to-child transmission (MTCT) of HBV.[12]

[5] Khetsuriani, N., et al., Toward reaching hepatitis B goals: hepatitis B epidemiology and the impact of two decades of vaccination, Georgia, 2021, 2023, url, p. 1
[6] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[7] Tohme, R.A., et al., Progress Toward the Elimination of Hepatitis B and Hepatitis C in the Country of Georgia, April 2015–April 2024, MMWR, 1 August 2024, url, p. 660
[8] Khetsuriani, N., et al., Toward reaching hepatitis B goals: hepatitis B epidemiology and the impact of two decades of vaccination, Georgia, 2021, 2023, url, p. 1
[9] Gamkrelidze, A., et al., Nationwide Hepatitis C Serosurvey and Progress Towards Hepatitis C Virus Elimination in the Country of Georgia, 2021, 2023, url, p. 688
[10] WHO/Europe, New WHO Collaborating Centre on Viral Hepatitis Elimination opens in Georgia, 25 January 2023, url
[11] Khetsuriani, N., et al., Progress Toward Hepatitis B Control - World Health Organization European Region, 2016-2019, MMWR, 2021, url, p. 1
[12] WHO, Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus. Geneva: WHO, 2021, url, p. XV

Hepatitis D virus (HDV) co-infection with HBV occurs predominantly among PWID and was found in 0.9 % of adults in the 2015 serosurvey.[13] Hepatitis A and hepatitis E circulate sporadically. There is no nationally reliable registry of hepatitis incidence.[14] However, in 2024, the National Statistics Office of Georgia (GeoStat) registered hepatitis (all types) among the prevalent communicable diseases most frequently reported from clinical facilities, with 5 932 new cases of viral hepatitis registered (with an estimated incidence rate of 160.6 per 100 000 population).[15]

The reported mortality in Georgia from viral hepatitis (combined mortality from hepatitis B and hepatitis C) has increased from 6.3 per 100 000 persons in 2015 to 7.8 per 100 000 persons in 2023.[16] This is partially the result of improved reporting of causes of death in vital statistics registries and increasing hepatitis C screening, which has led to an increase in the number of persons who received a diagnosis of hepatitis C since 2015.[17]

1.2. Organisation of hepatitis care and treatment facilities

Delivery of healthcare for viral hepatitis in Georgia is organised within the country's decentralised, predominantly private healthcare system.[18] Care is structured into three tiers:

- primary healthcare (PHC) is provided by rural doctors and nurses serving rural residents, and by urban family doctors serving urban and pre-registered residents, who are responsible for initial hepatitis screening, referral and case management of chronic conditions, including chronic hepatitis, under the supervision of specialists;
- secondary inpatient and specialist services are provided by medical centres at the municipal level, including infectious disease specialists and gastroenterologists / hepatologists; and
- tertiary care is provided by regional- and national-level hospitals and specialist centres, including for the management of advanced liver disease (cirrhosis and hepatocellular carcinoma) associated with chronic hepatitis.[19]

The publicly owned Infectious Diseases, AIDS and Clinical Immunology Research Center (IDACIRC) in Tbilisi is the leading institution for hepatitis care and serves as the principal implementing site for both the Hepatitis B Elimination Programme and the Hepatitis C Elimination Programme.[20] See Table 1 for key providers of specialised hepatitis care services that are also engaged in the national programmes for screening, diagnosis and treatment of hepatitis B and hepatitis C described in Section 2.

[13] Kasradze, A., et al., The burden and epidemiology of hepatitis B and hepatitis D in Georgia: findings from the national seroprevalence survey, url, p. 342
[14] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[15] Georgia, Geostat, Morbidity caused by some infectious diseases, 2024, url, Row 12
[16] Tohme, R.A., et al., Progress Toward the Elimination of Hepatitis B and Hepatitis C in the Country of Georgia, April 2015–April 2024, MMWR, 1 August 2024, url, p. 662
[17] Tohme, R.A., et al., Progress Toward the Elimination of Hepatitis B and Hepatitis C in the Country of Georgia, April 2015–April 2024, MMWR, 1 August 2024, url, p. 664
[18] WHO/European Observatory on Health Systems and Policies, Health Systems in Action: Georgia, 2022, url, p. 7
[19] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026; KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[20] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026

Table 1: Key providers of specialised health services for viral hepatitis

Institution	Ownership status	Hepatitis healthcare services provided	Location(s)
T. Tsertsvadze Infectious Diseases, AIDS and Clinical Immunology Research Center (IDACIRC)[21]	Public	The main implementing medical institution for both the Hepatitis B and Hepatitis C Elimination Programmes. Provides hepatitis B and hepatitis C screening, confirmatory diagnostics, pre-treatment evaluation, antiviral treatment (direct-acting antivirals (DAAs) and tenofovir disoproxil fumarate (TDF)), monitoring and management of complications, including cirrhosis. Also provides treatment for hepatitis D co-infection.[22]	**Tbilisi**
NCDC's Richard Lugar Center for Public Health Research	Public	Provides centralised HBV deoxyribonucleic acid (DNA) quantification, HCV ribonucleic acid (RNA) / HCV core antigen testing and HCV genotyping.	**Tbilisi**
Georgian Medical Holding[23]	Public	Infectious disease and hepatology departments provide screening, diagnostics and treatment for viral hepatitis; outpatient and inpatient care.	**Tbilisi** – N. Kipshidze Central University Clinic[24] **Zugdidi** – Rukhi Republican Hospital[25] **Batumi** – Batumi Republican Hospital[26]

[21] T. Tsertsvadze Infectious Diseases, AIDS and Clinical Immunology Research Center [თ. ცერცვაძის სახელობის ინფექციური პათოლოგიის, შიდსისა და კლინიკური იმუნოლოგიის სამეცნიერო პრაქტიკული ცენტრი], [website], n.d., url
[22] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[23] Georgian Medical Holding, [website], 2021, url
[24] Central University Clinic, [website], 2017, url
[25] Rukhi Republican Hospital, [Facebook page], n.d., url
[26] Batumi Republican Hospital, [website], n.d., url

Institution	Ownership status	Hepatitis healthcare services provided	Location(s)
Georgia Healthcare Group[27]	Private for–profit	Infectious disease and hepatology departments providing hepatitis screening, diagnostics and treatment for hepatitis and its complications, including for paediatric patients. Bokeria University Hospital also performs liver transplants, including for patients suffering from acute or chronic hepatitis who require such a transplant.[28]	**Tbilisi** – Caucasus Medical Center; M. Iashvili Children's Central Hospital; Iv. Bokeria University Hospital; Caraps Medline Vake and Dighomi **Kutaisi** – West Georgia Medical Center
American Hospital Tbilisi[29]	Private for–profit	Diagnostic and specialist outpatient and inpatient care is provided by the endoscopic department for patients with gastrointestinal and liver problems, including those suffering from chronic hepatitis. The hospital also has a dedicated liver transplantation and hepatopancreatobiliary department that conducts liver transplantations.[30]	**Tbilisi**
Aversi Clinic[31]	Private for–profit	Diagnostic and specialist outpatient and inpatient care for hepatitis patients, including hepatology consultation through gastroenterology department.	**Tbilisi**
V. Bochorishvili Clinic[32]	Private for–profit	Diagnostic and specialist outpatient and inpatient care for infectious diseases is provided by the specialised infectious diseases	**Tbilisi**

[27] Vian, [website], 2023, url
[28] Iv. Bokeria University Hospital, [Facebook page], 2020, url
[29] American Hospital Tbilisi, [website], 2025, url
[30] American Hospital Tbilisi, [website], 2025, url
[31] Aversi Clinic, [website], 2026, url
[32] V. Bochorishvili Clinic, [website], 2025, url

Institution	Ownership status	Hepatitis healthcare services provided	Location(s)
		department for patients suffering from acute hepatitis.	
Joint Georgian-French Hepatology Clinic Hepa[33]	Private for-profit	Specialist hepatology outpatient clinic providing diagnosis, treatment and monitoring for hepatitis B, hepatitis C and hepatitis D, including pre-treatment evaluation and follow-up under the Hepatitis Management State Programme.	**Tbilisi**
Medcenter Network[34]	Private for-profit	The hospital also has a dedicated liver transplantation department that conducts liver transplants.	**Batumi**
Todua Clinic[35]	Private for–profit	The gastroenterology department provides diagnostic workup (including FibroScan and liver biopsy) and management of hepatitis B, hepatitis C and related liver diseases.	**Tbilisi**
New Hospitals[36]	Private for – profit	Diagnostic and specialist outpatient and inpatient care for hepatitis is provided by the gastroenterology department.	**Tbilisi**

Source: Compiled by the author based on the information provided by the key informants and from the facility websites (referenced).[37]

The Hepatitis C Elimination Programme had expanded to 40 enrolled diagnostic and treatment sites across Georgia, including the PHC facilities, enabling geographically distributed access to HCV treatment throughout the country.[38] Treatment for hepatitis B under the new Hepatitis B Elimination Programme (launched in September 2024) is initially concentrated at IDACIRC and is being progressively expanded to regional sites.[39] As of March

[33] Hepatology Clinic HEPA, [Facebook page], n.d., url
[34] Medcenter, [website], n.d., url
[35] Todua Clinic, [website], 2020, url
[36] New Hospitals, [website], 2026, url
[37] 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
[38] Georgia, LEPL, National Health Agency of Georgia, "ჰეპატიტების მართვა: C ჰეპატიტი" [Hepatitis Management: C hepatitis], 2020, url
[39] CDC, Advancing Viral Hepatitis Elimination in Georgia, September 2024, url

2026, 16 hepatitis B diagnostic and treatment sites throughout Georgia are engaged in the national programme.[40]

1.3. Resources for hepatitis care

1.3.1. Diagnostic and clinical infrastructure

Georgia has developed substantial diagnostic and clinical infrastructure for hepatitis care, supported by investments through the Hepatitis C Elimination Programme. All enrolled treatment sites are equipped to perform rapid anti-HCV and HBsAg point-of-care testing. The National Reference Laboratory (NCDC's Richard Lugar Center for Public Health Research) in Tbilisi provides centralised HCV RNA / HCV core antigen testing, HCV genotyping and HBV DNA quantification.[41] Core antigen testing and GeneXpert testing for HBV and HCV have been available since 2017, expanding diagnostic capabilities. GeneXpert testing has also been deployed across regions and at harm reduction sites, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and state procurement.[42] FibroScan (transient elastography) equipment for liver fibrosis assessment is available at IDACIRC and several major national and regional tertiary care hospitals, as well as at several municipal medical centres, as part of the national hepatitis elimination (Hepatitis Management) programme.[43] Liver transplantation infrastructure and services are available in several tertiary care centres in Tbilisi and Batumi (see also Table 1)[44].

1.3.2. Human resources

The distribution of human resources for hepatitis care broadly reflects patterns observed in the Georgian health workforce, specifically PHC doctors and nurses, internal medicine doctors/gastroenterologists, infectiologists, hepatologists and oncologists (for liver cancers caused by hepatitis), generally reflects the patterns observed in the health workforce in the country.[45] Notably, there is an imbalance in the distribution of medical staff in Georgia, with an excess of physicians and a shortage of nurses.[46] The country has one of the highest (and growing) numbers of physicians, reaching 6.6 per 1 000 people in 2023,[47] significantly exceeding the European average of 4 per 1 000 in 2022.[48] There is also an imbalance of specialists between urban areas (particularly Tbilisi) and rural and mountainous regions. The

[40] Georgia, LEPL, National Health Agency of Georgia, "ჰეპატიტების მართვა: B ჰეპატიტი" [Hepatitis Management: B hepatitis], n.d., url
[41] NCDC, Serology laboratory, n.d., url
[42] Tsereteli, M., et al., Road Map to Viral Hepatitis Elimination: A Decade of HCV Progress and the Launch of HBV Control Efforts in Georgia, Elimination of Viral Hepatitis B and C - Global Initiatives, National Programs, and Scientific Advances, 2025, url, Article 6.4
[43] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[44] Iv. Bokeria University Hospital, [Facebook page], 2020, url; American Hospital Tbilisi, [website], 2025, url; Medcenter, [website], n.d., url
[45] 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, Infectiologist at IDACIRC, Interview, 12 February 2026
[46] WHO/European Observatory on Health Systems and Policies, Health Systems in Action: Georgia, 2022, url, p. 11
[47] Georgia, Geostat, Healthcare and Social Protection, 2024, url
[48] OECD, Health at a Glance: Europe 2024: State of Health in the EU Cycle, Availability of Doctors, 2024, url

number of registered infectiologists and hepatologists has grown in response to the demands of the elimination programme. However, most hepatology expertise remains concentrated in Tbilisi, and access to specialist care in rural areas remains limited.[49]

1.4. National and international programmes

There are eight national programmes and additional programmes funded by local self-government (municipal) budgets, all financed from general taxation to provide specific services related to viral hepatitis prevention, treatment, care and control (see Table 2).

Table 2: Summary information on the national and municipal programmes for financing hepatitis prevention, treatment and care

National programme	Population covered	Programme focus and services covered for hepatitis management	Co-payments and limits
State Programme "Epidemiologic Surveillance"[50]	All Georgia residents	Epidemiologic surveillance of acute hepatitis B and hepatitis C through the sentinel surveillance approach. This includes screening of symptomatic outpatients and inpatients, confirmation testing (HBsAg+ and immunoglobulin M antibody to hepatitis B core antigen (HBcAb IgM)) to determine acute and chronic forms; sampling and sample transportation for (a) confirmation testing of acute hepatitis C (HCV RNA test), and (b) testing for hepatitis A and hepatitis E of negative screening results for hepatitis B and hepatitis C.[51]	None
State Programme "Immunisation"[52]	All Georgia citizens	Mandatory immunisation of newborns with hepatitis B vaccine per the National Immunisation Schedule and immunisation of individuals aged 18 and above who are not vaccinated or	None

[49] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[50] 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 3
[51] 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 3, Article 3t
[52] 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 2, Articles 3a and 3a.a

National programme	Population covered	Programme focus and services covered for hepatitis management	Co-payments and limits
		have a high risk of hepatitis B infection.[53]	
State Programme "Safe Blood"[54]	All Georgia citizens	Screening the donated blood for hepatitis B and hepatitis C.	None
Pilot Programme "Provision of medical/educational services related to disease prevention and diagnostics for People Who Inject Drugs (PWID) in the Autonomous Republic of Adjara, Kakheti, Shida Kartli, Samegrelo-Zemo Svaneti and Guria regions of the State Programme "HIV/AIDS Management"[55]	All Georgia citizens and permanent residents; individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers; individuals in the penitentiary system regardless of their citizenship status; high-risk populations (including PWID).[56]	The overall objective of the State Programme is to prevent the community transmission of human immunodeficiency virus (HIV) and reduce the associated morbidity and mortality. The pilot under this State Programme, implemented by the civil society organisations (CSOs), is aimed at the establishment of a sustainable, fixed-site and mobile service model for PWID and their sexual partners to prevent HIV/hepatitis/sexually transmitted infections (STIs), reduce harms, and ensure early diagnosis and referral to care across Samegrelo, Guria, Shida Kartli, Kakheti and Adjara. The services covered include health education; screening tests (including self-testing) for hepatitis B, hepatitis C, HIV, tuberculosis (TB), other STIs; sampling and sample transportation (or local testing with GeneXpert) for confirmation testing.[57]	None

[53] 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 2, Articles 3a and 3a.a
[54] 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 4, Article 8
[55] 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 7.6
[56] 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 7, Article 2
[57] 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 7.6, Articles 1 and 2

National programme	Population covered	Programme focus and services covered for hepatitis management	Co-payments and limits
State Programme "Hepatitis Management"[58]	All Georgian citizens; individuals in penitentiary institutions (regardless of citizenship status); people co-infected with HIV/HCV; holders of neutral identification (ID) documents and residents of Abkhazia and the Tskhinvali region; patients suffering from end-stage kidney disease enrolled in the dialysis programme; socially vulnerable families (rating score ≤ 70 000); veterans.[59]	The programme includes three fully funded components: • pre-treatment diagnostic testing; • antiviral treatment with modern pangenotypic (DAAs) medications and • monitoring during treatment (lab tests and clinical follow-up).[60]	None
"Universal Health Care Programme (UHCP)"[61]	All Georgian citizens and also individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia with exceptions (see details in Section 2.1.2).	Screening, initial diagnosis, referral and management of the diagnosed chronic hepatitis (under the supervision of the specialist) by an urban PHC (family) doctor and nurse. Primary diagnosis, referral and inpatient treatment of urgent/life-threatening hepatitis complications (for example, acute liver failure). Confirmatory diagnosis and surgical and nonsurgical treatment of oncologic complications (liver cancer).	0 %-30 % co-payments depending on the beneficiary eligibility criteria and annual limits for coverage of specific services apply (see details in Section 2.1.2).

National programme	Population covered	Programme focus and services covered for hepatitis management	Co-payments and limits
State Programme "Rural Doctor – Rural Primary Health Care Sub-programme"[62]	Beneficiaries of UHCP residing in rural areas.	Services of the rural PHC doctor and nurse. Screening, initial diagnosis, referral and management (under supervision of a specialist) of the diagnosed chronic hepatitis by a rural PHC doctor and nurse.	None
"State Programme for Organ Transplant (Bone Marrow and Liver Transplant)"[63]	Citizens of Georgia, except for those registered in Tbilisi and the Autonomous Republic of Adjara, who need a bone marrow (stem cell) or liver transplant.[64]	Liver transplantation for patients with liver failure, including those resulting from acute and chronic hepatitis.[65] Covers up to 16 transplants per year (annual budget for 2026 is GEL 2 000 000 [EUR 625 000][66]	None within the fixed price for a liver transplant (GEL 120 000, or EUR 37 500)[67]

[58] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 2
[59] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 2
[60] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Article 19
[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
[62] 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
[63] 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 14
[64] 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 14, Article 2b
[65] 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 14, Article 3b
[66] 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 14, Article 8
[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 14.1

National programme	Population covered	Programme focus and services covered for hepatitis management	Co-payments and limits
State Programme "Referral Service"[68]	All Georgia residents may apply. Priority is given to specific population groups (see Section 2.1.3).	Treatment for individual hepatitis 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[69]	Residents of respective municipalities. Priority is given to socially vulnerable citizens, persons with disabilities, veterans and persons with the status of lost breadwinner.	Liver transplantation for patients with liver failure residing in Tbilisi and the Autonomous Republic of Adjara (see Section 2.1.5). Treatment for individual hepatitis patient cases applying for financial assistance is not covered under other national programmes.	None within the fixed price for a liver transplant (the same price as defined under the State Programme for Organ Transplant).[70] No costs covered above the UHCP annual limits.

[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. 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; Georgia, Autonomous Republic of Adjara, Legislative Herald of Georgia, Document 54-I, "Law of Autonomous Republic of Adjara on 2026 Republican Budget", 19 December 2025 url, Article 12

[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, Annex 14.1

The landmark national programme, “Hepatitis Management” is implemented by the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA) subordinate National Health Agency (NHA).[71] In 2015, the programme was launched as the world’s first national programme to eliminate hepatitis C as a public health threat.[72] Initially supported by a partnership with Gilead Sciences (which donated DAAs), the United States Centers for Disease Control and Prevention (US CDC) (providing technical assistance), and other international partners, the programme, as of March 2026 continues to provide free anti-HCV screening, confirmatory polymerase chain reaction (PCR) / core antigen testing, pre-treatment evaluation (including FibroScan and genotyping), treatment with DAAs, and post-treatment follow-up for programme beneficiaries. The programme was initially targeted at persons with advanced fibrosis or cirrhosis, but eligibility was progressively broadened to all persons suffering from chronic HCV infection. As of April 2024, 89 % of the adult population had been screened for hepatitis C, 83 % of those with current chronic HCV infection had been diagnosed and 86 % of those diagnosed had initiated treatment, with 94 % of whom completed the treatment[73] A 67 % reduction in chronic HCV infection had been achieved compared to 2015.[74]

In September 2024, Georgia expanded the national programme to also target the elimination of hepatitis B. The programme, implemented principally through IDACIRC, provides free HBsAg screening, confirmatory diagnostics (HBV DNA quantification, liver function tests and liver fibrosis assessment) and antiviral treatment (TDF) free of charge to all Georgian citizens (also non-citizens in the penitentiary system) suffering from chronic hepatitis B who meet treatment eligibility criteria.[75] The programme aims to achieve hepatitis B elimination by 2030, building on the infrastructure and lessons learned from the Hepatitis C Elimination Programme.[76]

Further details regarding the programme are provided in Section 2.

The implementation of the programme is underpinned by the “Strategic Plan for the Elimination of Hepatitis in Georgia, 2021–2025”,[77] developed in collaboration with the CDC and WHO. The programmes receive continued technical and financial support from the CDC, WHO/Europe and other international partners.[78]

[71] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, “ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ” [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Articles 1, 2 and 19
[72] US CDC, Advancing Viral Hepatitis Elimination in Georgia, September 2024, url
[73] Tohme, R.A., et al., Progress Toward the Elimination of Hepatitis B and Hepatitis C in the Country of Georgia, April 2015–April 2024, MMWR, 1 August 2024, url, p. 662
[74] US CDC, Advancing Viral Hepatitis Elimination in Georgia, September 2024, url
[75] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, “ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ” [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 2
[76] US CDC, Advancing Viral Hepatitis Elimination in Georgia, September 2024, url
[77] Georgia, MoIDPLHSA, NCDC, Hepatitis C Elimination in Georgia, July 8 2022, url
[78] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026

2. Access to treatment

2.1. Specific treatment programmes for hepatitis

Below are described Georgia's dedicated state (national) programme for Hepatitis Management[79] and a broader UHCP,[80] which covers most of the hepatitis-related treatment services. In addition, the State Programme for Organ Transplant and the Municipal Programmes of Tbilisi and the Autonomous Republic of Adjara cover the costs of liver transplantation for patients suffering from acute or chronic hepatitis who require it.[81]

2.1.1. Hepatitis Management State Programme

The Hepatitis Management State Programme is aimed at hepatitis B and hepatitis C elimination, and provides free diagnosis and treatment for eligible beneficiaries.[82]

(a) For hepatitis B

From September 2024, the Hepatitis Management programme covers interventions aimed at reducing morbidity, mortality and the spread of viral hepatitis B in Georgia by ensuring population access to prevention, diagnostics and treatment.[83]

(i) Eligibility

The eligible beneficiaries include:

- individuals who possess:
  - a Georgian citizenship document;
  - a status-neutral ID card or status-neutral travel document;[84]

[79] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url

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

[81] 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 Nos. 5-8 on approval of 2026 Budget for Tbilisi Municipality], 6 January 2026, url, Code 06 02; Georgia, Autonomous Republic of Adjara, Legislative Herald of Georgia, Document 54-I, "Law of Autonomous Republic of Adjara on 2026 Republican Budget", 19 December 2025 url, Article 1

[82] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Chapter I, Article 1

[83] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Chapter IV

[84] United Information Portal, Civil Services, Status-Neutral ID Card (SNID), n.d., url; a status-neutral identity card (or travel document) is an opportunity/document created with neutral and humanitarian purposes for people residing in

- persons legally residing in the territories of the Autonomous Republic of Abkhazia and the Tskhinvali region (former South Ossetian Autonomous District) who are registered and have a personal number;
- individuals in penitentiary institutions (regardless of citizenship status); and
- persons with legal status in Georgia who are stateless, asylum seekers, refugees or hold humanitarian status.[85]

(ii) Target groups

Patients suffering from chronic HBV infection who test positive for HBsAg using laboratory methods such as rapid tests, ELISA, chemiluminescence, or other serological assays; and/or they have detectable HBV DNA in the blood by PCR testing, with these findings persisting for more than six months); persons diagnosed with chronic hepatitis B who are already on antiviral treatment; and beneficiaries defined in this article (undiagnosed/untreated individuals).[86]

(iii) Services and treatments

The programme fully covers the following services:

- screening and diagnostic tests before treatment
- antiviral medications (nucleoside/nucleotide analogues)
- ongoing monitoring tests and medical visits[87]

(iv) Enrolment procedure

There is no mandatory or involuntary enrolment in the programme.[88] To join the programme, patients must visit an authorised medical facility, which is enrolled in the programme as a service provider (16 service providers for the year 2026),[89] where they are registered in the electronic system. Enrolment steps depend on the person's previous testing status.

- Individuals who tested positive for HBsAg or HBV DNA (PCR test) at least six months earlier should undergo repeat HBsAg testing. If the result remains positive, they are considered to have chronic hepatitis B infection and receive:
  - doctor's consultation;

Abkhazia and Tskhinvali regions, which certifies the identity of a person and does not imply the acquisition of Georgian citizenship.

[85] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Chapter IV, Article 23

[86] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Chapter IV, Article 23

[87] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Chapter IV, Article 24

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

[89] Georgia, LEPL, National Health Agency of Georgia, "ჰეპატიტების მართვა: B ჰეპატიტი" [Hepatitis Management: B hepatitis], n.d., url

- liver elastography; and
- abdominal ultrasound.

If fibrosis ≥*F2* or abnormal ultrasound findings are present, additional laboratory tests (complete blood count (CBC), urinalysis, liver and kidney tests, HBV DNA, HBV markers, alpha-fetoprotein (AFP), co-infection screening) are performed.[90]

- Individuals with two positive tests ≥six months apart: follow the same diagnostic pathway as above.
- Individuals already on antiviral treatment: receive regular testing based on the doctor's instructions (CBC, liver/kidney tests, HBV DNA, serology, co-infection testing, AFP, etc.).[91]
- Individuals tested for the first time:
  - receive an HBsAg test
  - if positive → retest after six months
  - if negative → hepatitis B core antibody (HBcAb) test
  - if HBcAb negative → hepatitis B vaccination is provided through the national immunisation programme[92]

After completing diagnostic steps described above, the treating physician issues *Form 100*. Enrolment is finalised by a commission at the NHA, which also reviews non-standard or complex cases on an individual basis.[93]

(v) Treatment monitoring

The patients regularly receive:

- doctor visits;
- blood and liver function tests;
- creatinine testing; and
- monitoring of treatment adherence, possible side effects and mental health (depression screening).[94]

[90] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Chapter IV, Article 24
[91] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Chapter IV, Article 24
[92] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management]", 20 April 2015, url, Annex, Chapter IV, Article 24
[93] Georgia, LEPL, National Health Agency of Georgia, "ჰეპატიტების მართვა: B ჰეპატიტი" [Hepatitis Management: B hepatitis], n.d., url
[94] Georgia, LEPL, National Health Agency of Georgia, "ჰეპატიტების მართვა: B ჰეპატიტი" [Hepatitis Management: B hepatitis], n.d., url

(vi) Current implementation status

As of early 2026, the programme is in its roll-out phase. Not all patients with chronic HBV infection require immediate antiviral treatment under current guidelines; those not yet meeting treatment thresholds are monitored with regular follow-up as part of the programme. Patients with HBV/HDV co-infection may require different management, which is provided on a case-by-case basis by the specialists at IDACIRC.[95]

(b) For hepatitis C

(i) Eligibility

Eligible beneficiaries are:

- all Georgian citizens;
- individuals in penitentiary institutions (regardless of citizenship status);
- people co-infected with HIV/HCV;
- holders of status-neutral ID documents and residents of Abkhazia and the Tskhinvali region;
- patients with end-stage kidney disease enrolled in the dialysis programme;
- socially vulnerable families (rating score ≤ 70 000); and
- veterans.[96]

(ii) Target groups

Persons who suffer from HCV infection.

(iii) Services and treatments

The following services and treatments are covered and are provided free of charge to the eligible beneficiaries:

- rapid anti-HCV antibody test at any of the screening facilities, including the majority of hospitals, rural and urban PHC facilities, antenatal clinics, harm reduction centres, prisons and mobile units;[97]

[95] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[96] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 2
[97] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 19

- confirmatory testing for active infection using HCV core antigen or GeneXpert testing organised by 40 enrolled service providers[98] or through PCR tests of HCV RNA conducted on sight or at NCDC's Richard Lugar Center for Public Health Research on samples sent by the services providers for confirmation;[99]
- pre-treatment evaluation: HCV genotype determination, liver fibrosis assessment (FibroScan / transient elastography), liver function tests, full blood count and screening for comorbidities; and
- DAA treatment according to national treatment guidelines (primarily sofosbuvir/velpatasvir pangenotypic regimen; sofosbuvir/ledipasvir for genotype-specific use).

(iv) Treatment monitoring

Monitoring during and after treatment, including sustained virological response after 12 weeks of treatment (SVR-12) (HCV RNA at 12 weeks) testing to confirm cure.[100]

(v) Enrolment procedure

There is no mandatory or involuntary enrolment in the programme.[101] An eligible beneficiary can enrol in the programme following these steps:

- A person with a positive anti-HCV antibody test visits a participating clinic.
- The clinic registers the patient in the *Elimination C* electronic system.
- A confirmatory test (HCV RNA or core antigen) is performed.
- If positive, the patient undergoes full diagnostic work-up (blood tests, liver function tests, fibrosis assessment, elastography if needed, ultrasound, etc.).
- After documentation is uploaded, the NHA notifies the patient via SMS.

The clinic issues the medication and signs a treatment agreement with the patient.[102]

(vi) Current implementation status

Since the programme's launch, national treatment guidelines have evolved from sofosbuvir-based regimens with ribavirin (with or without pegylated interferon) to fully oral, interferon-free DAA regimens. Since 2024, the pangenotypic combination of sofosbuvir/velpatasvir (Epclusa®) has been the preferred first-line treatment for all genotypes.[103]

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[98] Georgia, LEPL, National Health Agency of Georgia, "ჰეპატიტების მართვა: C ჰეპატიტი" [Hepatitis Management: C hepatitis]", 2020, url
[99] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 19
[100] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 19
[101] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[102] Georgia, LEPL, National Health Agency of Georgia, "ჰეპატიტების მართვა: C ჰეპატიტი" [Hepatitis Management: C hepatitis], 2020, url
[103] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026

2.1.2. Universal Health Care Programme (UHCP)

The UHCP provides a partial safety net for hepatitis patients who are not enrolled in the dedicated elimination programmes or who require services beyond the scope of those programmes.[104] The UHCP's eligibility criteria and benefit packages are described in detail in *MedCOI Report on the Provision of Healthcare in Georgia.*[105] In general, all Georgian citizens and legally registered residents who do not have an annual household income above GEL 40 000 [EUR 12 500], and who do not have private insurance (with exceptions), are eligible for the UHCP's standard benefit package.[106]

For hepatitis patients, the UHCP covers the following at the standard benefit level:

- outpatient consultations with family doctors and nurses at the PHC level: free for all eligible beneficiaries;
- outpatient abdominal ultrasound if prescribed by the family doctor: covered at 70 % (30 % co-payment);
- urgent inpatient care for acute and life-threatening liver disease (e.g. acute liver failure and decompensated cirrhosis): covered within the annual GEL 15 000 [EUR 4 688] cap, with 0 %-30 % co-payments depending on the beneficiary category; and
- planned surgical inpatient care where indicated: covered within the annual GEL 15 000 [EUR 4 688] cap with 0 %-30 % co-payments.[107]

Outpatient consultations with infectiologists, gastroenterologists and hepatologists are not covered under the UHCP standard package beyond what is covered under the Hepatitis Management State Programme. Patients who have not been diagnosed with hepatitis, or who have been diagnosed with hepatitis but are not eligible for, or not yet enrolled in, the Hepatitis Management State Programme (e.g. some patients with hepatitis B waiting to be enrolled in the programme) must pay out of pocket for consultations with these specialists.[108] Pre-treatment hepatitis diagnostics (HCV RNA, HBV DNA and genotyping) not conducted for the enrolment into the Hepatitis Management State Programme at participating health providers are not covered by UHCP and patients must pay out of pocket. Also, antiviral medications for hepatitis B and hepatitis C are not covered under the UHCP outpatient drug list, except for patients who are enrolled in the Hepatitis Management State Programme, where they are provided free.[109]

[104] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1
[105] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 38-42
[106] 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
[107] 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
[108] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[109] 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

2.1.3. Organ Transplant State Programme

This state programme covers the cost of liver transplants for Georgia citizens who are not registered residents of Tbilisi or the Autonomous Republic of Adjara and have an established need for a liver transplant.[110] This includes patients with liver failure due to any form of hepatitis.[111]

Organ donation in Georgia is free and voluntary. Paid donation is legally prohibited. Georgian legislation regulates who can be a live organ donor, and in cases the donor is not a relative, the court permission, or the consent of a special Transplantation Council of the MoIDPLHSA is needed.[112]

To obtain the financing for the liver transplant, the eligible beneficiaries or their representative must submit an application to the programme implementing agency (NHA), accompanied by the following documents:

- a copy of the beneficiary's identity document or passport; in the case of an internally displaced person (IDP), also a copy of the document confirming IDP status;
- document confirming registration outside Tbilisi Municipality and the Autonomous Republic of Adjara;
- for a minor: copy of the parent's/legal representative's identity document or passport, and a copy of the minor's birth certificate;
- medical documentation, Form No. IV-100/a, indicating the patient's diagnosis, interventions and examinations according to the International Classification of Diseases, 10th Revision (ICD-10) codes;
- consent of the MoIDPLHSA's Transplantation Council or the court for organ retrieval from a living donor; and
- invoice or other cost-confirming document from the service provider for all services related to the liver transplant (including pre-operative assessment and post-surgical monitoring).[113]

The programme finances up to 16 transplants per year (annual budget for 2026 is GEL 2 000 000 [EUR 625 000].[114]

[110] 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 14, Article 2b
[111] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[112] Georgia, Government of Georgia, Legislative Herald of Georgia, Law of Georgia, Document No. 3611-XIIIMS-XMP, "ადამიანის ორგანოთა გადანერგვის შესახებ" [About Human Organ Transplantation], November 2023, url, Articles 5, 16 and 17
[113] 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 14, Chapter 9
[114] 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 14, Article 8

2.1.4. Referral Service State Programme

The Referral Service State Programme provides additional financial assistance for individual patients whose treatment costs are not covered by other state health programmes. The programme covers hepatitis-related services up to GEL 10 000 [EUR 3 125] per individual application.[115]

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

Tbilisi Municipality and the Autonomous Republic of Adjara Regional Government cover the cost of liver transplantation (within the price determined by the State Programme for Organ Transplant – GEL 120 000 [EUR 37 500]) for patients with acute or chronic hepatitis with liver failure or other indications of liver transplant residing respectively in Tbilisi and Adjara.[116]

Some municipalities, including Tbilisi and the Autonomous Republic of Adjara, have supplementary health programmes that may cover additional costs for hepatitis patients (e.g. diagnostic tests or co-payments not covered under the Hepatitis Management or UHCP) upon individual application from socially vulnerable residents.[117]

2.2. Factors limiting access to care

2.2.1. Geographical disparities

Geographical disparities in access to specialist hepatitis care exist. Most hepatology expertise and the advanced diagnostic equipment required for pre-treatment evaluation (FibroScan and HCV RNA testing) are concentrated in Tbilisi and a limited number of regional centres. Patients in rural and mountainous areas may face long distances to reach enrolled treatment sites, which can delay diagnosis, enrolment and treatment initiation under the Hepatitis Management State Programme.[118]

[115] 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

[116] 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; Georgia, Autonomous Republic of Adjara, Legislative Herald of Georgia, Document 54-I, "Law of Autonomous Republic of Adjara on 2026 Republican Budget", 19 December 2025 url, Article 12

[117] 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; Georgia, Autonomous Republic of Adjara, Legislative Herald of Georgia, Document 54-I, "Law of Autonomous Republic of Adjara on 2026 Republican Budget", 19 December 2025 url, Article 12

[118] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026; KII03, Infectiologist at IDACIRC, Interview, 12 February 2026

2.2.2. Financial barriers

Financial barriers for services outside the national programmes remain significant. While HCV treatment is free under the Hepatitis Management programme, patients with hepatitis B who are not yet eligible for the HBV component of the programme, or those requiring specialist consultations, advanced diagnostics or medications not covered under either the Hepatitis Management programme or the UHCP, face out-of-pocket (OOP) costs. Entecavir, an alternative HBV treatment, is not currently covered under the HBV Elimination Programme and requires full OOP payment if prescribed outside of the programme.[119]

2.2.3. Waiting times

Waiting times for pre-treatment evaluation and enrolment in the Hepatitis Management programme have historically been observed, particularly during the early phase of the programme when treatment capacity was limited. By 2024, with the programme well established and expanded to over 40 sites, waiting times have been significantly reduced. Enrolment in the newly launched Hepatitis B component of the Hepatitis Management State Programme for beneficiaries with chronic HBV infection may involve some initial waiting times (not exceeding one month) as the programme is still scaled up and is provided by 16 service providers.[120] Waiting times for the liver transplant from a cadaver are significant, ranging from several months to a full year. The waiting time is reduced to several weeks if a living donor is available.[121] However, this depends on the ability of a patient and their family to find a compatible living donor, which may also take months.[122]

2.2.4. Population groups at higher risk of access difficulties

Social stigma associated with viral hepatitis, particularly hepatitis C, remains a challenge in Georgia. Hepatitis C has historically been associated with injecting drug use, resulting in stigmatisation of affected individuals and sometimes reluctance to seek testing or treatment. This can hinder early diagnosis and engagement with care, particularly among PWID, prisoners and their families.[123] The Georgian Hepatitis C Cured Patient Association and other CSOs have undertaken active anti-stigma campaigns, including training of peer community workers and elimination ambassadors. Stigma associated with hepatitis B is generally lower but may exist in communities with limited health literacy.[124]

[119] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026; KII04, Representative of a CSO active in hepatitis, Interview, 4 February 2026
[120] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026; KII04, Representative of a CSO active in hepatitis, Interview, 4 February 2026
[121] Medcenter, Liver Transplantation in Georgia, October 2024, url
[122] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[123] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026; KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[124] KII04, Representative of a CSO active in hepatitis, Interview, 4 February 2026

(a) People who inject drugs (PWID)

However, there are still population groups at higher risk of access difficulties, including PWID, who face combined barriers of stigma, criminalisation of drug use and distrust of healthcare institutions. Harm reduction services (needle and syringe exchange programmes and opioid substitution therapy) serve as important entry points for hepatitis testing and linking PWID to treatment. Mobile screening campaigns and community-based outreach have been implemented to reach hidden populations.[125] A significant share of PWID (approximately 60 %) obtain needles and syringes from private pharmacies rather than from harm reduction programmes, which limits systematic data collection.[126]

(b) Prisoners

Prisoners may face additional barriers to hepatitis care once discharged from the penitentiary system. Hepatitis C screening is available in prisons as part of the elimination programme and treatment-eligible prisoners are referred for enrolment. However, coordination between prison health services and the elimination programme infrastructure outside prisons can present challenges.[127]

(c) Ethnic minorities

Ethnic minorities may face additional barriers due to language, socioeconomic disparities and lower health literacy.[128]

(d) Returning Georgians

Returning Georgians who spent time abroad and may have missed earlier programme phases are eligible to enrol upon return and registration in Georgia. There is no known legal or administrative obstacle to re-enrolment. Patients who were previously treated but were not cured (e.g. if they experienced treatment failure) may be re-enrolled with a different regimen as appropriate.[129]

(e) Gender

There is no reported systematic discrimination in access to hepatitis care based on gender. Data suggest that HCV infection rates are somewhat higher among males, reflecting higher rates of injecting drug use among men, but treatment coverage is reported to be broadly equitable between sexes.[130]

[125] KII04, Representative of a CSO active in hepatitis, Interview, 4 February 2026
[126] Tohme, R.A., et al., Progress Toward the Elimination of Hepatitis B and Hepatitis C in the Country of Georgia, April 2015–April 2024, MMWR, 1 August 2024, url
[127] KII04, Representative of a CSO active in hepatitis, Interview, 4 February 2026
[128] Open Society Georgia Foundation, "ეთნიკური უმცირესობების წარმომადგენლების სოციალური ექსკლუზიის (გარიყვის) კვლევა" [The Study of Social Exclusion of Ethnic Minorities], 2022, url
[129] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026; KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[130] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026

2.3. Typical hepatitis patient journey

The typical patient journey for a Georgian citizen with hepatitis, in accordance with the current healthcare system and programme structure, is as follows:

- For Hepatitis B: The patient journey mirrors that for HCV under the newly launched HBV component of the Hepatitis Management State Programme. Citizens are offered HBsAg screening. Confirmed HBsAg-positive patients are referred for further diagnostic evaluation (HBV DNA, liver function tests and liver fibrosis assessment) and, if meeting treatment eligibility criteria, are enrolled for free antiviral treatment with TDF at an enrolled site.[131]
- For Hepatitis C: Initial screening may take place at a PHC provider (urban or rural), a hospital (where hepatitis C testing is mandatory for all inpatients), at a harm reduction site, an antenatal clinic, a blood bank, a mobile screening unit or any other enrolled site. All rapid anti-HCV positive results are confirmed at one of the 40 service providers (if they have PCR capabilities) or referred for confirmatory viremia testing (HCV core antigen or PCR) to the Richard Lugar Center for Public Health Research. Patients confirmed to have active HCV infection are informed by NCDC staff and referred to an enrolled treatment site for pre-treatment evaluation and enrolment in the treatment programme. Treatment with DAAs is initiated, monitored during the course of treatment and SVR-12 testing is performed 12 weeks post-treatment. The entire process, from confirmatory diagnosis to SVR-12 testing, is provided free of charge under the Hepatitis Management State Programme.[132]
- Emergency cases involving acute liver failure or hepatic decompensation (from any aetiology) are transported by emergency services to the nearest hospital equipped to handle the condition and are managed under UHCP coverage for urgent inpatient care.[133]
- Hepatitis patients requiring a liver transplant need to apply to the NHA or to Tbilisi Municipality or Adjara Ministry of Health, if they are residents of respective locations to get approved for the liver transplantation funding from respective programmes. The application is commonly coordinated by tertiary care centres capable of performing liver transplants (see Table 1). The patient needs to present documentation necessary for establishing the programme eligibility (see Section 2.1.3.).[134]

Despite the high availability of free services under the national programmes, actual patient journeys can differ. Due to a historically low level of trust in PHC and health literacy challenges among certain groups, some patients seek care directly from specialists or present only when

[131] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 23
[132] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 19
[133] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026; KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[134] 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 14, Article 9.5

symptoms develop (which in chronic hepatitis often occurs late, at the stage of cirrhosis or liver cancer).[135] The government is addressing this through continued expansion of outreach screening, community-based testing campaigns, integration of hepatitis screening into existing PHC services[136] and ongoing efforts to provide user-friendly services (e.g. providing health education and medical services for PWIDs through the peer organisations or CSOs) to reduce stigma.[137]

[135] WHO/Europe, Georgia: Moving from policy to actions to strengthen primary health care: Primary heath care policy paper series, 2023, url, p. 3
[136] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახე" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.17
[137] 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 7.6

3. Insurance and national programmes

3.1. National programmes

The national programmes financing different aspects of hepatitis prevention and treatment are presented in Table 2. Among these national programmes, two programmes, Hepatitis Management and UHCP, which finance the treatment of hepatitis B and hepatitis C and their complications, are the principal national programmes for hepatitis in Georgia (described in Section 2). The eligibility rules for Hepatitis Management and UHCP differ in one principal aspect: individuals covered by private insurance, while not eligible for most UHCP-covered services, are generally still eligible for the hepatitis screening, diagnostic and treatment services funded under the Hepatitis Management State Programme.[138]

As indicated in Table 2, hepatitis B vaccination for infants is funded through the National Immunisation Programme and is provided free of charge under the childhood immunisation schedule.[139] The hepatitis B birth dose and three infant doses of hepatitis B vaccine are included in the national immunisation schedule; vaccination coverage has exceeded 90 % for most years since 2015.[140] This has resulted in a dramatic reduction in HBsAg prevalence among children and adolescents (0.03 % as of 2021).[141]

3.2. International donor programmes

International technical and financial support for viral hepatitis in Georgia comes from several partners. The CDC has been the primary technical partner since the hepatitis C programme's launch in 2015, providing scientific, administrative and programmatic support. The WHO/Europe provides technical assistance and has designated the NCDC as a WHO Collaborating Centre on Viral Hepatitis Elimination. The World Bank and the Asian Development Bank provide broader health sector support. Gilead Sciences contributed the initial donation of sofosbuvir medication that enabled the launch of the HCV elimination programme; drug procurement has since transitioned largely to generic DAA procurement.[142]

[138] 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 1.17
[139] 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 2, Article 3a
[140] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[141] Khetsuriani, N., et al., Toward reaching hepatitis B goals: hepatitis B epidemiology and the impact of two decades of vaccination, Georgia, 2021, 2023, url, p. 1
[142] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026

The Global Fund co-finances harm reduction programmes for PWID in Georgia (needle and syringe exchange, and opioid substitution therapy), which serve as an important gateway to hepatitis screening and treatment for this high-risk population. However, the Global Fund does not directly fund hepatitis treatment.[143]

3.3. Private insurance

As of end of the third quarter of 2025, approximately 782 095 individuals (more than 20 % of the total population) were covered by private medical insurance in Georgia. The largest share of privately insured is through the private sector employers' insurance scheme (57.9 % of all privately insured), the public schemes (32.9 %) and a small share of individually insured (9.2 %).[144] The most prevalent private insurance products typically cover a spectrum of diagnostic and specialist services for hepatitis patients, including laboratory tests and inpatient care, subject to co-payments, annual limits and exclusion of pre-existing conditions. Pre-existing chronic liver disease (including existing chronic hepatitis B or hepatitis C diagnoses) may be excluded from coverage under standard private insurance policies.[145]

Since both the Hepatitis B and Hepatitis C components of the Hepatitis Management State Programmes provide free services, private insurance is primarily relevant for patients requiring services outside those covered by the programmes (e.g. management of liver cirrhosis complications, access to hepatologist consultations and entecavir for HBV treatment). Individuals who have private insurance are not excluded from the Hepatitis Management State Programme.[146] The UHCP eligibility rules prohibit many people from holding public and private insurance in parallel (with exceptions), but exceptions are made for specific groups, including teachers, public artists, children in foster care, settled internally displaced people, socially vulnerable households below the poverty line (70 000-100 000 points on the social assistance scale), persons of retirement age (over 60 for women and over 65 for men), children aged up to 18 years, with under 6 children having wider benefits, students and people registered as persons with disability.[147]

[143] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[144] Georgia, LEPL, State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, url
[145] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[146] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 19 and 23
[147] 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, Article 5[9], Annex I

4. Non-Government Organisations

Several non-government organisations (NGOs), and CSOs and professional organisations are active in supporting hepatitis patients in Georgia:

4.1. Georgian Hepatitis C Cured Patient Association

This NGO was established by patients who have been cured of hepatitis C under the elimination programme. It is a member of the World Hepatitis Alliance.[148] It trains and deploys 'Elimination Ambassadors' — peer community workers who have been trained in hepatitis awareness, media communication and peer-to-peer counselling — to reach undiagnosed or hard-to-reach populations and support patients through the diagnosis and treatment process.[149] Peer-to-peer counselling is free of charge and open to all patients, regardless of background.[150]

4.2. Georgian Harm Reduction Network (GHRN)

This NGO network coordinates harm reduction services for PWID, including needle and syringe exchange and opioid substitution therapy. It operates mobile and stationary points where rapid hepatitis C screening is also available. Clients who test positive are linked to the Elimination Programme for confirmatory testing and treatment. These services are free of charge and accessible to all PWID.[151]

These organisations provide their services free of charge and without restrictions based on faith, national origin, or other criteria. They do not restrict their services to specific populations (e.g. children only) unless this is inherent to their particular programme design.[152]

4.3. Georgia Hepatologists Association

A professional association engaged in international collaboration to improve the quality of hepatitis 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 service campaigns for the Georgian population.[153]

[148] World Hepatitis Alliance, [webpage], 2024, url
[149] World Hepatitis Alliance, member, Georgian Hepatitis C Cured Patient Association, [webpage], 2024, url; KII04, Representative of a CSO active in hepatitis, Interview, 4 February 2026
[150] KII04, Representative of a CSO active in hepatitis, Interview, 4 February 2026
[151] Georgian Harm Reduction Network, [website], 2019, url
[152] Georgian Harm Reduction Network, [website], 2019, url
[153] Georgia Hepatology Association, [website], 2018, url

5. Cost of treatment

As noted in Section 1.2, the absolute majority of healthcare facilities providing specialist and tertiary services for hepatitis patients in Georgia are private. While prices for the same services generally differ between facilities, they do not uniformly vary based on the ownership status of the facility.[154] The prices or price ranges for "public" treatment in Table 3 and Table 4 are provided where they differ from prices charged for non-state payors (private insurance or patients paying OOP). Prices listed are for a single consultation with the respective specialist (unless otherwise indicated).

Patients enrolled in the Hepatitis Management State Programme receive all programme-covered services free of charge, irrespective of the facility's ownership status, as payment is made by NHA directly to the provider. For services not covered by this state programme, UHCP-eligible beneficiaries receive services at the tariff rates established by NHA, with 0 %-30 % co-payments depending on their beneficiary category (see Section 2.1.2).[155] The prices and price ranges below reflect the rates and ranges from key informants and published sources.

Prices for "public" laboratory and other diagnostic investigations and treatment in the tables below are either predefined fixed tariffs defined in the respective state programme (Hepatitis Management and Organ Transplant) or the NHA-defined tariffs - diagnosis-related groups (DRGs),[156] - applicable to UHCP beneficiaries. Prices for "private" treatment are indicative of market prices at private healthcare facilities for patients paying OOP or through private insurance, based on information from key informants and facility websites. Unless indicated otherwise, all information on public and private coverage in the reimbursement sections in Table 3 and Table 4 were provided by key informant KII02, a manager of a tertiary care hospital.[157]

[154] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[155] 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
[156] 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
[157] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

Table 3: 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
Internist	50[158]		60 - 80[159]		The Hepatitis Management State Programme covers the full cost of consultations with an infectious diseases specialist or internist to confirm the diagnosis of hepatitis B and hepatitis C and to monitor treatment for enrolled beneficiaries with these diseases twice a year for hepatitis B patients and three times a year for hepatitis C patients.[160] Private inpatient treatment price for consultations reflects the amount charged for specialist consultation as a component of the full cost of inpatient treatment for urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and is not billed separately. Socially vulnerable individuals and those of retirement age do not pay DRG or tariffs (they have free access to
Infectiologist	40[161]		70 - 100[162]		
Gastroenterologist	50[163]		70 - 120[164]		

[158] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[159] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[160] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 19 and 23
[161] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 11
[162] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[163] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[164] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

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
					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.

Table 4: Cost of treatment: Laboratory tests, diagnostic investigations and treatments

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Laboratory tests			
Laboratory research of Hepatitis B antibodies; HBsAb, HBeAb, HBcAb	37[165]	36[166]	The Hepatitis Management State Programme covers the full cost of this laboratory test to monitor treatment for enrolled beneficiaries with hepatitis B, once before treatment and once a year during treatment.[167] Patients with private insurance are reimbursed partially or fully.

[165] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Appendix 12
[166] Synevo, Hepatitis B virus surface antigen (HBsAg), 2021-2026, url
[167] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 23.1 and 23.4

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Laboratory research of Hepatitis B antigens; HBsAg, HBeAg	15[168]	29.7[169]	The Hepatitis Management State Programme covers the full cost of this laboratory test to monitor treatment for enrolled beneficiaries with hepatitis B, once a year during treatment.[170] Patients with private insurance are reimbursed partially or fully.
Laboratory research of HBV DNA testing in case of hepatitis B	130[171]	442[172]	The Hepatitis Management State Programme covers the full cost of this laboratory test for diagnosis confirmation and patient enrolment in the programme, and for monitoring treatment for enrolled beneficiaries with hepatitis B, once a year during treatment.[173] Patients with private insurance are reimbursed partially or fully.
Laboratory research of HCV RNA test [hepatitis C]	60[174]	385[175]	The Hepatitis Management State Programme covers the full cost of this laboratory test for diagnosis confirmation and patient enrolment in the programme, and for assessing the treatment success for enrolled beneficiaries with hepatitis C, once after

[168] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Appendix 13
[169] Synevo, Hepatitis B virus surface antigen (HBsAg) | Antibodies, 2021-2026, url
[170] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 23.1 and 23.4
[171] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Appendix 1
[172] Synevo, Hepatitis B virus DNA – real-time PCR, 2021-2026, url
[173] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 23.1 and 23.4
[174] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 4.1
[175] Synevo, Hepatitis C virus RNA assay (PCR), 2021-2026, url

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
			completion of the standard 12-week treatment.[176] Patients with private insurance are reimbursed partially or fully.
Laboratory research of liver function (PT, albumin, bilirubin, transaminases: ASAT(=SGOT), ALAT(=SGPT) etc.)	60[177]	75[178]	The Hepatitis Management State Programme covers the full cost of this laboratory test for diagnosis confirmation and for the enrolment of patients with hepatitis B and hepatitis C in the programme, and to monitor the treatment twice or three times, depending on the patient and the treatment regime.[179] Patients with private insurance are reimbursed partially or fully.
Laboratory test: HCV antibody in case of hepatitis C	35[180]	31.5[181]	The Hepatitis Management State Programme covers the full cost of this laboratory test for diagnosis confirmation and for the enrolment of patients with hepatitis C in the programme.[182] Patients with private insurance are reimbursed partially or fully.

[176] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 4
[177] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 13
[178] Synevo, Profile of liver function tests , 2021-2026, url
[179] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 19 and 23
[180] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 4.1
[181] Synevo, Hepatitis C virus Antibodies, 2021-2026, url
[182] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 19

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Laboratory test: HCV genotype (hepatitis C)	60[183]	395[184]	The Hepatitis Management State Programme covers the full cost of this laboratory test for diagnosis confirmation and for the enrolment of patients with hepatitis C in the programme.[185] Patients with private insurance are reimbursed partially or fully.
Laboratory test: viral load for hepatitis C	110[186]	450[187]	The Hepatitis Management State Programme covers the full cost of this laboratory test for diagnosis confirmation and patient enrolment in the programme, and for assessing the treatment success for enrolled beneficiaries with hepatitis C, once after completion of the standard 12-week treatment.[188] Patients with private insurance are reimbursed partially or fully.

[183] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 4.1
[184] Synevo, Hepatitis C virus (HCV) genotyping (PCR), 2021-2026, url
[185] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 19
[186] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 4.1
[187] Megalab, HCV, detection of hepatitis C virus RNA in blood, quantitative analysis, CITO, 2026, url
[188] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 4

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Laboratory test: viremia of hepatitis D + HBsAg	15[189] + 15[190]	190[191] + 29.7[192]	While several laboratories in Georgia have the capacity to perform the HDV RNA tests,[193] the Hepatitis Management State Programme only finances testing for HDV antibodies (along with HBsAg) for confirmatory diagnosis of hepatitis D. Hence, the "public" and "private" prices of these tests are given in respective columns.
Laboratory test liver: Fibrotest; incl. 6 serum markers: alpha-2-macroglobulin, haptoglobin, apolipoprotein A1, gamma GT, total bilirubin, ALAT	39[194]	490[195]	The Hepatitis Management State Programme covers the full cost of this laboratory test for diagnosis confirmation and for the enrolment of patients with hepatitis C in the programme.[196] Patients with private insurance are reimbursed partially or fully.
Laboratory test: Alpha-fetoprotein (AFP)	25[197]	42.3[198]	The Hepatitis Management State Programme covers the full cost of this laboratory test once for confirmatory diagnosis and to monitor treatment for enrolled

[189] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 12
[190] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Appendix 13
[191] Synevo, Hepatitis virus surface antigen (HBsAg) | Antibodies, 2021-2026, url
[192] Synevo, Hepatitis D virus (HDV) Antibodies 2021-2026, url
[193] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[194] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 7
[195] Synevo, Fibrotest | Laboratory research, 2021-2026, url
[196] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 19
[197] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 12
[198] Synevo, Alpha-fetoprotein (AFP), 2021-2026, url

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
			beneficiaries with hepatitis B, once a year during treatment.[199] Patients with private insurance are reimbursed partially or fully.
Laboratory test: Alkaline phosphatase	Is included in the price of "laboratory research for liver function" (GEL 60)[200]	16.2[201]	The Hepatitis Management State Programme covers the full cost of this laboratory test for diagnosis confirmation and for the enrolment of patients with hepatitis B and hepatitis C in the programme, and to monitor the treatment twice or three times, depending on the patient and the treatment regime.[202] Patients with private insurance are reimbursed partially or fully.
Laboratory test: Monitoring PCR	130[203] for HBV 60[204] for HCV	442[205] for HBV 385[206] for HCV	
Diagnostics for hepatitis			
Diagnostic imaging by means of ultrasound (of the abdomen)	40[207]	80-130[208]	The Hepatitis Management State Programme covers the full cost of this diagnostic imaging once for confirmatory diagnosis and to monitor treatment for enrolled

[199] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 23.1 and 23.4
[200] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 13
[201] Synevo, Alkaline phosphatase (ALP) | Laboratory research, 2021-2026, url
[202] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 19 and 23
[203] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Appendix 1
[204] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Annex 4.1
[205] Synevo, Hepatitis B virus DNA – real-time PCR, 2021-2026, url
[206] Synevo, Hepatitis C virus RNA assay (PCR), 2021-2026, url
[207] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 11
[208] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
			beneficiaries with hepatitis B, once a year during treatment.[209] Patients with private insurance are reimbursed partially or fully.
Diagnostic research, in the form of liver biopsy	150 – 2 400[210]		The quoted price range is large as the price depends on the location and number of biopsies needed.[211] Not covered publicly for hepatitis patients, unless it is performed for a confirmatory diagnosis of liver cancer.[212]
Diagnostic research: Transient elastography; test for liver fibrosis (e.g. FibroScan)	80[213]	100[214]	The Hepatitis Management State Programme covers the full cost of consultations with an infectious diseases specialist or internist to confirm the diagnosis of hepatitis C and hepatitis B and to monitor treatment for enrolled beneficiaries with these diseases twice a year for hepatitis B patients and three times a year for hepatitis C patients.[215] Private inpatient treatment price for consultations reflects the amount charged for specialist consultation as a component of the full cost of inpatient treatment for urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and is not billed separately. Socially

[209] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 23.1 and 23.4
[210] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[211] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[212] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[213] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 11
[214] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[215] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Articles 19 and 23

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
			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.
Treatment			
Clinical admittance in internal/ infectious diseases department (daily rate)	450/600[216]		Price is higher for the admittance to infectious diseases department's isolation box.[217] Not covered publicly for patients suffering from hepatitis.[218]
Transplantation of liver including all pre- and aftercare	120 000[219]		Covered fully within the specified tariff for eligible beneficiaries under the Organ Transplant State Programme.[220] There is no private price as the liver transplantation is not covered by any of the private insurance programmes, and those medical centres that are conducting liver transplantation are relying on public programmes for financing.[221]

[216] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[217] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[218] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[219] 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 14.1
[220] 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 14.1
[221] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026

6. Cost of medication

All pharmaceutical products used for hepatitis treatment in Georgia are either registered under national schemes or accessible through the state programmes procurement process. Medications procured under the state programmes are made available by NHA free of charge to enrolled beneficiaries.[222]

6.1. Hepatitis B treatment (HBV)

Standard first-line treatment for chronic HBV infection per Georgian national guidelines is TDF or entecavir. TDF is provided free under the HBV component of the Hepatitis Management State Programme for enrolled patients.[223] Entecavir is available at pharmacies but is not currently covered under the elimination programme. Pegylated interferon alfa is rarely used for HBV treatment but may be considered in specific clinical circumstances (e.g. in young patients without advanced fibrosis who have high motivation to attempt interferon-based therapy).[224]

6.2. Hepatitis C treatment (HCV)

Standard treatment is a pangenotypic DAA regimen, with sofosbuvir/velpatasvir (Epclusa®) with cirrhosis as per guidelines).[225] All HCV treatment medications are provided free of charge under the Hepatitis Management State Programme for enrolled beneficiaries.[226]

For medications procured and distributed by NHA under the elimination programmes, prices in Table 5 are marked “Free (NHA)”. For medications available through pharmacies, prices are sourced from the websites of major Georgian pharmaceutical chains (PSP or Aversi) or the Medical Information Service database, as of March 2026.

[222] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[223] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, “ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ” [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 23
[224] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[225] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, “ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ” [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Appendix 5
[226] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, “ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ” [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex

Table 5: 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
Hepatitis B medication							
Tenofovir disoproxil	Tenofovir disoproxil	300 mg	Tablet	1	Price is not available publicly	NHA[227]	Centrally procured by NHA and provided free under the Hepatitis B component of the Hepatitis Management State Programme for enrolled beneficiaries.[228]
	Tenoforix B	245 mg	Tablet	30	163.88	Pharmacy[229]	For patients with hepatitis B who are not enrolled in the state programme, private insurance may cover, fully or partially, the cost of treatment for acute hepatitis B.[230]
Hepatitis C medication							
Ribavirin	Ribavirin	200 mg	capsule	1	Price is not available publicly	NHA[231]	Centrally procured by NHA and provided free under the Hepatitis C component of the Hepatitis Management State Programme for enrolled beneficiaries.[232]
				60	16.25	Pharmacy[233]	For patients with hepatitis C who are not enrolled in the state programme, private insurance may cover, fully or partially, the cost of treatment for hepatitis C.[234]

[227] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Article 23
[228] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[229] Aversi, Tenoforix B, n.d., url
[230] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[231] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Appendices 5 and 6
[232] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[233] PSP, Ribavirin, 2025, url
[234] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
Sofosbuvir + velpatasvir (combination; e.g. Epclusa®)	Epclusa®	400 mg/ 100 mg	tablet	1	Price is not available publicly	NHA[235]	Centrally procured by NHA and provided free under the Hepatitis C component of the Hepatitis Management State Programme for enrolled beneficiaries.[236]
Both hepatitis B and hepatitis C (classic medication)							
Peginterferon alfa 2a	Peg-interferon alfa 2a	180 mcg/ 0.5 ml	syringe	1	Price is not available publicly	NHA[237]	Currently rarely used for HCV treatment since the introduction of DAAs. Recommended for use together with sofosbuvir and ribavirin for patients with HCV3 with cirrhosis and no contraindication to interferon and in certain cases for HBV patients, under the Hepatitis Management programme and provided for free by NHA to such patients.[238] Cost may be reimbursed partially or fully by private insurance, depending on the patient's policy.[239]
	Pegasys®	180 mcg/ 0.5 ml	syringe	1	195.05	Pharmacy[240]	Cost may be reimbursed partially or fully by private insurance, depending

[235] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, "ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ" [Approval of the State Programme for Hepatitis Management], 20 April 2015, url, Annex, Appendix 6
[236] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[237] Medical Information Service, Interferon alfa 2a, n.d. url
[238] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026; KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[239] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026
[240] PSP, პეგასისი [Pegasys], 2025,

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
							on the patient's policy.[241]

[241] KII03, Infectiologist at IDACIRC, Interview, 12 February 2026

Annex 1: Bibliography

Oral sources, including anonymous sources

KII01, Senior official at the MoIDPLHSA (Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs), Interview, 2 April 2025 and Follow-up Interview, 10 February 2026. The person wishes to remain anonymous.

KII02, Manager of the tertiary care hospital, Interview, 2 February 2026. The person wishes to remain anonymous.

KII03, Infectiologist at IDACIRC (Infectious Diseases, AIDS and Clinical Immunology Research Center), Interview, 12 February 2026. The person wishes to remain anonymous.

KII04, Representative of a CSO active in hepatitis, Interview, 4 February 2026. The person wishes to remain anonymous.

Public sources

American Hospital Tbilisi, [website], 2025, https://ahtbilisi.com/en/services/ghvidzlis-transplantacia/, accessed 27 February 2026

Aversi Clinic, [website], 2026, https://aversiclinic.ge/en/services/gastroenterology, accessed 27 February 2026

Aversi, Tenoforix B, n.d., https://www.aversi.ge/en/aversi/act/drugDet/?MatID=91783, accessed 27 February 2026

Batumi Republican Hospital, [website], n.d., https://brchospital.ge/en/services/gastroenterologia, accessed 27 February 2026

Central University Clinic, [website], 2017, http://respublikuri.ge/events/გასტროენტეროლოგია/, accessed 27 February 2026

EUAA, COI (Country of Origin Information) Reports Writing and Referencing Guide, February 2023, https://euaa.europa.eu/sites/default/files/publications/2023-02/2023_02_EUAA_COI_Writing_and_Referencing_Guide_Rebranded.pdf, accessed 27 February 2026

EUAA, MedCOI (Medical Country of Origin Information) Methodology, March 2025, https://euaa.europa.eu/publications/euaa-medical-country-origin-information-medcoi-methodology, accessed 27 February 2026

EUAA, MedCOI (Medical Country of Origin Information) Report – Georgia: Provision of Healthcare, March 2025, https://euaa.europa.eu/publications/medcoi-report-georgia-provision-healthcare, accessed 27 February 2026

EUAA, The EUAA Writing Guide, April 2022, https://euaa.europa.eu/sites/default/files/publications/2022-05/EUAA_Writing_Guide_1.pdf, accessed 27 February 2026

European Commission, Exchange rate (InforEuro), n.d., https://commission.europa.eu/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-inforeuro_en, accessed 27 February 2026

Gamkrelidze, A., Shadaker, S., Tsereteli, M., Alkhazashvili, M., Chitadze, N., Tskhomelidze, I., Gvinjilia, L., Khetsuriani, N., Handanagic, S., Averhoff, F., Cloherty, G., Chakhunashvili, G., Drobeniuc, J., Imnadze, P., Zakhashvili, K. and Armstrong, P.A., Nationwide Hepatitis C Serosurvey and Progress Towards Hepatitis C Virus Elimination in the Country of Georgia, 2021, The Journal of Infectious Diseases, Vol. 228, Issue 6, 2023, https://doi.org/10.1093/infdis/jiad064, accessed 27 February 2026

Georgia Hepatology Association, [website], 2018, https://hepatology.ge/, accessed 27 February 2026

Georgia, Autonomous Republic of Adjara, Legislative Herald of Georgia, Document 54-I, “Law of Autonomous Republic of Adjara on 2026 Republican Budget”, 19 December 2025, https://matsne.gov.ge/ka/document/view/6703385?publication=0, accessed 27 February 2026

Georgia, Geostat (National Statistics Office of Georgia), Healthcare and Social Protection, 2024, https://www.geostat.ge/en/modules/categories/54/healthcare, accessed 27 February 2026

Georgia, Geostat (National Statistics Office of Georgia), Morbidity caused by some infectious diseases, 2024, https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.geostat.ge%2Fmedia%2F72353%2FMorbidity-caused-by-some-infectious-disease.xlsx&wdOrigin=BROWSELINK, accessed 27 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 N° 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, https://matsne.gov.ge/document/view/6751617?publication=0, accessed 27 February 2026

Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, “საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ” [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, https://matsne.gov.ge/ka/document/view/1852448?publication=0, accessed 27 February 2026

Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 169, “ჰეპატიტის მართვის სახელმწიფო პროგრამის დამტკიცების შესახებ” [Approval of the State Programme for Hepatitis Management], 20 April 2015, https://matsne.gov.ge/ka/document/view/2817179?publication=0, accessed 27 February 2026

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, https://www.matsne.gov.ge/ka/document/view/6748252?publication=0, accessed 27 February 2026

Georgia, Government of Georgia, Legislative Herald of Georgia, Law of Georgia, Document No. 3611-XIIIMS-XMP, “ადამიანის ორგანოთა გადანერგვის შესახებ” [About Human Organ Transplantation], November 2023, https://matsne.gov.ge/ka/document/view/5952836?publication=2, accessed 27 February 2026

Georgia, LEPL, National Health Agency of Georgia, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით” [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices], 2020, https://nha.moh.gov.ge/en/c/drjmetodzegadasvla, accessed 27 February 2026

Georgia, LEPL, National Health Agency of Georgia, “ჰეპატიტების მართვა: B ჰეპატიტი [Hepatitis Management: B hepatitis]”, n.d., https://nha.moh.gov.ge/ge/c/B-hepatiti, accessed 27 February 2026

Georgia, LEPL, National Health Agency of Georgia, “ჰეპატიტების მართვა: C ჰეპატიტი“ [Hepatitis Management: C hepatitis]”, 2020, https://nha.moh.gov.ge/ge/c/c-hepatiti, accessed 27 February 2026

Georgia, LEPL, State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Finsurance.gov.ge%2Fen%2FStatistics%2FGetFile%2F722%3Ftype%3D1&wdOrigin=BROWSELINK, accessed 27 February 2026

Georgia, MoIDPLHSA (Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs), NCDC (National Center for Disease Control and Public Health of Georgia), Hepatitis C Elimination in Georgia, July 8 2022, https://test.ncdc.ge/Handlers/GetFile.ashx?ID=1f84e4b1-0c82-4e4e-b425-efb98a94b389#:~:text=%E2%9E%A2%20Georgia's%20HCV%20Elimination%20Program,countries%20to%20achieve%20HCV%20elimination, accessed 27 February 2026

Georgian Harm Reduction Network, [website], 2019, https://ghrn.ge/info/302/, accessed 27 February 2026

Georgian Medical Holding, [website], 2021, https://gmh.moh.gov.ge/en/main, accessed 27 February 2026

Hepatology Clinic HEPA, [Facebook page], n.d., https://www.facebook.com/hepatologyclinichepa/, accessed 27 February 2026

Iv. Bokeria University Hospital, [Facebook page], 2020, https://www.facebook.com/Iv.BokeriaHospital/posts/-ღვიძლის-ტრანსპლანტაცია-კიდევ-ერთი-წარმატებული-ღვიძლის-გადანერგვა-თბილისის-ივ-ბო/3437628379621358/, accessed 27 February 2026

Kasradze, A., Shadaker, S., Kuchuloria, T., Gamkrelidze, A., Nasrullah, M., Gvinjilia, L., Baliashvili, D., Chitadze, N., Kodani, M., Tejada-Strop, A., Drobeniuc, J., Hagan, L., Morgan, J., Imnadze, P. & Averhoff, F., The burden and epidemiology of hepatitis B and hepatitis D in Georgia: findings from the national seroprevalence survey, Public Health, 2020, Vol. No. 185, https://www.sciencedirect.com/science/article/abs/pii/S0033350620302626?via%3Dihub, accessed 27 February 2026

Khetsuriani N, Mosina L, Van Damme P, Mozalevskis A, Datta S, Tohme RA. Progress Toward Hepatitis B Control - World Health Organization European Region, 2016-2019. MMWR Morb Mortal Wkly Rep. 2021, https://pmc.ncbi.nlm.nih.gov/articles/PMC8323554/, accessed 27 February 2026

Khetsuriani, N., Gamkrelidze, A., Shadaker, S., Tsereteli, M., Alkhazashvili, M., Chitadze, N., Tskhomelidze, I., Gvinjilia, L., Averhoff, F., Cloherty, G., An, Q., Chakhunashvili, G., Drobeniuc, J., Imnadze, P., Zakhashvili, K. & Armstrong, P.A., Toward reaching hepatitis B goals: hepatitis B epidemiology and the impact of two decades of vaccination, Georgia, 2021, Euro Surveill, Vol. No. 28, Issue No. 30, 2023, https://pmc.ncbi.nlm.nih.gov/articles/PMC10375835/, accessed 27 February 2026

Medcenter, [website], n.d., https://medcenter.ge/en/new-services/liver-transplantation/, accessed 27 February 2026

Medcenter, Liver Transplantation in Georgia, October 2024, https://medcenter.ge/en/liver-transplantation-in-georgia/, accessed 27 February 2026

Medical Information Service, Interferon alfa 2a, n.d., http://www.mis.ge/mis_genmed.mis?g=Interferon alpha-2a, accessed 27 February 2026

Megalab, HCV, detection of hepatitis C virus RNA in blood, quantitative analysis, CITO, 2026, https://megalab.ge/en/tests/hcv-c-ჰეპატიტის-ვირუსის-რნმ-ის-აღმოჩენა-სისხლში-რაოდენობრივი-ანალიზი-cito, accessed 27 February 2026

NCDC (National Center for Diseases Control and Public Health), Serology laboratory, n.d., https://www.ncdc.ge/#/pages/content/66d955e4-c3aa-44c4-8c64-3ce5612b4d50, accessed 27 February 2026

New Hospitals, [website], 2026, https://www.newhospitals.ge/en/department/gastroenterologia, accessed 27 February 2026

OECD (Organisation for Economic Co-operation and Development), Health at a Glance: Europe 2024: State of Health in the EU Cycle, Availability of Doctors, 2024, https://www.oecd.org/en/publications/health-at-a-glance-europe-2024_b3704e14-en/full-report/component-58.html#figure-d1e18108-825efa7691, accessed 27 February 2026

Open Society Georgia Foundation, "ეთნიკური უმცირესობების წარმომადგენლების სოციალური ექსკლუზიის (გარიყვის) კვლევა" [The Study of Social Exclusion of Ethnic Minorities], 2022, https://csf.ge/wp-content/uploads/2023/04/April-2023-სოციალური-ექსკლუზია-ანალიტიკური-ანგარიში-LAST.docx.pdf, accessed 27 February 2026

PSP, Ribavirin, 2025, https://psp.ge/მედიკამენტები/გრიპი-და-გაცივება/ანტივირუსული-პრეპარატები/ribavirin-რიბავირინი-200მგ-60-კაფსულა.html, accessed 27 February 2026

PSP, პეგასისი [Pegasys], n.d., https://psp.ge/მედიკამენტები/ვიტამინები-და-მინერალები/იმუნიტეტის-ვიტამინები/პეგასისი-შპრ-0-180მგ-0-5მლ-n1.html, accessed 27 February 2026

Rukhi Republican Hospital, [Facebook page], n.d., https://www.facebook.com/Rukhihospital.ge/, accessed 27 February 2026

Synevo, Alkaline phosphatase (ALP) | Laboratory research, 2021-2026, https://synevo.ge/en/product/alkaline-phosphatase-alp-laboratory-research/?srsltid=AfmBOorJqUwLdaNvhY1FmuQ0PFgy4rJ6T9T_G-Tn5QRXOqKZl0Mv2k7T, accessed 27 February 2026

Synevo, Alpha-fetoprotein (AFP), 2021-2026, https://synevo.ge/en/product/alpha-phetoprotein/?srsltid=AfmBOooYQcSLm2jn7HclfEy8zhLxQDlnYfpCJ6PuNz0MRFxJVOaOgcbL, accessed 27 February 2026

Synevo, Fibrotest | Laboratory research, 2021-2026, https://synevo.ge/en/product/fibtotest/?srsltid=AfmBOop4NumFEnZksrRJl3wfZCRTL4mM0d2USUJEaipF89xaHzrTZXB0, accessed 27 February 2026

Synevo, Hepatitis B virus DNA – real-time PCR, 2021-2026, https://synevo.ge/en/product/hepatitis-b-virus-dna/?srsltid=AfmBOopAkngXDnM1tvGsePYmGuNBEZ03zm-QsgW7Mb-I5G3pF7Y72EWo, accessed 27 February 2026

Synevo, Hepatitis B virus surface antigen (HBsAg) I Antibodies, 2021-2026, https://synevo.ge/en/product/b-hepatitis-superficial-antigen-hbsag-antibodies/?srsltid=AfmBOorOeCOT604YeefStJZ2MqTUsY7AlU2u_hr8JsYLp7iKXi-pJrq4, accessed 27 February 2026

Synevo, Hepatitis B virus surface antigen (HBsAg), 2021-2026, https://synevo.ge/en/product/hepatitis-b-virus-superficial-antigen/?srsltid=AfmBOoqXNliZhoTvSVQzjgEm-GWGfMZJKkonF_h5XUFyg9aoQmXfs_8u, accessed 27 February 2026

Synevo, Hepatitis C virus (HCV) genotyping (PCR), 2021-2026, https://synevo.ge/en/product/hepatitis-c-pcr/?srsltid=AfmBOoowDc1fYDJ_frhrkphVE_2IP3sHI0tGKB5qkaFYkbgq4PTsgyfl, accessed 27 February 2026

Synevo, Hepatitis C virus Antibodies, 2021-2026, https://synevo.ge/en/product/hepatitis-c-virus-antibodies/?srsltid=AfmBOoqTUg6lDmLnqNW55veVClkWvWI2n_Lf1Yxg5LpbqXMr6iKmtHap, accessed 27 February 2026

Synevo, Hepatitis C virus RNA assay (PCR), 2021-2026, https://synevo.ge/en/product/hepatitis-c-rna-pcr/?srsltid=AfmBOoo8PnGa5xOMZ1jQAcDX7QvC4alpaxiYyr-ErgaP8FXPdd8vkvmO, accessed 27 February 2026

Synevo, Hepatitis D virus (HDV) Antibodies 2021-2026, https://synevo.ge/en/product/hepatitis-d-antibodies/?srsltid=AfmBOoqWxazk76vM_vNf2sFbLTyz-rBERazC599aeMGjll0pwq1A8VBc, accessed 27 February 2026

Synevo, Hepatitis virus surface antigen (HBsAg) I Antibodies, 2021-2026, https://synevo.ge/en/product/b-hepatitis-superficial-antigen-hbsag-antibodies/?srsltid=AfmBOorOeCOT604YeefStJZ2MqTUsY7AlU2u_hr8JsYLp7iKXi-pJrq4, accessed 27 February 2026

Synevo, Profile of liver function tests, 2021-2026, https://synevo.ge/en/profile-of-liver-function-tests/?srsltid=AfmBOoolmTKoorqIjFhoH8aM9oWrim8ZlClWJqnUPf8z43puOJo4XS1g, accessed 27 February 2026

T. Tsertsvadze Infectious Diseases, AIDS and Clinical Immunology Research Center [თ. ცერცვაძის სახელობის ინფექციური პათოლოგიის, შიდსისა და კლინიკური იმუნოლოგიის სამეცნიერო პრაქტიკული ცენტრი], [website], n.d., https://www.aidscenter.ge/about.php, accessed 27 February 2026

Todua Clinic, [website], 2020, https://toduaclinic.ge/en/service/gastroenterologiis-ganqopileba, accessed 27 February 2026

Tohme, R.A., Shadaker, S., Adamia, E., Khonelidze, I., Stvilia, K., Getia, V., Tsereteli, M., Alkhazashvili, M., Abutidze, A., Butsashvili, M., Gogia, M., Glass, N., Surguladze, S., Tskhomelidze Schumacher, I. & Gabunia, T., Progress Toward the Elimination of Hepatitis B and Hepatitis C in the Country of Georgia, April 2015–April 2024, US CDC (United States Centers for Disease Control and Prevention), Morbidity and Mortality Weekly Report (MMWR), Vol. No. 73, Issue No.30, 2024, https://www.cdc.gov/mmwr/volumes/73/wr/mm7330a1.htm, accessed 27 February 2026

Tsereteli, M., Khoperia, A., Tskhomelidze Schumacher, I., Surguladze, S., Abutidze, A., Sharvadze, L., Adamia, E., Khonelidze, I., Getia, V., Zakhashvili, K., Alkhazashvili, M., Imnadze, P. & Gamkrelidze, A., Road Map to Viral Hepatitis Elimination: A Decade of HCV Progress and the Launch of HBV Control Efforts in Georgia, Elimination of Viral Hepatitis B and C - Global Initiatives, National Programs, and Scientific Advances, Article No. 6.4, 2025, https://www.intechopen.com/chapters/89833, accessed 27 February 2026

United Information Portal, Civil Services, Status-Neutral ID Card (SNID) [A status-neutral identity card (or travel document) is an opportunity/document created with neutral and humanitarian purposes for people residing in Abkhazia and Tskhinvali regions, which certifies the identity of a person and does not imply the acquisition of Georgian citizenship], n.d., https://www.openbf.info/en/status-neutral-id-card, accessed 21 May 2026

US CDC (United States Centers for Disease Control and Prevention), Advancing Viral Hepatitis Elimination in Georgia, September 2024, https://www.cdc.gov/hepatitis/global/georgia-elimination-program.html, accessed 27 February 2026

V. Bochorishvili Clinic, [website], 2025, https://bochorishvili.ge/en/services/therapy-2-adult-infectious-diseases-department, accessed 27 February 2026

Vian, [website], 2023, https://vian.health/en/hospitals, accessed 27 February 2026

WHO (World Health Organization), Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus. Geneva: WHO, 2021, https://www.who.int/publications/i/item/9789240039360, accessed 27 February 2026

WHO (World Health Organization)/Europe, Georgia: Moving from policy to actions to strengthen primary health care: Primary health care policy paper series, 2023, https://iris.who.int/bitstream/handle/10665/371854/WHO-EURO-2023-7565-47332-69449-eng.pdf?sequence=1, accessed 27 February 2026

WHO (World Health Organization)/Europe, New WHO Collaborating Centre on Viral Hepatitis Elimination opens in Georgia, 25 January 2023, https://www.who.int/europe/news/item/25-01-2023-new-who-collaborating-centre-on-viral-hepatitis-elimination-opens-in-georgia, accessed 27 February 2026

WHO (World Health Organization)/European Observatory on Health Systems and Policies, Health Systems in Action: Georgia, 2022, https://iris.who.int/bitstream/handle/10665/362341/9789289059121-eng.pdf, accessed 27 February 2026

World Hepatitis Alliance, [webpage], 2024, https://www.worldhepatitisalliance.org/, accessed 27 February 2026

World Hepatitis Alliance, member, Georgian Hepatitis C Cured Patient Association, [webpage], 2024, https://www.worldhepatitisalliance.org/member/hepatitis-c-cured-patient-association/, accessed 27 February 2026

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 hepatitis (epidemiologic data). Are there any groups of the population with higher prevalence/more affected of/by hepatitis? If relevant, include data on prelevance among those groups (e.g. prisons etc). Are there any social stigmas or discriminatory attitudes associated with hepatitis that may influence or hinder access to diagnosis, treatment, or follow-up care?
- How is the health care organized for hepatitis?
- How is hepatitis treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat hepatitis [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 hepatitis? Are there sufficient resources available to treat all patients?
- Is there a particular type of hepatitis for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating hepatitis?
- Are there any national or international plans or (donor) programmes for certain diseases? Could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for hepatitis? Are there harm reduction and prevention measures? (e.g. Georgia's Hepatitis C Elimination Programme or others?). 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 hepatitis? If so, what are the eligibility criteria to gain access to it?
- Are there any factors limiting the access to healthcare for patients? If so, are they economic, cultural, geographical, etc.? Are there any policies to improve access to healthcare and/or to reduce the cost of treatments and/or medication? What is the number of people having access to treatment? Keep focus on e.g., waiting times rather than the exact number of specialists in the field.
- If different from information provided in the general section; is the treatment geographically accessible in all regions?
- What is the 'typical route' for a patient with hepatitis (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 PCR confirmation tests, specialist consultations before antiviral therapy, or enrolment in the national (e.g.Hepatitis C elimination) programme)?
- What must the patient pay and when?
- Is it the same scenario for a citizen returning to the country after having spent a number of years abroad? Can returning Georgians re-enter programs upon return?
- 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 hepatitis? Are there gender-specific barriers /differences in who can access treatment?

Insurance and national programmes

- National coverage (state insurance).
- Programmes funded by international donor programmes, e.g., World Health Organization, the Global Fund, Gilead, the World Bank focusing on hepatitis prevention, testing, or treatment.
- Include any insurance information that is specific for patients with hepatitis.

NGOs

Include if relevant, otherwise delete section.

- Are any NGOs or international organisations active for patients with hepatitis? What are the conditions to obtain help from these organisations? What help or support can they offer?
- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children).

Cost of treatment

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

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

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.
- How are patients suffering from hepatitis B (and hepatitis D co-infection) treated?
- By the administration of which medications according to national guidelines?
- Is access to treatment restricted in any way (based on the stage of the disease, waiting times, etc.)?
- How are patients suffering from hepatitis C treated? What are the commonly prescribed medicines? (they can be included in the medicine table If not already included)
- By the administration of which medications according to national guidelines?
- Is access to treatment restricted in any way (based on the stage of the disease, waiting times, etc.)?
- Are the available medicines in general accessible in the whole country or are there limitations?
- Are the medicines registered in the country? If yes, what are the implications of it being registered?
- Indicate in the tables: generic name, brand name, strength of unit, form, pills per package, official prices, source, insurance coverage.
- When multiple brands/producers are available, chose the most commonly used version. When a specific form is not mentioned in the table, check first for tablets. In case different forms of a medication can be used for different indications (e.g., tablet, injection, transdermal form, nose spray, etc), this will usually be indicated in the table.
- Are (some of the) medicines mentioned on any drug lists like national lists, insurance lists, essential drug lists, hospital lists, pharmacy lists etc.?
    - If so, what does such a list mean specifically in relation to coverage?
- Are there other kinds of coverage, e.g., from national donor programmes or other actors?
- Include links to online resources used, if applicable (e.g., online pharmacies).

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

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