



Georgia - Researched and compiled by the Refugee Documentation Centre of Ireland on 7 May 2010

General information on the health service in Georgia. Information on the treatment of children who have hearing difficulties or who are deaf.

Under the heading 'Health care system' the *Country of Return Information Project* states:

"There are 12 administrative-territorial health units in Georgia, each with different number of regional centres where medical services are available. Tbilisi has the most developed health care infrastructure, with all types of medical establishments available: emergency services, ambulatory care centres and polyclinics, hospitals and gynaecological hospitals, medical-research institutions and centres, dentist's offices and pharmacies. All types of medical services are available in Batumi as well. Every town has at least one hospital and one ambulatory care centre. The problem with these towns and regional centres is that there is no choice of medical establishments and only state-owned medical care centres are available. In early 2007 Government decided to spent 350 million GEL (Lari) on the construction of hospitals and 170 million GEL (Lari) for the construction of outpatient clinics. "The major principle is that each patient across Georgia should be able to reach the closest medical center in 30 minutes," Arveladze said. Decentralization has been a major component of the health reform process since 1995 and was reiterated in the 2000-2009 strategic health plan. A plan to privatize hospitals was initiated in 2007. Nearly all dental clinics and pharmacies have already been privatized." (Country of Return Information Project (June 2009) *Country Sheet – Georgia*, p.97)

Page 98 of this report continues stating:

"Chapter II of Law on Health Care regulates Georgian citizens' rights to health care. Article 5 of the aforementioned law states, 'citizens of Georgia have the rights to use the medical assistance provided by the state healthcare programs following the stated procedures' and Article 6 says that 'under no circumstances shall the patients be discriminated based on their race, skin colour, language, sex, political affiliation or religion, ethnicity, origin, social status, place of residence, sickness, gender orientation or personal negative attitude'. Therefore, all citizens of Georgia have equal rights to health care. The problem with the Georgian health care system is its poor quality, not discrimination. Under 'poor quality' it is not meant the training of doctors, who are duly educated and trained, but facilities that are poor with outmoded technology. Since the same service is available for everyone applying for help, there are no reported cases of discrimination in the health care system." (Ibid, p.98)

The report adds:

“Cost of health care depends on the type of disease and its treatment as well as the patient’s social-economic condition. The state program of hospital care assistance has several components and in each of these components, different amount of health care expenses are covered from the state budget.” (Ibid, p.98)

A June 2008 report on *Eurasianet* notes:

“After almost a decade spent mulling over ways to overhaul Georgia’s faltering healthcare system, the government has moved to outsource the job to the private sector. While the decision is in keeping with the country’s overall aggressive reliance on market mechanisms to stimulate change, some observers worry about what the results will be for access to affordable healthcare.

Few would disagree that the government alone can sustain a bloated, Soviet-era healthcare system. Less than 30 percent of the country’s 16,455 hospital beds are now in use and almost all of its roughly 250 hospital facilities need renovations and technological updates, according to official figures.

‘It is absolutely impossible for [a] state like Georgia to retain . . . 254 publicly owned hospitals and [to] finance the health care at the level we would like to provide,’ Minister of Labor, Health and Social Affairs Alexander Kvitashvili said in an interview with EurasiaNet. ‘Therefore, private medical insurance and [a] private hospital network [are] something that we think is the only way out of the situation.’

Under a project billed 100 Hospitals, private companies, mostly real estate developers and pharmaceutical firms, are taking over public hospitals with a pledge that they will upgrade the facilities and provide better quality services. The bidders are not paying the government for these takeovers.” (Eurasianet (19 June 2008) *Georgia says Farewell to Public Healthcare*)

The *International Organization for Migration* states:

“MoLHSA [Ministry of Labour, Health and Social Affairs in Georgia] has made provisions for free State healthcare through the United Social Insurance Fund, which aims to provide healthcare free of charge to vulnerable people. Vulnerable people who can avail or free healthcare must qualify on the basis of a means test which is administered by the Government.

Free and subsidised healthcare is also available to all citizens through the Benefit Package of healthcare. Under the Basic Benefit Package (BPP) concept, all services included in the BPP list are either free or partially subsidized. In general, programmes under the BPP that are financed and run by the municipal health authorities require some form of co-payment, while those funded through the central government budget do not. For any services not included in the BPP, patients must pay the hospital or doctor directly (or through private insurance, if they possess it). People paying into this programme receive an insurance card that must be shown to access services to which they are entitled.

The- following Health Care programmes may be available:
Outpatient visits:

- Children under 3 years: medical care is fully financed by the government
- Children 3-15 years - medical care is partly financed by the government
- Immunization - is fully financed by the government
Bacille Calmette-Guérin vaccine 2-5 days;
Tetanus and diphtheria toxoid childrens' dose 5 years;
Diphtheria and tetanus toxoid with whole cell pertussis vaccine 2, 3, 4, 18 months;
Hepatitis B vaccine birth; 2, 4 months;
Measles mumps and rubella vaccine 12 months; 5 years;
Oral polio vaccine 2, 3, 4, 18 months; 5 years;
Tetanus and diphtheria toxoid for older children / adults
- Adults 15-65 years - 1 Consultation and investigations (FBC, WCC, ESR, Glucose, Creatinine, Urinalyses, ECG) a year is paid by the government. All other medical service is paid by the patient.
- Adults over 65 – medical program is the same, but special programs are for the following chronic diseases:
Ischemic heart disease
Hypertension
Diabetes Mellitus
Bronchial asthma
Cancer IV clinical group
- Emergency Ambulance Care (03) for all patients is fully financed by the government.

Hospital care:

- Children under 3 years – medical care is fully financed by the government
- Children 3-15 years - critical medical care is fully financed by the government, all other cases are financed by 80%
- Adults - Critical and Emergency care is financed by 100%, in other cases patient pays 20-25%
- Psychiatric care is financed by 100%
- TBC program - Hospital care is fully financed
- Malignant diseases - Medical Care is partly financed
- Antenatal care - 4 consultations with investigations are financed
- Cardio surgery (PCI, CABG, reconstructive operations) is financed by 75%." (International Organization for Migration (undated) *Healthcare – Georgia*)

An undated report from *World Vision* states:

"GEORGIA - Infants and children in Georgia are at a greater risk of being abandoned and placed in an institution if they have a disability or come from poor or dysfunctional families. 85 to 90% of the 5400 children in orphanages and other residential institutions in Georgia actually have parents." (World Vision (undated) *Infant abandonment and institutionalisation still on the rise*)

The March 2010 *United States Department of State's Country Report on Human Rights Practices* under the heading 'Persons with Disabilities' states:

"The law prohibits discrimination against persons with disabilities, although in practice the problem was a low priority for the government. Discrimination against persons with disabilities in employment, education, access to health care, and in the provision of other state services was a problem, and societal discrimination existed. The administrative code mandates access to buildings

for persons with disabilities and stipulates fines for noncompliance. However, very few, if any, public facilities or buildings were accessible." (United States Department of State (11 March 2010) *Georgia: Country Report on Human Rights Practices – 2009*)

A June 2005 report from the *Tbilisi Government Georgia* states:

"These children need a special care and attention , in some governmental programs the rehabilitation of the deaf children is envisaged, the City Hall actively participates in all actions that are linked with the realization of the similar programs, our duty is to take care of such children and to help them to recover, we are to create such an entourage for them, where they will be able to feel themselves the fully valuable members of the society ,"- said Niko Khachirishvili, the Deputy Mayor of Tbilisi.

About 190 children are registered in the 24 hours kindergarten for the deaf children and the children from various regions of Georgia are bred, together with the Tbilisian ones in this nursery school. (Tbilisi Government Georgia (5 June 2008) *Government Representatives visit the Deaf Children*)

Page 29 of a report from the *Council of Europe* states:

"The need to carry out a component of the provision of the people with hearing problems with hearing-aids was caused by the circumstances that due to the daily household problems people with hearing problems find it difficult to fully integrate in society.

Apart from this, the speech of the children with hearing problems is in danger of not developing which causes the stoppage of their psychomotor development. In order to settle the above-mentioned problems people with hearing problems need to be provided with hearing-aids, which will facilitate their mental development and their integration in the society. In 2005 420 hearing-aids were distributed for 417 beneficiaries, and in 2006 within the frames of the component of providing people with hearing problems with hearing aids 1 110 beneficiaries were provided with service, 250 of which were given digital hearing-aids and 860 – an analogous apparatus." (Council of Europe (31 October 2007) *European Social Charter – The Government of Georgia*)

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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