



Georgia: Researched and compiled by the Refugee Documentation Centre of Ireland on 13 June 2011

Information on the treatment for chronic heart disease. Could he access treatment for this in Georgia? Would this be available publicly, or would he have to pay private fees? If he is not working, would he be able to afford this type of treatment, or would the cost be prohibitive?

A report on Georgia from *Caritas International* states:

“4.4.3.2 Eligibility criteria and access to health care services 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 relatively 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, especially in regions. Since the same service is available for everyone applying for help, there are no reported cases of discrimination in the health care system.” (Caritas International (January 2010) *Country Sheet Georgia*)

The report goes on to say

“Cardiological diseases diagnostics and treatment assistance covers heart disease, aorta- coronary shunt, and anginous-plastic. State provides compensation according to different disease categories from 2686 to 13146 GEL (Lari). Children (0-18 years old) are provided with 70% covered expenses. Treatment of heart disease is free.” (Ibid)

A November 2009 report from *International Organisation for Migration* the states:

“The health care system in Georgia has been in a process of constant change for the last few years. Many of the state health institutions have been privatised. Nowadays, the clinics are well equipped and almost every disease is treatable in Georgia. Procedures that include complex neurosurgical and heart operations are available. However, the prices of procedures are quite high in comparison with average salaries. Unfortunately the health insurance system is not very well developed. It is mainly people employed in international organisations and big corporate companies that have health insurance. Most of the population is currently not insured and they have to cover the costs of their treatment in state or private clinics themselves. In Spring 2009, the state introduced health insurance (5 GEL/2.3 EUR per

month) for citizens of Georgia between 3-63 years. This insurance covers general blood and urine tests, examinations, electrocardiography twice a year, and urgent medical assistance¹. There are several packages offering a variety of services for a monthly fee. There is a special package for people over 60. For 30 GEL (12.2 EUR) per year, they can have a free check-up twice a year, free urgent treatment or operations, and 50% discount on ambulatory treatment (ultrasound, X-ray, consultations etc.). State health care programmes are only free to people below the poverty line.” (International Organisation for Migration (12 November 2009) *Returning to Georgia: Country information*)

The UK Home Office Operational Guidance Note states under the heading, ‘Medical treatment’:

“In 2000 the Georgian government adopted a State programme for a national health policy. The same year saw the adoption of a Strategic plan for health care development in Georgia. According to the latest World Health Organisation (WHO) health indicators for Georgia of May 2005, 100% of the population have access to primary healthcare. Between 90 and 100% of children have received all major inoculations. Per 10,000 people in 2003 there were a total of 48.4 doctors and 41.9 hospital beds. Measles and tuberculosis are the main causes of death by disease.” (United Kingdom Home Office (October 2008) *Operational Guidance Note – Georgia*, pp. 14-15)

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)

This report also states:

“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)

This report also states:

"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 report on Eurasianet states:

"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 of 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(BBP) 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*)

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UNHCR Refworld
US Department of State
US Social Security Administration

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.