Medical Country of Origin Information

July 2026

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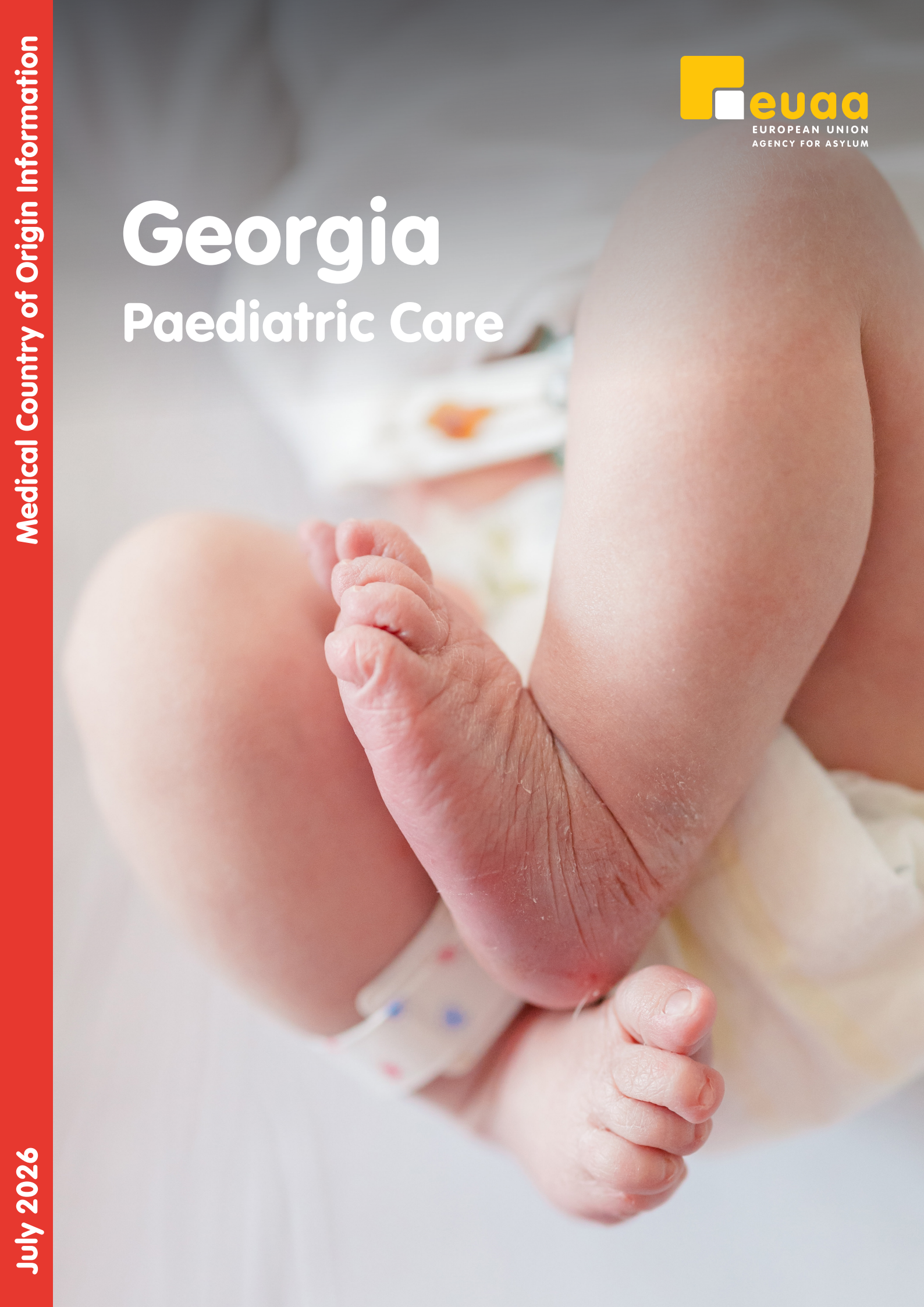
Georgia

Paediatric Care



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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 5 June 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
ABA	Applied Behaviour Analysis
BCG	Bacillus Calmette–Guérin
bOPV	Bivalent Oral Polio Vaccine
CDC	Centers for Disease Control and Prevention
COI	Country of Origin Information
COVID-19	Coronavirus Disease 2019
CT	Computed Tomography
CWS	Child Welfare Survey
DRG	Diagnosis-Related Group
DTP	Diphtheria, Tetanus and Pertussis
DTPa	Diphtheria, Tetanus and Acellular Pertussis
ECG	Electrocardiogram
EU	European Union
EUAA	European Union Agency for Asylum
FOBT	Faecal Occult Blood Test
GEL	Georgian Lari (currency)

Term	Definition
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICU	Intensive Care Unit
IDP	Internally Displaced Person
IPV	Inactivated Polio Vaccine
IQ	Intelligence Quotient
MAC	MacLain Association for Children
MCH	Maternal and Child Health
MCV	Measles-Containing Vaccine
MedCOI	Medical Country of Origin Information
MHPSS	Mental Health and Psychosocial Support Service
MMR	Mumps-Measles-Rubella
MoESY	Ministry of Education, Science and Youth
MoIDPLHSA	Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs
MoLHSA	Ministry of Labour, Health and Social Affairs

Term	Definition
MRI	Magnetic Resonance Imaging
NCD	Non-Communicable Disease
NCDC	National Center for Diseases Control and Public Health of Georgia
NGO	Non-Government Organisation
NHA	National Health Agency
NICU	Neonatal Intensive Care Unit
NIP	National Immunisation Programme
OOP	Out of Pocket
PCV10	10-Valent Pneumococcal Conjugate Vaccine
PEG	Percutaneous Endoscopic Gastrostomy
PET	Positron Emission Tomography
PHC	Primary Healthcare
TSA	Targeted Social Assistance
UHCP	Universal Health Care Programme
UNICEF	United Nations Children's Fund
US	United States
WHO	World Health Organization

Introduction

Methodology

The purpose of the report is to provide information about children's access to medical treatment in Georgia. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in the European Union (EU)+ countries.

Terms of reference

The terms of reference for this Medical Country of Origin Information (MedCOI) Report can be found in Annex 2: Terms of Reference. The initial drafting period finished on 29 April 2026, peer review occurred between 30 April – 13 May 2026 and additional information was added to the report as a result of the quality review process during the review implementation up until 5 June 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 have been consulted on relevant topics for this report. These include legislative documents, governmental and academic publications, reports by non-governmental organisations (NGOs) and international organisations, pharmaceutical and statistical databases, and news articles related to paediatrics.

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

[2] EUAA, 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 and child health indicators

Georgia has a total population of approximately 3.7 million people, of whom an estimated 23 % are under the age of 18.[5] The country's child population has been declining over the past decade, reflecting broader demographic trends, including emigration and low birth rates. According to the National Statistics Office of Georgia (Geostat), infant mortality has decreased markedly since the 1990s: in 1994 there were 29.3 infant deaths per 1 000 live births and in 2025 there were 7.6 per 1 000 live births.[6] Despite this progress, Georgia's infant mortality rate remains higher than the EU average estimate of approximately 3.7 per 1 000 live births.[7] Under five mortality was recorded at approximately 9.1 per 1 000 live births as of 2025,[8] above the EU average estimate of approximately 4.5 in 2024, but lower than in neighbouring countries in the South Caucasus.[9]

Child morbidity patterns in Georgia reflect a mixed burden of communicable diseases and non-communicable diseases (NCDs). Among the most common conditions requiring paediatric inpatient care are respiratory tract infections (including pneumonia), infectious and parasitic diseases.[10] Chronic and complex conditions, including congenital disorders, haematological diseases, neurological conditions and metabolic diseases, represent a smaller proportion of paediatric admissions but account for a disproportionate share of healthcare expenditure, as well as rehabilitation and long-term care needs.[11]

Historically there has been high coverage for childhood vaccinations in Georgia (above 90 % for most vaccines); however, COVID-19 disrupted immunisation services, and coverage for some vaccines declined between 2020 and 2022, for example, coverage for third dose diphtheria, tetanus and pertussis (DTP) was reported at 86 % in 2024 compared to 94 % in 2019, and the second dose of measles-containing vaccine (MCV) was reported at 81 % in 2024 compared to 97 % in 2019.[12]

[5] Georgia, Geostat, Estimated using the data from Georgia, Population by Age and Sex, 1 January 2025, url
[6] Georgia, Geostat, Infant mortality rate by sex (infant deaths per 1,000 live births), 1994-2025, url, rows 11-36
[7] UN IGME, Infant Mortality Rate - Total, SD Regions, Europe, 2026, url
[8] Georgia, Geostat, Under-5 mortality rate (under-5 deaths per 1 000 live births), 2025, url, row 36
[9] UN IGME, Under-Five Mortality Rate - Total, SD Regions, Europe, 2026, url
[10] Georgia, Geostat, Morbidity of children (0-14 years old) with acute and chronic diseases by main disease groups, 2025, url, rows 3 and 13
[11] KII01, Paediatric specialist, Interview, 31 March 2026; KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[12] UNICEF, Georgia, WUENIC 2024, 15 July 2025, url, pp. 6-9

1.2. Organisation of paediatric healthcare

The structure of paediatric healthcare in Georgia is similar to that of the general healthcare system, which is decentralised and predominantly private.[13] The system operates across three levels of care. At the first level, routine paediatric monitoring, vaccinations, developmental surveillance and first-contact care are delivered mainly at the primary healthcare (PHC) level. Referral to higher level care usually occurs when more specialised diagnostics, inpatient treatment, surgical care, neonatal intensive care or multidisciplinary rehabilitation is needed. More specifically:

- PHC: Initial contact for children is typically through rural physicians and nurses in rural areas, outpatient departments of municipal (district) medical centres, and urban outpatient general and paediatric polyclinics in cities. PHC providers are responsible for routine child health checks (child health monitoring), immunisations, and initial assessment and referral of sick children. Perinatal services are provided by specialised clinics called Women Consultations, which may be either standalone or collocated with maternity or general multiprofile medical centres;
- secondary care: Paediatric inpatient and specialised outpatient services are provided at municipal multiprofile medical centres with inpatient and outpatient departments. Maternity wards (of municipal-level medical centres) are available in almost all municipalities of Georgia (in 61 out of 64 municipalities); and
- tertiary care: Advanced diagnostic and treatment paediatric services are provided by regional and national hospitals, encompassing specialised paediatric hospitals and departments.[14]

Rural doctors and nurses are publicly employed, while most municipal-level medical centres, including those providing PHC services and tertiary care hospitals, are private.[15] For comprehensive information on the healthcare system in Georgia, refer to the *MedCOI Report on the Provision of Healthcare in Georgia*.[16]

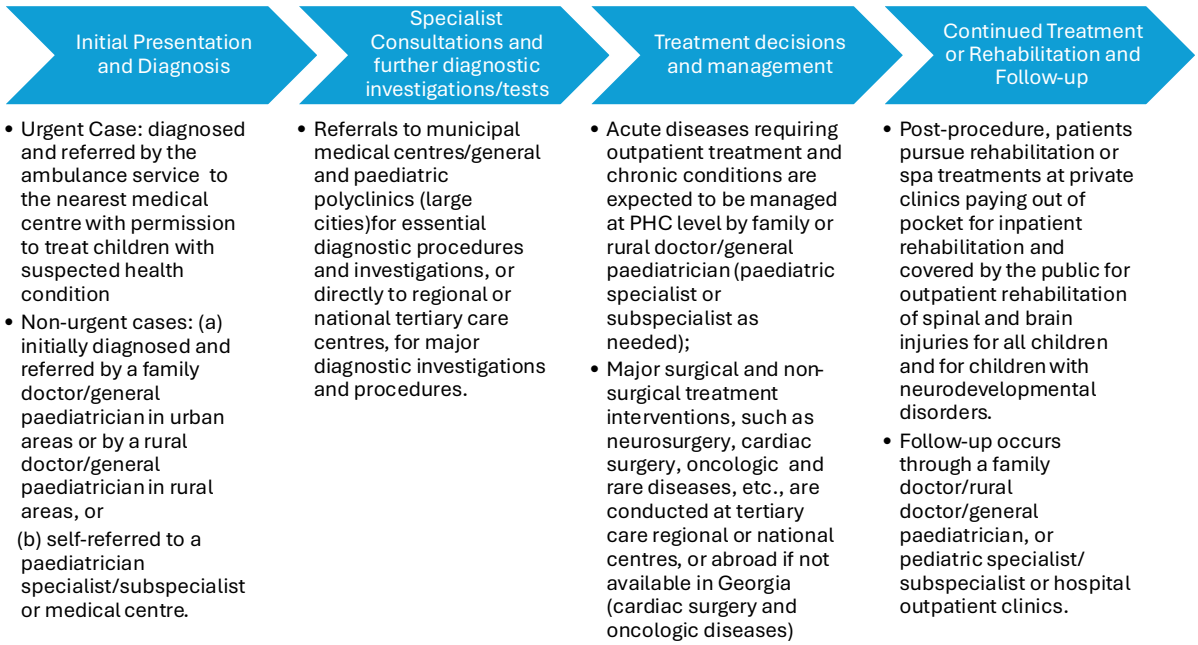
[13] WHO/European Observatory on Health Systems and Policies, Health Systems in Action: Georgia, 2022, url, p. 8
[14] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[15] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[16] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 19-23

2. Access to healthcare

2.1. Typical paediatric care pathway

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

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



Source: Author's compilation for this MedCOI report on paediatric care.

Emergency cases involving children are typically transported by emergency ambulance services. The attending doctor makes an initial diagnosis and directs the patient to the nearest medical facility, either a secondary or tertiary hospital, authorised to handle these urgent conditions for children.[17]

Primary care is the entry point for most paediatric patients. Under Universal Health Care Programme (UHCP), children can be registered with a family doctor or general paediatrician at a PHC facility, who acts as gatekeeper for specialist referrals. PHC provides routine child

[17] KII01, Paediatric specialist, Interview, 31 March 2026

monitoring, developmental surveillance, immunisations and management of common conditions.[18]

For specialist care, the family doctor/paediatrician refers the child to secondary or tertiary facilities. Once the diagnosis is confirmed and treatment plans are established, paediatric patients and their families have two main options: acute diseases that can be treated at outpatient level and chronic conditions are generally managed by family or rural doctors, which also include general paediatricians, while complex surgical and non-surgical treatments are performed at regional or national tertiary care centres, typically those recognised as providers of UHCP and located in large cities.[19]

However, the actual patient journey for paediatric patients differs. Although PHC is officially the first point of contact for patients, in practice, due to a lack of trust in PHC, only a small percentage of the population (17 % to 23 %, depending on the facility) uses PHC services in Georgia, as reported by WHO.[20] Consequently, the role of general PHC providers as the initial point of care and diagnosis for children is limited, leading patients to pay for specialist consultations and lab tests that would be free if referred by the designated family or rural doctor. The Government of Georgia is taking steps to enhance the scope and quality of care at the PHC level by initiating PHC pilot programmes, introducing extended care packages for children aged 0 to 5 years and implementing results-based financing to improve healthcare outcomes.[21]

The CWS, conducted in 2022, asked parents and family members of children who had received some kind of medical treatment about their satisfaction with the care provided: 11.5 % declared they were very satisfied, 77.4 % satisfied and 1.2 % dissatisfied/very dissatisfied.[22]

2.2. Human resources for paediatric care

Georgia has a general paediatric workforce but faces significant shortages of paediatric subspecialists. Geostat reports 1 051 registered paediatricians nationwide in 2024.[23] This constitutes a ratio of approximately 2.8 per 10 000 general population, which is somewhat lower than the most recent average ratio reported for the countries of the World Health Organization (WHO) European Region at approximately 3.1 per 10 000 in 2020.[24]

General paediatricians are present across most municipalities; however, paediatric subspecialists, including paediatric neurologists, hepatologists, gastroenterologists,

[18] KII01, Paediatric specialist, Interview, 31 March 2026
[19] KII01, Paediatric specialist, Interview, 31 March 2026
[20] WHO/Europe, Georgia: Moving from policy to actions to strengthen primary health care: Primary heath care policy paper series, 2023, url, p. 3
[21] 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
[22] UNICEF, Georgia/Geostat, Child Wellbeing in Georgia, 2023, url, p. 32
[23] Georgia, Geostat, Number of physicians by occupations (Main Staff), 2002-2024; 2026, url, row 8
[24] WHO/European Region, European Health Information Gateway, General paediatricians, per 10 000 population, 2023, 2026, url

haematologists, oncologists, cardiologists and paediatric mental health specialists, are heavily concentrated in Tbilisi, with more limited access in other large cities, such as Batumi and Kutaisi. Rural residents have to travel to these cities to obtain services. Also, there is an acknowledged shortage of paediatric nurses, speech therapists, clinical psychologists specialising in child health and paediatric rehabilitation professionals.[25]

2.3. Factors limiting access to healthcare for children

Three sets of barriers stand out. First, economic (financial) barriers remain important – universal coverage does not remove all co-payments, annual limits and exclusions and outpatient medicines remain a major source of household spending. Second, geographical disparities persist because tertiary paediatric services and many subspecialists are concentrated in a limited number of urban centres. Third, vulnerability-related barriers remain substantial for children with disabilities, children in deprived households, and some children requiring coordinated long-term care or medical rehabilitation. Fourth, children from ethnic minorities may experience additional access problems for quality paediatric care due to language barriers and socioeconomic disparities.[26]

2.3.1. Economic and socioeconomic barriers

The CWS found that 12 % of all children were unable to receive at least one essential medical treatment in the preceding 12 months. Financial constraints are the primary barrier – in 82.2 % of unmet treatment cases and 98.8 % of unmet medication needs, the reason given was cost related. Nearly a quarter, 24.2 %, of materially deprived children missed essential treatment versus 4.6 % of non-deprived children. For medications, 11.4 % of deprived children went without a required drug compared to 1.0 % of non-deprived children.[27]

The most frequently unmet services were specialist consultations (59.3 % of cases), laboratory analyses (24.5 %) and dental care (14.9 %). The principal reported reasons were that insurance did not cover the service (66.4 %) or that co-payments were unaffordable (15.8 %).[28]

Children from ethnic minorities may experience additional access problems for quality healthcare due to language barriers and socioeconomic disparities.[29]

[25] KII01, Paediatric specialist, Interview, 31 March 2026; KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[26] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026; UNICEF, Georgia/Geostat, Child Wellbeing in Georgia, 2023, url, pp. 29-35
[27] UNICEF, Georgia/Geostat, Child Wellbeing in Georgia, 2023, url, p. 29
[28] UNICEF, Georgia/Geostat, Child Wellbeing in Georgia, 2023, url, pp. 29-30
[29] Open Society Georgia Foundation, "ეთნიკური უმცირესობების წარმომადგენლების სოციალური ექსკლუზიის (გარიყვის) კვლევა [The Study of Social Exclusion of Ethnic Minorities]", 2022, url; JAMnews, UNICEF study: literacy and mental health among adolescents are serious issues in Georgia, 21 July 2025, url

2.3.2. Geographic barriers and urban–rural disparities

According to the CWS 2022, overall, the geographic barriers for children to health services were rare (1.1 %).[30] However, the CWS 2022 also reports that a higher share of children in urban areas receive the needed medical treatment than children in rural areas (53.6 % vs. 37.5 %) and that children in rural areas were more likely to be denied a required medical treatment at least once (8.9 % vs. 6 %, respectively).[31] While these differences in clinical access between urban and rural areas are relatively modest at the aggregate level, rural children face substantially greater barriers in other well-being dimensions that may also affect their health status. For example, rural children are more than seven times as likely to lack access to preschool education.[32] Furthermore, paediatric sub-specialists (neurologists, hepatologists, gastroenterologists, cardiologists) are concentrated in Tbilisi, creating physical access barriers for families outside the capital, particularly for those residing in mountainous and hard-to-reach regions with geographical/seasonal access problems, which may not be captured fully by the CWS, as it lacks regional representativeness.[33]

2.3.3. Children with disabilities and functional difficulties

As described in Section 2, children with functional difficulties and with official disability status access additional state-funded services through the Child Care Programme. The CWS found that 5.8 % of children aged 2 to 17 years have some form of functional difficulty. These children face significantly greater healthcare barriers – 41.5 % missed an essential treatment (vs. 11.0 % of children without difficulties), and they are almost four times as likely to lack access to essential medical care and more than twice as likely not to receive required medication. Only 12.6 % of children with functional difficulties hold official disability status, partly because Georgia's disability determination system relies on a medical model that does not capture functional and psycho-social dimensions. The ongoing reliance on a medical model for disability determination excludes many children with actual impairments from targeted support. Perceived stigma around disability (26.1 % of respondents believe child disability carries stigma) may further discourage families from seeking official status.[34]

[30] UNICEF, Georgia/Geostat, Child Wellbeing in Georgia, 2023, url, pp. 29-30
[31] UNICEF, Georgia/Geostat, Child Wellbeing in Georgia, 2023, url, p. 29
[32] UNICEF, Georgia/Geostat, Child Wellbeing in Georgia, 2023, url, p. 35
[33] KII01, Paediatric specialist, Interview, 31 March 2026; KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[34] UNICEF, Georgia/Geostat, Child Wellbeing in Georgia, 2023, url, pp 29-30

3. Insurance and national programmes

Financial access to healthcare for paediatric patients in the country is provided through public and private insurance. Public insurance is implemented through national programmes. Some additional support is also provided by the international programmes and non-governmental organisations (see Section 4).

3.1. National programmes

Table 1 below summarises the key publicly funded national programmes in Georgia that provide preventive, curative and rehabilitative services for children.[35] Key programmes are described in more detail in Section 2.

Table 1: Summary information on the national and municipal programmes for financing prevention, treatment and care of children in Georgia

National programme	Eligibility / target group	Key services for children	Budget, limits and co-payments (2026)
Universal Health Care Programme (UHCP)[36]	All Georgian citizens, as well as individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia with exceptions. Children under six, Targeted Social Assistance (TSA) recipients are entitled to enhanced packages with lower/no co-payments (see details in Section 2.1.1).	Outpatient consultations (including paediatrician); planned and emergency inpatient care; attended deliveries, planned surgeries (with caps); selected outpatient medications; diagnostics. Children under six receive the most generous benefit package with no or lower co-payments.	0 % to 30 % co-payments, depending on the beneficiary eligibility criteria; annual limits for coverage of specific services apply (see details in Section 2). Total annual budget is approximately GEL 1.5 billion [EUR 482.39 million] (for entire population).[37]

[35] KII01, Paediatric specialist, Interview, 31 March 2026; KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[36] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Appendix
[37] Georgia, Ministry of Finance, State Budget, 2025, url, Chapter VI, Code 27 03 01

National programme	Eligibility / target group	Key services for children	Budget, limits and co-payments (2026)
State Programme "Maternal and Child Health (MCH)"[38]	Pregnant women (citizens/permanent residents); newborns nationwide. Registration by 13 weeks for a full package. The Adjara residents are not eligible for hearing screening, which is funded through the Adjara municipal programme.	8 antenatal visits and 1 postnatal; human immunodeficiency virus (HIV)/hepatitis B virus (HBV)/hepatitis C virus (HCV)/syphilis screening; administration of hepatitis B immunoglobulin (HBIG) for exposed newborns; genetic screening and amniocentesis (only for Tbilisi residents); universal newborn screening (7 conditions); hearing screening; folic acid/iron/vitamin K1 supply for pregnant women.	No limits and co-payments. Total budget is GEL 9.8 million [EUR 3.15 million].
State Programme "Early Disease Detection and Screening"[39]	Georgian citizens. Child components: ages 1 to 6 (developmental), <18 (epilepsy), premature newborns, children <7 (lead screening).	Developmental screening (ages 1 to 6); epilepsy diagnostics/registry (<18); retinopathy of prematurity screening; blood lead biomonitoring (<7) with treatment; cancer screening (adults, including women of childbearing age).	No limits and co-payments. Total budget is GEL 0.8 million [EUR 0.26 million].
State Programme "Immunisation"[40]	All children who are Georgian citizens or permanent residents, per the national calendar.	Routine vaccination per national calendar – Bacillus Calmette–Guérin (BCG); hepatitis B; diphtheria, tetanus and acellular pertussis (DTPa); polio; measles;	Vaccines included in the national calendar and vaccination are free of charge for eligible beneficiaries. No

[38] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 8
[39] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 1
[40] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 2

National programme	Eligibility / target group	Key services for children	Budget, limits and co-payments (2026)
	Children aged 10 to 12. Seasonal influenza for high-risk groups.	mumps; rubella; Hib; rotavirus; and pneumococcal (12 diseases). Human papilloma virus (HPV) for girls.	limits or co-payments. Total budget is GEL 30 million [EUR 9.65 million].
State Programme "Mental Health"[41]	All Georgian citizens for all services. Also, permanent residents and aliens with or without official registration, in case of involuntary treatment.	Two dedicated child-specific components – diagnostic day-hospital services and inpatient psychiatric care for children under the age of 18. Community ambulatory services for children in state care settings (group homes, foster care, 24-hour care facilities).	No limits or co-payments specified. Total budget (child-specific) is approximately GEL 1.5 million [EUR 0.48 million].
"State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy"[42]	1) All Georgian citizens, and stateless persons and foreign citizens permanently residing in Georgia for costs of outpatient and inpatient services provided to children with haemophilia or other blood clotting hereditary disorders. 2) All citizens of Georgia with diagnosis of "beta-thalassaemia major" for cost of inpatient services. 3) Citizens of Georgia under the age of 18 for	Outpatient and inpatient treatment of rare diseases and conditions requiring constant replacement therapy, which has relevance for paediatric patients with conditions such as haemophilia, certain metabolic diseases, and some genetic conditions.	No limits or co-payments specified. Total budget (child-specific) is approximately GEL 1.5 million [EUR 0.48 million].

[41] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 12"
[42] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 17

National programme	Eligibility / target group	Key services for children	Budget, limits and co-payments (2026)
	outpatient and inpatient costs of rare diseases.		
"State Programme for Organ Transplant"[43]	Citizens of Georgia, except for those registered in Tbilisi and the Autonomous Republic of Adjara, who have been diagnosed with blood cancers and other haematological diseases, such as aplastic anaemia, histiocytosis and thalassaemia.	Stem cell transplantation for cancers and haematologic diseases for all ages, including children.	No limits or co-payments specified. Total budget for stem cell transplant is (for all ages) GEL 10 million [EUR 3.22 million].
State Programme "Provision of Primary and Emergency Medical Assistance"[44] **"Rural Doctor – Rural Primary Health Care" Sub-programme"**[45]	Beneficiaries of UHCP residing in rural areas.	Emergency services (ambulance) and services of the rural PHC doctor and nurse. First postnatal visit and routine paediatric monitoring, vaccinations, developmental surveillance and first-contact care by a rural PHC doctor (they may be either general practitioners or paediatricians) and nurse.	No limits and co-payments. Total budget: (a) GEL 190 million [EUR 61.10 million] for emergency services (for the entire population). (b) GEL 55 million [EUR 17.69 million] for rural PHC.
State Programme "Referral Service"[46]	All Georgia residents may apply. Priority is given to specific	Funding treatment outside Georgia for oncologic diseases or cardiac surgeries not	Maximum limit of GEL 10 000 [EUR 3 125] financing per

[43] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 14
[44] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 18
[45] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 18.3
[46] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 19

National programme	Eligibility / target group	Key services for children	Budget, limits and co-payments (2026)
	population groups (see Section 2.1.4).	available within Georgia for children under the age of 18. Providing financial assistance for individual paediatric cases not covered by other national programmes.	individual application. Total budget is GEL 68 million [EUR 21.87 million] (all cases, including children).
State Programme "Child Care and Youth Support"[47]	Children, Georgia citizens, permanent residents, asylum seekers and refugees, with disabilities (official disability status for rehabilitation above 3 years of age; without status for under the age of 3). Priority to socially vulnerable.	Early childhood development (from birth to 7 years of age; multidisciplinary); rehabilitation (physical therapist, occupational therapist, speech therapy, psychology – 192 sessions/year); day centres (6 to 18); food assistance; specialised nutrition; long-term paediatric care; foster care; shelters.	No co-payment Annual limits are defined for specific therapy sessions. Total budget is approximately GEL 23 million [EUR 7.40 million].
Programmes funded by the local self-government budgets[48]	Residents of respective municipalities. Priority is given to socially vulnerable citizens, persons with disabilities, veterans and persons with the status of lost breadwinner.	Stem cell transplants for Tbilisi and Adjara residents. Hearing screening for Adjara residents. Treatment for individual paediatric cases applying for the financial assistance not covered under other national programmes.	No costs covered above UHCP annual limits. Total programme budgets vary across municipalities.

Most of the curative services are supported through the Universal Health Care Programme UHCP, while prevention, early detection, rehabilitation and social-medical supports for children are channelled through separate programme lines described below.[49]

[47] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendices 1 and 2

[48] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026

[49] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in

3.1.1. Universal Health Care Programme (UHCP)

The programme finances the provision of screening and diagnostic services for children, emergency and planned surgical and nonsurgical treatment, including medications.[50] There is a complex system of eligibility and differentiated benefit packages for UHCP beneficiaries, as described in detail in the *MedCOI Report on the Provision of Healthcare in Georgia*.[51]

(a) Standard package

More generally, all Georgian citizens and also individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia, are eligible for the UHCP coverage of the standard (minimal) package of services.[52] This package includes a 0 % to 30 % co-payment from the patient for most diagnostic and treatment services. Exempt from this coverage are (a) individuals whose registered annual income exceeds GEL 40 000 [EUR 12 500] per year and (b) most individuals having private insurance.[53]

(b) Fully covered services

The following services are provided for free (without co-payment) to all eligible beneficiaries, including children:

- outpatient consultations of family doctors and nurses at the PHC level (both office and home visits) where the patients are registered;
- defined list of diagnostic procedures and laboratory tests at the outpatient level, if administered or prescribed by the family doctor: electrocardiogram (ECG); complete blood count; blood tests for glucose, cholesterol and creatinine; faecal occult blood test (FOBT); urine analysis; serum lipid test; and prothrombin time test. The tests required for disability assessment, with the exception of the “high-technology” diagnostic services (computed tomography (CT) scan and magnetic resonance imaging (MRI));[54] and

order to Transition to Universal Healthcare], 22 February 2013, url; Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, “2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ” [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix

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

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

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

[53] 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

[54] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, “საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ” [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1

- urgent inpatient care for the predefined “critical” medical conditions that involve acute insufficiency or one or more critical life functions.[55] The UHCP coverage of the urgent inpatient care for critical conditions has GEL 15 000 [EUR 4 688] limit (cap) per case (per hospital episode).[56]

(c) Services requiring co-payment

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

- outpatient consultations with specialists: cardiologist, neurologist, endocrinologist, urologist and ophthalmologist (not gastroenterologist and oncologist), if referred by the family doctor;
- chest X-ray, abdominal ultrasound, liver function tests and thyroid-stimulating hormone test if prescribed by the family doctor;
- physiological and high-risk deliveries;
- urgent inpatient care for the predefined medical conditions with GEL 15 000 [EUR 4 688] limit (cap) per case (per hospital episode), above which the patient is responsible for covering any additional costs; and
- planned (non-urgent) surgical inpatient care is covered up to an annual limit of GEL 15 000 [EUR 4 688]. Planned non-surgical inpatient care is not covered. Patients are required to pay any treatment costs exceeding the annual limit.[57]

Coverage for inpatient care includes all instrumental and laboratory investigations, medical personnel services and medicines (preoperative, during the operation and postoperative examinations), which are related to the admission. The UHCP beneficiaries are required to pay the remaining 30 % of the service price, but no more than GEL 1 500 [EUR 469] for the services covered under UHCP.[58]

(d) Enhanced child coverage

The UHCP coverage rates are extended, and patient co-payment rates are reduced or annulled for certain categories of beneficiaries with differentiated benefit packages, which include children – all children under six years of age, children residing in long-term care institutions and foster care, and children from socially vulnerable families that are recipients of Targeted Social Assistance (TSA) receive the most generous coverage. Children aged 6 to 18 years also belong to a preferential group with broader benefits than standard adult beneficiaries and have enhanced protection if registered as persons with disabilities. The

[55] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, “საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ” [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.2, Article 2
[56] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, “საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ” [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1
[57] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, “საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ” [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1.1 and 1.5
[58] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, “საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ” [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1, Article 1b.a

preferential eligibility groups also include socially vulnerable households with children below the poverty line but not receiving the TSA (below 100 000 points but above the TSA recipient threshold of 70 000 points) and the settled internally displaced children having wider benefits, and no co-payments and annual limits for emergency conditions. The UHCP benefit packages for beneficiaries of these categories do not have annual limits and co-payments for "critical" emergency conditions and have either:

- no co-payments for "non-critical" emergency conditions and planned surgeries originating in neonates aged 0-28 days or for cardiac and oncology surgeries for children under six years of age and those in foster care;[59] children aged 0 to 18 are also exempt from co-payments for the surgical treatment of congenital cardiac defects; or[60]
- co-payments of 20 % or a maximum of GEL 1 000 [EUR 312] for "non-critical" emergency conditions and planned surgeries, except for cardiac and oncologic surgeries (socially vulnerable children and children from 6 years of age with disability status) for UHCP-covered services.[61]

(e) Medication coverage

In addition, children under six are eligible for a defined list of medications for outpatient treatment of infections, epilepsy, and oncology and onco-haematological diseases.[62] Details on the services and medications covered under UHCP for oncology cases are provided in the *MedCOI Topical Report – Georgia: Oncology*.[63] All medications not included in the UHCP list and needed for children require full out-of-pocket (OOP) payments for those patients who do not have private insurance to reimburse or cover these costs.[64] For further details see Table 2, Table 3 and Table 4.

(f) Returning citizens, internally displaced persons (IDPs), and asylum seekers

Georgian citizens returning from abroad are eligible for the UHCP coverage upon resuming residency. No specific waiting periods apply for children. IDPs from Abkhazia and South Ossetia receive the same UHCP benefits as other citizens; those registered in the TSA system receive enhanced packages. Asylum seekers, refugees and persons with subsidiary/additional protection status are eligible for the child rehabilitation sub-programme.[65]

[59] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.2, Articles 1 g.a and 1 g.b.
[60] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.11
[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 1.2, Articles 1 g.a and 1 g.b.
[62] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1 and 1.9
[63] EUAA, MedCOI Topical Report – Georgia: Oncology, April 2025, url, pp. 17-18
[64] KII02, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[65] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026

3.1.2. Maternal and Child Health (MCH) Programme

The MCH programme combines structured antenatal care, infectious disease and genetic screening, newborn/child screening and targeted medicines. It covers eight scheduled antenatal visits (plus postnatal), infectious disease screening for HIV, hepatitis B/hepatitis C and syphilis with confirmatory pathways, and hepatitis B immunoglobulin for newborns of hepatitis B surface antigen (HBsAg) positive mothers.[66]

For children, the programme mandates nationwide newborn screening for congenital hypothyroidism, phenylketonuria, hyperphenylalaninaemia, cystic fibrosis, galactosaemia, adrenogenital syndrome and biotinidase deficiency. It includes a newborn hearing screening pathway with centralised electronic monitoring (Pathtrack system).[67] Eligibility is limited to citizens and permanent residents; registration by 13 weeks' gestation is required for the full antenatal package.[68]

3.1.3. Early Disease Detection and Screening

The Early Detection Programme includes child-specific components – developmental screening for children aged 1 to 6 years (cognitive, motor, speech, self-care assessment and individualised intervention plans); epilepsy diagnostics and registry for children under the age of 18; retinopathy of prematurity screening for premature newborns; and blood lead biomonitoring for pregnant women and children under 7 years of age, with treatment and environmental investigation for those with levels ≥5 µg/dL.[69]

3.1.4. National Immunisation Programme (NIP)

Georgia's NIP, launched in 1996, covers vaccination against 12 infectious diseases (BCG, hepatitis B, DTPa, polio, measles, mumps, rubella, Hib, rotavirus, pneumococcal). Five new vaccines were introduced between 2013 and 2019 (rotavirus, 10-valent pneumococcal conjugate vaccine (PCV10), inactivated polio vaccine (IPV), bivalent oral polio vaccine (bOPV) and HPV). Immunisation services are guaranteed under UHCP and are fully state-funded. Vaccines are procured through the UNICEF Supply Division.[70]

[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, Appendix, Annex 8
[67] PATHTRACK, 2026, url
[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, Appendix, Annex 12
[69] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 1
[70] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 2

3.1.5. Child Rehabilitation and Early Development

The Child Care and Youth Support Programme encompasses 14 sub-programmes. Key components relevant for healthcare include:

- Early Childhood Development: Multidisciplinary services for children aged 0 to 7 years with developmental delays, including assessment by early development specialists, psychologists, occupational therapists and speech therapists. Up to 8 visits per month are free for beneficiaries and funded publicly at GEL 30 [EUR 9.65] per visit. Delivered at day centres but also in natural settings (home, kindergarten).
- Rehabilitation: For children aged 3+ with disability status (under 3 without status). Core package includes physical therapy, occupational therapy, speech/language therapy and psychological support. Up to 192 sessions per year at GEL 21 [EUR 6.75] per session are covered publicly and are free for the beneficiaries and their families. Asylum seekers and refugees with qualifying diagnoses are also eligible.
- Day Centres: For children aged 6 to 18 with and without disability status. Daily 6-hour services, including meals, cognitive/emotional/physical needs assessment, and vocational skills. Monthly voucher is funded publicly at GEL 567 [EUR 182.36] for children with disabilities and at GEL 840 [EUR 270.14] for children with severe intellectual disabilities to cover free services for these beneficiaries.
- Long-Term Paediatric Care Centre**:** For children in state care requiring specialised round-the-clock medical/nursing care (ventilation, dialysis and tube feeding). Funded publicly at GEL 240 [EUR 77.18] per child per day.[71] No additional costs are charged or paid beyond this ceiling.[72]

3.1.6. School Doctor/Nurse Programme

Georgia's school doctor/nurse programme combines preventive school health functions with first-response medical support. It started as a pilot in public schools in 2014[73] and was later reinforced by amendments to the Law on General Education that require all schools to have a medical point.[74] Under the current framework, the school doctor and nurse are responsible for free-of-charge first aid and emergency triage, routine screening for common child health and developmental problems, follow-up of chronic conditions, immunisation oversight, infection prevention, supervision of school hygiene and food/water safety, health education, and

[71] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendices 1 and 2
[72] KII02, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[73] Georgia, MoESY, Sub-programme: "Practice of the school physician and nurse's office at educational institutions (public schools)", n.d., url
[74] Georgia, Legislative Herald of Georgia, Document No. 1330, "ზოგადი განათლების შესახებ" [On General Education], 04 April 2005, url, Chapter 26, Article 1ც

referral of suspected violence or abuse.[75] In 2026, additional state funding was introduced for selected public schools, increasing monthly pay to GEL 960 [EUR 308.73] for school doctors and GEL 800 [EUR 257.28] for school nurses.[76]

3.2. Private insurance

Private insurance covers an additional segment, with approximately 9.9 % of children's medical services financed through private policies (CWS data).[77] More details on private insurance are provided in the *EUAA, MedCOI Report – Georgia: Provision of Healthcare*.[78]

[75] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 41/n, "საქართველოს ზოგადსაგანმანათლებლო დაწესებულებების/სკოლების სამედიცინო პერსონალის საქმიანობის სტანდარტისა და საქართველოს ზოგადსაგანმანათლებლო დაწესებულებებში/სკოლებში სამედიცინო მომსახურების სივრცის (კაბინეტი/პუნქტი) ფუნქციონირების წესის დამტკიცების შესახებ" [On approval of the standard of activities of medical personnel of general educational institutions/schools of Georgia and the rules for the functioning of medical service spaces (offices/points) in general educational institutions/schools of Georgia], 22 March 2022, url

[76] Business Media, news, How much will the salaries of medical personnel and security guards in public schools be?, 13 January, 2026, url

[77] UNICEF, Georgia/Geostat, Child Wellbeing in Georgia, 2023, url, p. 28

[78] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url

4. International programmes and non-government organisations

4.1. International programmes

A wide range of international and national organisations are active in MCH in Georgia. Their contributions span technical assistance, direct service provision, policy advocacy and capacity building.[79] However, the most recent 2022 Child Welfare Survey (CWS), conducted by Geostat with UNICEF support nationwide, noted that families have rarely applied to religious organisations, charities or NGOs for support, suggesting limited awareness of or access to NGO-provided assistance at the household level, beyond the narrow groups of beneficiaries supported by these NGOs.[80]

UNICEF has been a significant partner in strengthening paediatric healthcare in Georgia. The UNICEF Country Programme 2021–2025 included activities in support of early childhood development, immunisation, nutrition surveillance and child protection. The newly approved UNICEF Country Programme 2026–2030 continues these priorities and places additional emphasis on addressing rural-urban disparities in child health outcomes, strengthening the integration of child mental health into PHC and supporting vulnerable populations, including internally displaced children and those with disabilities.[81] UNICEF supported development of the electronic child growth and development monitoring module, linked to the Birth Registry, which enables real-time tracking of child development trajectories for children aged 0 to 6 years at the PHC level. UNICEF also assisted Georgia in regionalising perinatal healthcare, a key step to strengthening MCH. Facilities are now assigned levels of care (I to III) based on set standards for staffing, infrastructure, equipment and diagnostics. Every maternity unit must meet these requirements to improve the quality of maternal and child care.[82] In 2024, UNICEF supported the mapping of child, adolescent, and youth Mental Health and Psychosocial Support Services (MHPSS) in Georgia. UNICEF also initiated development of a model for MHPSS and a strategy for strengthening Georgia's child, adolescent and youth MHPSS system to address the gaps in mental health services identified by the mapping.[83]

WHO has supported Georgia in developing the PHC roadmap and provides technical assistance and capacity building for the implementation of the PHC reform, piloting of which was launched in July 2025.[84] According to the PHC roadmap, the reform envisages expansion of the PHC benefits package, giving priority to early childhood development and comprehensive management of NCDs.[85] WHO also assisted the Government of Georgia in

[79] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026.
[80] UNICEF, Georgia/Geostat, Child Wellbeing in Georgia, 2023, url, p. 28
[81] UNICEF Georgia, UNICEF Executive Board approves Georgia's new Country Programme 2026–2030, February 2026, url
[82] UNICEF Georgia, Mother and Child Health, 2017, url
[83] UNICEF Georgia, Annual Report 2024, url, p. 8
[84] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[85] WHO, Georgia, Transforming primary health care during the pandemic, 2021, url, p. 3

developing the National Rehabilitation Strategy (2023 to 2027), which focuses on paediatric rehabilitation services.[86]

The World Bank and Asian Development Bank have also provided support to health system reforms, including PHC strengthening with implications for child health delivery.[87]

World Vision Georgia works in four regions – Imereti, Kakheti, Samtskhe-Javakheti and Tbilisi. It provides direct services for street children through 3 mobile teams and 3 day care/crisis intervention centres in Tbilisi and Kutaisi (co-funded by the Ministry of Labour, Health and Social Affairs (MoLHSA)). Family Support Services include health and nutrition counselling, psycho-social support, crisis intervention and reintegration support. World Vision chairs the National Coalition on Child and Youth Welfare, a network of 54 organisations focused on collective advocacy in child welfare. It also operates the "Happy Space" centres in Tbilisi and Batumi, providing psychosocial support to Ukrainian refugees, including children.[88]

SOS Children's Villages Georgia has been active since 1996, operating two SOS Children's Villages (Tbilisi and Kutaisi), four youth facilities, one vocational training centre, and four social centres. Since 2005, the social centres have run family-strengthening programmes working directly with families, communities and local authorities to enable children to grow in the caring environment of their families. SOS Children's Villages ensures children have access to essential services, including health and education, and supports parents with employment.[89]

St Gregory's Foundation supports children and teenagers with disabilities, helping those who struggle with traditional methods of communication to develop independence. The foundation offers education and life-skills training to young people leaving care from orphanages. More than 400 children and teenagers in Georgia have benefited from the organisation's rehabilitation services.[90]

4.2. National non-government organisations

Georgian Coalition for Early Childhood Intervention (ECI Coalition) is a network of service providers and stakeholders coordinating early childhood development services nationwide. The ECI programme has operated since 2012, initially supported by the Open Society Foundation and now fully state-funded. It serves over 2 500 children annually across 13 regions of Georgia. The ECI Coalition has trained and certified more than 400 early intervention specialists and expanded service providers from 4 to over 40 organisations. Efforts are underway with Tbilisi State University to develop a university-based ECI academic programme.[91]

[86] WHO, News Release, Georgia adopts its first national rehabilitation strategy, 26 April 2023, url
[87] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[88] World Vision Georgia, [website], 2017, url
[89] SOS Children's Villages Georgia, [website], 2026, url
[90] St Gregory's Foundation, [website], 2020, url
[91] ECI Coalition, [website], 2020, url

First Step Georgia is a national non-government organisation (NGO) providing early childhood intervention and disability services, including day care, early intervention, sensory integration and applied behaviour analysis (ABA) therapy for children with autism. Since the 1990s, it has collaborated with the MoLHSA, UNICEF, Save the Children and others to establish centres, develop intervention models, launch home care services and open a dedicated autism centre in Tbilisi.[92]

MacLain Association for Children (MAC) Georgia is focused on providing services for children with neurodevelopmental disorders. It also provides expert consultation, diagnostic services, technical assistance and professional development opportunities for beneficiaries and professionals across Georgia.[93]

Caritas Georgia was founded in 1994 and operates as a charitable foundation promoting human development and social justice. It runs projects in social care, children and young adult protection, and family support, including services for young people who are homeless in Tbilisi.[94]

Charity Humanitarian Centre “Abkhazeti” was established in 1995 and works to improve the livelihoods of conflict-affected and socially vulnerable persons, including displaced families with children. Services include home care for people with disabilities, language and integration support, and reintegration assistance.[95]

The services provided by NGOs described above are free of charge for the beneficiaries.

[92] First Step Georgia, [website], 2025, url
[93] MAC Georgia, [website], n.d., url
[94] Caritas Georgia, [website], 2021, url
[95] Charity Humanitarian Center Abkhazeti, [website], 2015, url

5. Cost of treatment

As noted in Section 1, General information, the absolute majority of facilities providing paediatric care in Georgia are private. While the prices for the same health services generally differ across these facilities, the prices do not vary depending on the ownership status of the facility. However, the prices for the same service may differ depending on the payor for these services, whether it is covered by the state (through national or municipal programmes) or by a private source (private insurance or patient OOP). Thus, the prices of public treatments are provided separately in Table 2 and Table 3 only in cases where they differ from the prices charged by health facilities for non-state payors (private insurance, patients and their families), regardless of their ownership status. They are for a single consultation with the respective specialist (unless otherwise indicated). The indicated prices and ranges are based on the data on prices for diagnosis-related groups (DRGs)[96] and other state-defined maximum tariffs that the National Health Agency (NHA) pays for the treatment of haematological diseases under the publicly financed programmes and information provided by key informants:

(a) the senior official from the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA), who provided data on maximum prices for those services;[97]

(b) a representative of the largest private health provider network;[98] and

(c) a manager of the tertiary care hospital.[99]

Some prices are also obtained from web pages of other healthcare providers, which are referenced accordingly. Clinical admittance to respective department (daily rates) includes only accommodation and food. The prices for specialist consultations for inpatient treatment are included in the cost of inpatient treatment at the same rate or rate range as for outpatient consultations, as presented in Table 2. Publicly covered costs of specialist consultations occurring during inpatient treatment episode that is covered by any of the public (national or municipal) programmes are included in the predefined DRG price or maximum tariff that the public pays for the treatment episode and is not charged or billed as a separate price for this service (consultation). In cases when “covered by the public” is indicated, the full coverage of 100 % of the cost is implied, unless specified otherwise – more specifically, urgent and surgery cases covered for UHCP beneficiaries. If it is a non-urgent (planned) surgery, then it is covered within the annual limit for planned surgeries (GEL 15 000 [EUR 4 688] ceiling, beyond which the patient is required to pay) with a co-payment ranging from 0 % to 30 % in addition to covering the difference between the annual limit and the surgery price (DRG or tariff) but no

[96] 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
[97] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[98] KII03, Manager of the private health provider network, Interview, 3 April 2026
[99] KII04, Manager of the tertiary care hospital, Interview, 3 April 2026

more than GEL 1 500 [EUR 482.39].[100] The annual limits and co-payment policies for children who are UHCP beneficiaries are described in Section 2.1.1.

The specialists' outpatient consultations, laboratory tests and diagnostic services (with the exemption of positron emission tomography (PET) scan) are covered under the national programmes, depending on the eligibility criteria and within the annual limits and co-payments specified in Section 2.[101] Patients with private insurance are reimbursed partially or fully.[102] Information on privately financed long-term care or special schooling services for children was not found. Unless indicated otherwise, all information on public and private coverage in the reimbursement section was provided by key informant KII03, a manager of a private health provider network.[103]

Table 2: Cost of treatment: Specialists

<table>
<tr><th>Specialist</th><th>Public outpatient treatment price (GEL)</th><th>Public inpatient treatment price (GEL)</th><th>Private outpatient treatment price (GEL)</th><th>Private inpatient treatment price (GEL)</th><th>Reimbursement/ special programme /free/comments</th></tr>
<tr><td>Paediatrician</td><td colspan="2">60 - 80[104]</td><td colspan="2">60 - 100[105]</td><td rowspan="2">Outpatient consultations at PHC level of general paediatrician serving as a family or rural doctor are 100 % covered and free for all children.

Outpatient and inpatient treatment costs are publicly covered (100 % of the cost) for all paediatric patients with (a) haemophilia or other blood clotting hereditary disorders treated at facilities participating in the State Programme for Treatment of Patients with Rare Diseases</td></tr>
<tr><td>Paediatrician specialised in metabolic diseases</td><td colspan="4">80 - 150[108]</td></tr>
</table>

[100] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1 and 2
[101] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1 and 2
[102] KII03, Manager of the private health provider network, Interview, 3 April 2026
[103] KII03, Manager of the private health provider network, Interview, 3 April 2026
[104] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[105] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[108] KII04, Manager of the tertiary care hospital, Interview, 3 April 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
					and Requiring Constant Replacement Therapy; (b) children with rare haematological diseases specified in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy treated at participating facilities;[106] and (c) onco-haematological paediatric patients treated at the facilities participating in UHCP.[107] Patients with private insurance are reimbursed partially or fully.
Child psychologist	40[109]		70 - 100[110]		Provided for free through the State Programme on Mental Health as community-based service for children in distress and for daycare under the Programme's "Child Mental Health" component.[111]
Paediatric psychiatrist	50[112]		80 - 120[113]		
Speech therapist	20[114]	N/A	20 - 40[115]		Included in the cost of the outpatient rehabilitation service for children with

[106] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 17
[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, Annexes 1 and 2
[109] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[110] KII03, Manager of the private health provider network, Interview 3 April 2026
[111] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 12, Article 3
[112] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[113] KII03, Manager of the private health provider network, Interview 3 April 2026
[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 19, Article 4.b
[115] Logomedi, Information obtained through phone communication from specialised centres, [website], 2017–2026, url; Mental Health Center Gamma, [webpage], 2026, url

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
(for one session as outpatient)					developmental delays, autism spectrum disorder, cerebral palsy and other chronic neurological diseases, and is free for children aged 0 to 18 years.[116] Not covered in inpatient setting.
Paediatric neurologist	60[117] - 70[118]		40[119] - 100[120]	60[121]	Included in the cost of inpatient care for neurological conditions. Also included in the cost of the outpatient rehabilitation service for children with developmental delays, autism spectrum disorder, cerebral palsy and other chronic neurological diseases, and is free for children aged 0 to 18 years.[122] Patients with private insurance are reimbursed partially or fully.
Paediatric rehabilitation specialist	45 - 60[123]	N/A	45 - 60[124]		Included in the cost of the outpatient rehabilitation service for children with

[116] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendices 1 and 2
[117] KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[118] Medical Centre "MediMEDI", მომსახურების ფასები [Service prices], n.d., url
[119] Medical Centre "MediMEDI", მომსახურების ფასები [Service prices], n.d., url
[120] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[121] KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[122] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendices 1 and 2
[123] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[124] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 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
Paediatric physical therapist	30 - 40[126]	N/A	30 - 40[127]		developmental delays, autism spectrum disorder, cerebral palsy and other chronic neurological diseases, and is free for children aged 0 to 18 years.[125] Not covered in inpatient setting.
Paediatric cardiologist	30 - 80[128]		50 - 80[129]		If prescribed by the PHC doctor for UHCP beneficiary children aged 0 to 5 years, consultations are free. Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and requires a co-payment of 0 % to 30 %, depending on the eligibility (see Section 2 for details). Patients with private insurance are reimbursed partially or fully. Home visits have a higher price within the indicated price range.

[126] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[127] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[125] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendices 1 and 2
[128] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[129] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026; MediClubKids, [website], 2021, url

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
Paediatric pulmonologist	50 - 60[130]				Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and requires a co-payment of 0 % to 30 %, depending on the eligibility (see Section 2 for details). Patients with private insurance are reimbursed partially or fully. Home visits have a higher price within the indicated price range.
Paediatric nephrologist	65[131]				Outpatient consultations are publicly covered only for patients on dialysis. Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and requires a co-payment of 0 % to 30 %, depending on the eligibility (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.

[130] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026; Tsamali.ge, [website], 2021, url
[131] KII04, Manager of the tertiary care hospital, Interview, 3 April 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
Paediatric haematologist	60 - 80[132]		60[133] - 100[134]		Outpatient and inpatient treatment costs are publicly covered (100 % of the cost) for all paediatric patients with (a) haemophilia or other blood clotting hereditary disorders treated at facilities participating in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy; (b) children with rare haematological diseases specified in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy treated at participating facilities;[135] and (c) onco-haematological paediatric patients treated at the facilities participating in UHCP.[136] Patients with private insurance are reimbursed partially or fully.

[132] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[133] Tsamali.ge, ჰემატოლოგი [Haematologist], 2021-2025, url
[134] KII03, Manager of the private health provider network, Interview 3 April 2026
[135] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 17
[136] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1 and 2

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
Paediatric oncologist	70 - 100[137]		70 - 100[138]		Outpatient and inpatient treatment costs are publicly covered (100 % of the cost) for all paediatric patients with a confirmed oncological diagnosis. Patients with private insurance are reimbursed partially or fully.
Paediatric surgeon	90 - 130[139]				Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and requires a co-payment of 0 % to 30 %, depending on the eligibility (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.
Paediatric orthopedic surgeon	90 - 130[140]				
Paediatric urologist	60 - 80[141]				
Paediatric ophthalmologist	70 - 80[142]				

[137] KII03, Manager of the private health provider network, Interview 3 April 2026
[138] KII03, Manager of the private health provider network, Interview 3 April 2026; Medimedi.ge, ონკოლოგია [oncology], 2016-2025, url
[139] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[140] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[141] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[142] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026

Table 3: Cost of treatment: clinical interventions, special schooling and long-term care

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Clinical admittance in paediatrics department (daily rates)	200[143]		Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and requires a co-payment of 0 % to 30 %, depending on the eligibility (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.
Clinical admittance in all above-mentioned paediatric sub-specialist departments (except for speech therapist); daily rates	150 - 450[144]		
Day care for children with medical conditions	100 - 150[145]		Not covered publicly, except for predefined day care sessions for the child's mental disorders under the Child Mental Health component of the Mental Health Programme.[146]
Haematology: (one day of) clinical treatment in case of sickle cell crises	500[147]		Included in the price of DRG and inpatient treatment costs are publicly covered (100 % of the cost) for all paediatric patients
Intensive care treatment/unit (ICU): one day in the ICU	500 - 850[148]		Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on UHCP beneficiary category (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.

[143] KII03, Manager of the private health provider network, Interview 3 April 2026
[144] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[145] KII03, Manager of the private health provider network, Interview 3 April 2026
[146] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Appendix, Annex 12, Article 3
[147] KII03, Manager of the private health provider network, Interview 3 April 2026
[148] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Medical devices pulmonology: spacer (with mask) for inhaler with asthma medication	70[149]		Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.
Multidisciplinary evaluation by various specialists	250[150]		Publicly covered for children with neurodevelopmental disorders and spinal and brain injuries, included in the tariff for the outpatient rehabilitation or Early Development and Child Rehabilitation components of the Child Care Programme (see Section 2 for details).
Neonatal intensive care unit (NICU): one day in the NICU	350 - 650[151]		Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed; no co-payments or annual limits for children of neonatal age.
Placement of percutaneous endoscopic gastrostomy (PEG) feeding tube, including the dosage/machine pump and feeding tube supplements for one day or one session.	1 500 – 3 000[152]		Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.

[149] KII03, Manager of the private health provider network, Interview 3 April 2026
[150] KII03, Manager of the private health provider network, Interview 3 April 2026
[151] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[152] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Placement of nasogastric feeding tube including feeding tube supplements for one day or one session.	120[153]		Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.
Special schooling			
Special schooling for children with hearing impairment, in the form of extra guidance (with specific devices) in a regular school	Free	Not available	Publicly-funded inclusive education mandate supported by the Ministry of Education, Science and Youth (MoESY).[154] Children with cochlear implants have priority in the Early Development programme.[155]
Special schooling for children with a hearing impairment, in the form of special school classrooms for children with hearing impairments and run by teachers with experience in teaching for the hearing impaired	Free	Not available	State-funded special schools. The newborn hearing screening programme tracks and refers children.[156]
Special schooling for children with mental disabilities (low intelligence quotient (IQ)) in the form of extra guidance in a regular school	Free	Not available	Psycho-educational assessment and support provided by MoESY centres.[157]
Special school classrooms for children with severe	Free	Not available	State-funded special schools.

[153] KII03, Manager of the private health provider network, Interview 3 April 2026; KII04, Manager of the tertiary care hospital, Interview, 3 April 2026
[154] KII05, Senior official at the Ministry of Education, Sciences and Youth, Interview, 1 April 2026
[155] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[156] KII05, Senior official at the Ministry of Education, Sciences and Youth, Interview, 1 April 2026
[157] KII05, Senior official at the Ministry of Education, Sciences and Youth, Interview, 1 April 2026

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
mental disabilities (very low IQ) and run by teachers with experience in teaching for the mentally disabled			The newborn hearing screening programme tracks and refers children.[158]
Institutions / school for blind/ visually impaired with day care and special schooling (incl. use of specific devices)	Free	Not available	Publicly-funded inclusive education mandate supported by the MoESY.[159] Retinopathy of prematurity screening under Early Detection Programme.[160]
Special schooling for blind/visually impaired in the form of extra guidance (incl. use of specific devices) in a regular school	Free	Not available	Provided through special education support centres.[161]
Special school classrooms for children with visual impairments/ blind children and run by teachers with experience in teaching for the visually impaired/blind	Free	Not available	Early Development Sub-Programme covers children with ASD (birth to 7 years). Day centres available for children aged 6 to 18 years.[162]
Lessons for learning Braille	Free	Not available	Publicly-funded inclusive education mandate supported by the MoESY.[163]
Special schooling for children with autism spectrum disorder in the form of extra	Free	Not available	Publicly-funded inclusive education mandate supported by the MoESY.[164]

[158] KII05, Senior official at the Ministry of Education, Sciences and Youth, Interview, 1 April 2026
[159] KII05, Senior official at the Ministry of Education, Sciences and Youth, Interview, 1 April 2026
[160] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendices 1 and 2
[161] KII05, Senior official at the Ministry of Education, Sciences and Youth, Interview, 1 April 2026
[162] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendices 1 and 2
[163] KII05, Senior official at the Ministry of Education, Sciences and Youth, Interview, 1 April 2026
[164] KII05, Senior official at the Ministry of Education, Sciences and Youth, Interview, 1 April 2026

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
guidance in a regular school			
Special school classrooms for children with autism spectrum disorder and run by teachers with experience in teaching such children	Free	Not available	State-funded special schools.[165]
Long-term care for children with disabilities			
Care for combined mental and physical disabilities: long-term institutional round-the-clock care	85 per day[166]		Free for the beneficiaries of the State Programme "Child Care and Youth Support" through the "Specialised Family-Based Services Subprogram for Children with Severe and Profound Disabilities or Health Problems".[167]
Care for mental disabilities: long-term institutional round-the-clock care	85 per day[168]		
Care for mental disabilities: sheltered housing with 24-hour care	85 per day[169]		

[165] KII05, Senior official at the Ministry of Education, Sciences and Youth, Interview, 1 April 2026
[166] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annex 2.10
[167] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annex 2.10
[168] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annex 2.10
[169] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annex 2.10

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Care for mental disabilities: day care	21 - 30 per session[170] 567 per month[171]		Free for the beneficiaries of the State Programme "Child Care and Youth Support". Early Development Sub-programme finances 8 sessions per month (GEL 30 [EUR 9.65] per session) for children from 0 to 7 years with developmental delays or disorders. The Child Rehabilitation and Habilitation Subprogramme finances 20 sessions per month for children from 3 to 18 years of age with defined mental deficiencies and diagnosis. The component of providing services in day care centers for children with severe and profound mental retardation (children with disability status from 6 to 18 years old) finances 22 day care sessions per month at GEL 567 [EUR 182.36] monthly tarif.[172]
Care for physical disabilities: long-term institutional round-the-clock care	85 per day[173]		Free for the beneficiaries of the State Programme "Child Care and Youth Support" through the "Specialised Family-Based Services Subprogram for Children with Severe and Profound Disabilities or Health Problems".[174]

[170] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annexes 2.2. and 2.3.
[171] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annex 2.4.3
[172] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annexes 2.2. and 2.3.
[173] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annex 2.10
[174] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annex 2.10

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Care for physical disabilities: day care	14-21 per session[175]		Free for the beneficiaries of the State Programme "Child Care and Youth Support". The Child Rehabilitation and Habilitation Subprogramme finances 20 sessions per month (at GEL 21) for children from 3 to 18 years of age with defined physical (functional) deficiencies and diagnosis. Another sub-programme: Day Care Center Services (Children with and without disabilities aged 6 to 18) Sub-Programme finances 22 sessions per month (at GEL 14 [EUR 4.50]).[176]

[175] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annexes 2.3, 2.4 and 2.4.2

[176] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 640, "სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2026 წლის სახელმწიფო პროგრამის დამტკიცების თაობაზე" [On Approval of the 2026 State Programmes for Children Social Rehabilitation and Child Care], 30 December 2025, url, Appendix 2, Annexes 2.3. and 2.4.

6. Cost of medication

Medicines are generally accessible throughout Georgia through a network of retail pharmacies (the largest chains being PSP, Aversi and GPC, with over 300 outlets each). Paediatric formulations (suspensions and syrups) are available for most common antibiotics. The government has capped prices on more than 4 000 medications, although coverage for outpatient medications under UHCP remains limited. As a result, the majority of outpatient drug costs are borne OOP by families, which is the principal driver of catastrophic health expenditure.[177]

Pharmaceutical costs and other medical consumables required for inpatient care are paid either by state health programmes (indicated as reimbursed by "Public *" in the last column of Table 4) or, if the services are not included in those programmes, by the patient. If a patient has insurance, private coverage may pay all or part of these expenses (indicated as Private ** in the last column of Table 4). For outpatient care, patients must cover the entire cost of their prescribed pharmaceuticals unless their private insurance provides coverage, or the costs are covered by UHCP (for oncology patients and certain chronic diseases) or other state (public) health programmes described in Section 2.[178] The outpatient medicines for children are not included in the UHCP-reimbursed list of outpatient drugs for chronic diseases, except for drugs used to treat patients with a confirmed oncological diagnosis or haematological and other rare diseases (see Table 4).

The price differentials on the Georgian pharmaceutical retail market are significant. At any given time, most pharmaceutical manufacturers offer volume-based commercial discounts to Georgian importers and wholesalers, with discounts ranging from 3 % to 20 %.[179] Table 4 lists the most recent price quoted on the website of several major importer/wholesaler/retailer pharmaceutical chains in Georgia, "PSP", "GPC" and "Aversi". If not available on their websites, the prices are quoted from the online source "Medical Information Service".

Vaccines under NIP are fully state-funded and provided free of charge at PHC facilities. Non-routine vaccines (e.g. meningococcal) are available on the private market. More details on the availability of medicines are provided in the column "place", where two possible options are presented:

- National Center for Diseases Control and Public Health of Georgia (NCDC) – vaccines are procured by the NCDC through UNICEF supply division and are provided to the beneficiaries for free. Prices are not publicly disclosed. The information is provided by a senior NCDC official.[180]

[177] Gorgodze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, 2025, url, p. 2
[178] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[179] CIF, Pharmaceutical pricing policies to improve the population's access in Georgia, October 2019, url, pp. 16-17
[180] KII06, Senior official at NCDC, Interview, 10 April 2026

- Pharmacy – prices for medications offered at pharmacies (all of which are private). Cost of these medications may be reimbursed by public or private payers, as indicated in the respective column (Reimbursement/special programme) of Table 4.

Legend for asterisks used in Table 4: Cost of medications:

* "Outpatient Public" means that the cost of the drug or vaccine is covered fully and provided for free or with copayment to paediatric patients within the specified limits.

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

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

Table 4: Cost of medications

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
General Medications							
Hydroxycarbamide (= hydroxurea)	Hydrea	500 mg	capsule	100	86.4	Pharmacy[181]	Registered in Georgia, but not covered by the public programmes. Only upon individual patient request imported from Turkey with form 100 provided to the importer. Takes 4 to 6 weeks to import.
Ampicillin	Amplicillin	500 mg	capsule	10	3.06	Pharmacy[182]	Outpatient Public* UHCP reimburses 50 % of the cost for the children aged 0 to 5 years, with annual limit of 50 GEL and 100 GEL for children aged 0 to 5 with disabilities.[183] Inpatient Public ** Private ***
Amoxicillin + clavulanic acid (combination)	Amoxiclav 2x	2x 1 000 mg	tablet	10	17.55	Pharmacy[185]	
Amoxicillin	Amoxicillin	500 mg	capsule	21	7	Pharmacy[186]	
Benzylpenicillin sodium	Penicillin G	1 000 000 IU	vial	1	4.98	Pharmacy[187]	

[181] Pharmaco, Hydrea, n.d., url
[182] GPC, Ampicillin, 2026, url
[183] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.9
[185] Aversi, Amoksiklav, n.d., url
[186] Aversi, Amoxicillin, n.d., url
[187] PSP, პენიცილინი G [Penicillin G], 2026, url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
Cefalexin	Cefalexin	500 mg	capsule	16	3.93	Pharmacy[188]	Outpatient Public* UHCP reimburses 50 % of the cost for the children aged 0 to 5 years, with annual limit of 50 GEL and 100 GEL for children aged 0 to 5 with disabilities.[184] Inpatient Public ** Private ***
Clarithromycin	SR Claren	500 mg	tablet	7	23.63	Pharmacy[189]	
Doxycyxline	Doxiciclin Atb	100 mg	capsule	10	4.74	Pharmacy[190]	
Metronidazole	Trichopol	250 mg	tablet	20	14.5	Pharmacy[191]	
Nitrofurantoin	Furadonin	100 mg	tablet	20	12.9	Pharmacy[192]	Inpatient Public ** Private ***
Trimethoprim + sulfamethoxazole (such as Cotrimoxazole)	Biseptol	120 mg	tablet	20	3	Pharmacy[193]	
Vaccines							
Diphtheria, tetanus, pertussis (acellular) hib vaccine and poliomyelitis (inactivated)	Hexavalent vaccine	0.5 ml	injection	1 dose	Free	NCDC[194]	Outpatient Public* These vaccines included under the NIP are fully state-funded and provided to children free of charge at PHC facilities.[195] Not available as standalone vaccines, only as a combination of MMR vaccine.[196]
Rubella vaccine **(or combinations of Mumps- Measles-Rubella as MMR)**	Priorix / M-M-R II (combined)	5 ml	Vial	10 doses	Free	NCDC[197]	
Mumps vaccine							
Measles vaccine							

[188] PSP, ცეფალექსინი [Cefalexin], 2026, url
[184] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.9
[189] PSP, SR კლარენი [SR Claren], 2026, url
[190] Aversi, Doxiciclin, n.d., url
[191] PSP, Trichopol, 2026, url
[192] Aversi, Furadonin, n.d., url
[193] Aversi, Biseptol, n.d., url
[194] KII06, Senior official at NCDC, Interview, 10 April 2026
[195] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[196] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[197] KII06, Senior official at NCDC, Interview, 10 April 2026

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
Haemophilus influenzae type B vaccine (= Hib vaccine)	Included in hexavalent					NCDC[198]	
Meningococcal vaccine	MenACWY	0.5 ml	injection	1 dose	450	GPC Express[199]	Not included in the NIP and calendar and are not funded publicly.[200] Private ***
Pneumococcal vaccine	PCV	0.5 ml	Injection	1 dose	Free	NCDC[201]	Outpatient Public* Included under the NIP.[202]

[198] KII06, Senior official at NCDC, Interview, 10 April 2026
[199] KII07, GPC Express Representative, Interview, 20 April 2026; price quoted over the phone
[200] KII02, Senior official at the MoIDPLHSA, Interview, 1 April 2026
[201] KII06, Senior official at NCDC, Interview, 10 April 2026
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KII03, Manager of the private health provider network, Interview, 3 April 2026. The person wishes to remain anonymous.

KII04, Manager of the tertiary care hospital, Interview, 3 April 2026. The person wishes to remain anonymous.

KII05, Senior official at the Ministry of Education, Sciences and Youth, Interview, 1 April 2026. The person wishes to remain anonymous.

KII06, Senior official at NCDC (National Center for Diseases Control and Public Health), Interview, 10 April 2026. The person wishes to remain anonymous.

KII07, GPC Express Representative, Interview, 20 April 2026. The person wishes to remain anonymous.

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Annex 2: Terms of Reference

Note for drafters: These are guidelines on the information to be included. Keep the focus on treating medicine – preventive care can be mentioned but is of less interest to the target group.

General information

- Are there any factors limiting access to healthcare for children? If so, are they economic, cultural, geographic? Are there any policies aiming at improving access to care and medication for children? Include information if there are rural–urban disparities: does Healthcare access differs significantly between Tbilisi and rural regions? Include most relevant indicators if possible, by region. Any programmes/initiatives ensuring that children have equitable access to essential services, and healthcare, especially in underserved regions. Barriers to maternal and child health? Organization of perinatal services and gaps in preventive health measures, such as postnatal check-ups? Pilot programs for developmental screening? (this can be covered also in part 2 Available support if concerns NGO's).
- Distribution of paediatric specialists (notably paediatric neurologists, hepatologists, gastroenterologists) between regions;

Available support

- Is there a health programme specifically for children? If so, could you explain the content of this programme? Are human resources and infrastructures sufficient for the country's needs? At which level of the health pyramid is paediatric monitoring done?
- Is there a programme for the partial or total coverage of healthcare for children? If so, what are the eligibility criteria to gain access to it? What financial support can the parents expect from the government, social security or a public or private institution?
- Additional/optional: School-based health programmes: Georgia has initiatives for school health nurses. Relevant information can be included. Mental health component: WHO and UNICEF supported a child mental health integration pilot projects within PHCs. Address briefly.
- Are there any NGOs or international organisations working on the improvement of access to health care for children? What are the necessary conditions for the patient to be eligible for treatment?

Access to healthcare

- What is the 'typical route' for paediatric patients with a disease (after being diagnosed with a disease)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can he access treatment? Is the treatment geographically, economically, etc. accessible? 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? Are there any access barriers of IDP's (Internally Displaced Persons) Georgian citizens displaced within Georgia due to conflict/ Abkhazia and South Ossetia regions? Are there any accessibility barriers for children with disabilities?
- Are the medical costs covered by social protection or an additional health insurance? If so, could you explain the conditions? If it is not the case, how can the patient gain access to treatment?

Insurance and national programmes

- National coverage (state insurance).
- Programmes funded by international donor programmes, e.g. projects supported by UNICEF, WHO, USAID, World Bank, or the European Union addressing child health?
- Include any insurance information that is specific for paediatric patients.

NGOs

Include if relevant, otherwise delete section.

- Are any NGOs or international organisations active specifically for paediatric patients? 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).

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

Cost of medication

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

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

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

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