



Georgia

Psychiatry

Georgia Psychiatry

MedCOI

April 2025



Manuscript completed in April 2025

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Luxembourg: Publications Office of the European Union, 2025

PDF ISBN 978-92-9410-704-6 doi: 10.2847/9593798 BZ-01-25-023-EN-N

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Please cite as: EUAA, MedCOI Topical Report – Georgia: Psychiatry, April 2025, <https://euaa.europa.eu/publications/medcoi-topical-report-georgia-psychiatry>

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Acknowledgements

The EUAA acknowledges International SOS as the drafters of this report.

The report has been reviewed by International SOS and EUAA.





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Disclaimer

This report was written according to the EUAA COI Report Methodology (2023). 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 06 March 2025. Any changes 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
CBOPS	Community-Based Outpatient Service
CI	Crisis Intervention
EMDR	Eye Movement Desensitisation and Reprocessing
EUAA	European Union Agency for Asylum
EU	European Union
EUR	Euro
GEL	Georgian Lari
IDP	Internally Displaced Person
IPSA	Inpatient Service Adult
IPSC	Inpatient Service Child
MedCOI	Medical Country of Origin Information
MOTS	Mobile Outreach Team Service
MoIDPLHSA	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health, and Social Affairs





Term	Definition
NCDC	National Centre for Diseases Control and Public Health
NGO	Non-Government Organisation
NHA	National Health Agency
PHC	Primary Healthcare
PTSD	Post-Traumatic Stress Disorder
PSR	Psychosocial Rehabilitation
SMHP	State Mental Health Programme
UHCP	Universal Health Care Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization





Introduction

Methodology

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

Terms of reference

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2: Terms of Reference. The initial drafting period finished on 9 December 2024, peer review occurred between 10 December 2024 – 24 January 2025, and additional information was added to the report as a result of the quality review process during the review implementation up until 6 March 2025. The report was internally reviewed subsequently.

Collecting information

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 ISO code and the conversion amounts are taken from the INFOEURO website of the European Commission. The rate used is that prevailing at 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

Quality control

This report was written by Intl.SOS in line with the European Union Agency for Asylum (EUAA) COI Report Methodology (2023),² the EUAA Country of Origin Information (COI) Reports

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

² EUAA, Country of Origin Information (COI) Report Methodology, February 2023, [url](#)



Writing and Referencing Guide (2023)³ and the EUAA Writing Guide (2022).⁴ The report also adheres to the standards set out in the subsequently published EUAA MedCOI Methodology (March 2025).⁵ Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and 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 were implemented to the extent possible, under time constraints.

Sources

In accordance with EUAA COI methodology, a range of different published sources have been consulted on relevant topics for this report. These include: governmental publications, academic publications, reports by non-governmental and international organisations, and Georgian media.

In addition to publicly available sources, oral anonymised sources were also consulted for this report. These included senior officials, healthcare providers, and representatives of relevant organisations. 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 the Annex 1: Bibliography.

³ EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, [url](#)

⁴ EUAA, The EUAA Writing Guide, April 2022, [url](#)

⁵ EUAA, MedCOI Methodology, March 2025, [url](#)



1. General information

1.1 Incidence and prevalence of mental and behavioural disorders

In 2020, Dr Nino Mirzikashvili, writing for World Health Organization (WHO) Europe, stated that the burden of mental and behavioural disorders in Georgia is high and therefore, requires attention from decision-makers.⁶ Based on official statistics, in 2021, Georgia with its population of approximately 3.7 million⁷ recorded a total of 84 141 instances (4 392 involving children) of mental and behavioural disorders, with a prevalence rate of 2 268.8 (573.4 in children) per 100 000 population, or 2.3 % of the total population. Among these cases, 4 442 were newly diagnosed (839 in children), resulting in an incidence rate of 119.8 (109.5 in children).⁸ Overall, according to the WHO, while the prevalence of mental health disorders has increased during the last two decades from 1.5 % in 2000 to 2.2 % in 2020, it is still significantly lower than the 3.7 % average prevalence reported in 2019 for countries of the WHO European region.⁹ As an illustration of newly diagnosed cases of mental and behavioural disorders, in 2021 various mental and behavioural disorders were recorded from most frequent to less frequent groups of disorders: 1. mental disabilities (mental retardation); 2. chronic psychotic disorders (e.g., schizophrenia, schizotypal and delusional disorders); 3. anxiety disorders (e.g., PTSD, panic disorder, OCD, stress-related and somatoform disorders); 4. mental disorders of organic origin (e.g., dementia, mental disorders due to brain damage/ physical disease); 5. mood disorders (e.g., depression, bipolar disorder); 6. mental and behavioural disorders due to psychoactive substance use (e.g., due to alcohol, opioids etc); 7. Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (e.g., ADHD).¹⁰

1.1.1 Adult population

The Government of Georgia notes that the official recorded figures on the prevalence of mental disorders are likely to be an underestimate.¹¹ More specifically, the research conducted by the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health, and Social Affairs (MoIDPLHSA) of Georgia together with Expertise France (the French Development Agency), assessing the mental health of the adult population (over 18 years of

⁶ WHO/Europe, Health and sustainable development: progress in Georgia, 2020, [url](#), p. 22

⁷ Georgia, Geostat, 2024, [url](#)

⁸ Georgia, NCDC, ჯანმრთელობის დაცვა: სტატისტიკური ცნობარი, საქართველო [Annual Statistical Report of Georgia 2021], 2022, [url](#), p. 82

⁹ WHO/Europe, European Health Information Gateway, Indicators Explorer, 2024, [url](#)

¹⁰ Georgia, NCDC, ჯანმრთელობის დაცვა: სტატისტიკური ცნობარი, საქართველო [Annual Statistical Report of Georgia 2021], 2022, [url](#), p. 83. For more information on these disorders, see WHO, International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10), [url](#), Codes F00-F09

¹¹ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 4



age) in Georgia between October 2019 and February 2020,¹² found that at least 5 % of Georgia's population (compared to the reported 2.3 %) experienced a mental health disorder that impacts their professional lives, with approximately 3 % of Georgia's population reporting depressive disorder and 2 % of Georgia's population citing an anxiety disorder within the past year. The frequency of psychotic experiences was found to be 4.83 %. In the previous year, 4.5 % of the population had reported hallucinations, 1.61 % had reported delusional thoughts and 1.61 % had psychotic episodes (changed behaviours and feelings).¹³ Based on the research findings, nearly 11 % of the population of Georgia may have dependence on psychoactive substances (both moderate and high risk), though this percentage may be higher due to the fear or difficulty of self-disclosure; the rate of use of only high-risk psychoactive substances is slightly above 1 %, with the risk higher in men than in women.¹⁴ According to the national survey in 2022, 0.6 % of the population is at high risk of alcohol dependence, requiring qualified help.¹⁵

1.1.2 Young adults

In 2023, a study was conducted of university students' mental health and their access to mental health services. This was supported by the United Nations Children's Fund (UNICEF) and 18 500 students aged 18-24 across Georgia took part in the survey. This found that students should be considered as one of the most vulnerable demographic groups concerning mental health challenges within the nation.¹⁶

The survey found that one in every four university students experienced moderate to severe symptoms of anxiety and one in three suffered signs of depression. Furthermore, a third of the surveyed university students reported that they had contemplated suicide at least once in their lives.¹⁷ Levels of knowledge about mental health services were low: close to 60 % of respondents stated that they did not remember hearing about state or private services that help young people with mental health problems.¹⁸

¹² Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 4

¹³ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 10

¹⁴ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 11

¹⁵ Kirtadze, I., et al., National Survey on Alcohol, Tobacco, and Substance Use in the General Population in Georgia 2022, Tbilisi, Georgia, 2023, [url](#), p.6

¹⁶ Kokosadze, N. and Lortkipanidze, K., A study of university students' mental health and their access to mental health services, UNICEF Georgia, 2023, [url](#), p. 9

¹⁷ Kokosadze, N. and Lortkipanidze, K., A study of university students' mental health and their access to mental health services, UNICEF Georgia, 2023, [url](#), p. 9

¹⁸ Kokosadze, N. and Lortkipanidze, K., A study of university students' mental health and their access to mental health services, UNICEF Georgia, 2023, [url](#), pp. 37-38



1.2 Suicide risk

According to the WHO estimates, the age-standardised suicide rate in 2019 stood at 6.4 per 100 000 population in Georgia, with a notable gender disparity: 12.1 per 100 000 in males and 1.8 per 100 000 in females. While these rates are higher than those reported in Armenia (2.0 per 100 000), Azerbaijan (1.8 per 100 000) and Turkey (2.4 per 100 000), they are lower than the average for the WHO European Region, which stands at 10.9 per 100 000 in 2019.¹⁹ The study conducted by MoIDPLHSA / Expertise France in Georgia indicates that the frequency of existing suicidal thoughts is quite high and almost equal in adult women and men (14 %). The Government of Georgia noted that this figure is close to the highest rate of suicidal ideation reported in Europe (France – 14.9 % women, 9.6 % men; Germany – 11.3 % women, 8.1 % men).²⁰ In 2019, about 1 % of the population in Georgia reported having attempted suicide (1.3 % men, 0.8 % women). The Government of Georgia noted that this figure is low compared to other countries.²¹

1.3 Organisation of mental health services

The health system of Georgia comprises mixed public-private financing and provision of services.²² The MoIDPLHSA of Georgia oversees health and social welfare. The Ministry supports and coordinates the preparation of the legislation, strategies, action plans and state programmes that should be adopted by the Government and the Parliament of Georgia, including the ‘State Concept on Mental Health Care’ adopted by the Parliament in 2013²³ and the Government of Georgia’s Mental Health Strategy of Georgia 2022-2030.²⁴ The aim is to develop comprehensive evidence-based, culturally appropriate, and human rights-oriented mental health and social care services.²⁵ The MoIDPLHSA also determines the specific regulations of the psychiatric system, together with the Mental Health Policy-Making Council, which is composed of representatives of both government organisations and non-government organisations (NGOs), experts in the field, and heads of psychiatric institutions and services.²⁶

¹⁹ WHO, Global Health Observatory data repository, Suicide rate estimates, age-standardized Estimates by country and region, 2025, [url](#)

²⁰ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 10

²¹ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 10

²² KII02, Senior official from the MoIDPLHSA, Interview, 8 November 2024

²³ Georgia, Legislative Herald of Georgia, Document No. 1741-Is ფსიქიკური ჯანმრთელობის დაცვის სახელმწიფო კონცეფციის“ დამტკიცების შესახებ [Approval of the state concept of mental health protection], 25 December 2013, [url](#)

²⁴ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), Appendix 1

²⁵ Chkonia, E., et al., The Quality of Care Provided by Outpatient Mental Health Services in Georgia, 2021, [url](#), p. 54

²⁶ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 12



The National Centre for Disease Control and Public Health (NCDC) supervises the implementation of the State Programme of Health Promotion, which, amongst others, includes provision of psychological assistance through professional telephone counselling and promotion of mental health and psychological hotline.²⁷ The NCDC also publishes statistical information on the incidence, prevalence of mental health problems and related mortality in its annual reports as a result of analysis of data obtained from medical institutions.²⁸

The mental health services delivery system is funded through centralised financing from general tax revenues. This centralised financing provides coverage to over 90 % of the population²⁹ and WHO Europe describes this Universal Health Care Programme (UHCP) as providing a “broad but extremely complex” package of health benefits, requiring substantial copayment.³⁰

This benefit package covers full mental health services under two state health programmes (State Mental Health Programme³¹ and State Programme for Treatment of Drug Addiction³²) and one social care programme (Child Care and Youth Support³³) financed through the central budget. These state health programmes are financially administered by the MoIDPLHSA subordinate public entity – the National Health Agency (NHA). The Child Care and Youth Support programme is financed through the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking (hereafter referred to as the ‘Care Agency’).³⁴ There are also locally financed programmes for children with autistic spectrum disorders that are financed only for residents of certain municipalities (e.g. Tbilisi, Adjara Region, etc.).³⁵

The delivery of health services in Georgia is decentralised and dominated by private health providers,³⁶ and is organised into three tiers of care:

²⁷ Georgia, Government of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 10

²⁸ Georgia, NCDC, ჯანმრთელობის დაცვა: სტატისტიკური ცნობარი, საქართველო [Annual Statistical Report of Georgia 2021], 2022, [url](#), pp. 82-83

²⁹ WHO, Health Financing Progress Matrix assessment, Georgia 2023, Summary of findings and recommendations, 2023, [url](#), p. 6

³⁰ Richardson, E., Health Systems in Action: Georgia, WHO/European Observatory, 2022, [url](#), p. 8

³¹ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 12

³² Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 9

³³ Georgia, Legislative Herald of Georgia, Document No. 558 სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2024 წლის სახელმწიფო პროგრამის დამტკიცების შესახებ [Approval of Social Rehabilitation and Child Care State Programmes for 2024], 29 December 2023, [url](#), Appendix 1

³⁴ The authors of this report note that this is the English translation of the official title of the agency and that ‘Care’ applies to the social care programmes that this agency administers. Care is not restricted to victims of trafficking. The title of the agency in Georgian is “სახელმწიფო ზრუნვისა და ტრეფიკინგის მსხვერპლთა, დაზარალებულთა დახმარების სააგენტო”, 28 March 2025, [url](#)

³⁵ KII01, Senior official from the MoIDPLHSA, Interview, 24 October 2024

³⁶ Richardson, E., Health Systems in Action: Georgia, WHO/European Observatory, 2022, [url](#), p. 8

1. Primary healthcare (PHC) provided by rural doctors and nurses serving rural residents and urban outpatient facilities serving urban residents and also pre-registered or referred rural residents;
2. Secondary inpatient and specialist services provided by medical centres at municipal level; and
3. Tertiary care provided by regional and national level public and private hospitals.³⁷

The share of publicly owned facilities is however higher for mental health services than for other fields of healthcare. The outpatient mental health services at local level are mainly provided as community-based mental health services through 21 specialised public and private community-based clinics and 33 mobile mental health teams across Georgia to ensure proper geographic access to their services.³⁸ According to the state programme for “Mental Health”, the community-based mental health services should be provided in close coordination with the PHC system, with PHC teams providing referral to and follow-up of patients with mental health disorders.³⁹

The inpatient mental health services are provided through 11 adult (mostly public) inpatient hospitals mostly located in the regional centres, or in the capital (Tbilisi), and one inpatient department for children and adolescents with total of 1 197 beds, or 35.5 beds per 100 000 population (also see Figure 1: Map of mental health services in Georgia for details).⁴⁰

Table 1 below shows mental health services providers with their ownership status (public or private), the services provided and their location. The website of each provider, if available, is included in the footnote.

Table 1: Mental health services providers

Institution	Ownership Status	Mental Health Services Provided	Location/website
Tbilisi Mental Health Centre	Public	Inpatient Service Adult (IPSA), Community Based Outpatient Service (CBOPS), Mobile Outreach Team Service (MOTS)	Gldani-Nadzaladevi District, Tbilisi ⁴¹

³⁷ KII02, Senior official from the MoDPLHSA, Interview, 8 November 2024

³⁸ Georgia, LEPL National Health Agency of Georgia, მიზნობრივი პროგრამები, ფსიქიკური ჯანმრთელობა, პროგრამით გათვალისწინებული სამედიცინო მომსახურების მიმწოდებელი კლინიკების ჩამონათვალი [Targeted Programmes, Mental Health, the list of facilities providing services covered under the programme], 2020, [url](#)

³⁹ Georgia, Legislative Herald of Georgia, Document No. 529 “2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ” [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 12

⁴⁰ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 14

⁴¹ BIA, Tbilisi Mental Health Center, 2024, [url](#)

Mental Health and Drug Addiction Prevention Centre	Public	IPSA, CBOPS, MOTS, Psychosocial Rehabilitation (PSR), Crisis Intervention (CI)	Tbilisi ⁴²
Abkhazia Psychoneurological Dispensary	Public	CBOPS	Isani-Samgori District, Tbilisi ⁴³
Rustavi Mental Health Centre	Public	IPSA, CBOPS, MOTS, CI	Rustavi ⁴⁴
Mental Health Centre of Eastern Georgia	Public	IPSA, CBOPS, MOTS	Surami, Khashuri, Shida Kartli Region ⁴⁵
Community Mental Health Centre of Samtskhe-Javakheti	Public	CBOPS, MOTS	Akhaltikhe Website not available
Telavi Psychoneurological Dispensary	Public	CBOPS, MOTS, PSR	Telavi, Kakheti Region ⁴⁶
Senaki Mental Health Centre	Public	IPSA, CBOPS, MOTS	Senaki ⁴⁷
Grigol Ormotsadze Centre – Neuron	Public		Lanchkhuti Website not available
Mental Health Association of Georgia	Private – nonprofit	PSR	Tbilisi ⁴⁸
"Open Heart" at Clinical Hospital No. 5"	Private	Inpatient Service Child (IPSC), CI, CBOPS, MOTS	Temqa - XI, Tbilisi ⁴⁹

⁴² Mental Health and Drug Addiction Prevention Centre, 2025, [url](#)

⁴³ BIA, Abkhazia Psychoneurological Dispensary, 2024, [url](#)

⁴⁴ Facebook, Rustavi Mental Health Centre, n.d., [url](#)

⁴⁵ BIA, Mental Health Centre of Eastern Georgia, 2024, [url](#)

⁴⁶ BIA, Telavi Psychoneurological Dispensary, 2024, [url](#)

⁴⁷ Facebook, Senaki Mental Health Centre, n.d., [url](#)

⁴⁸ Facebook, Mental Health Association of Georgia, n.d., [url](#)

⁴⁹ Open Heart - 5th Clinical Hospital, 2021, [url](#)

National Training Centre of Family Medicine	Private	CBOPS, MOTS, CI	Tbilisi ⁵⁰
Gormed LLC	Private	CBOPS	Gori ⁵¹
LLC Mtskheta Primary Health Care Centre – Healthy Generation	Private	CBOPS, MOTS	Mtskheta ⁵²
Archimede Clinic	Private	CBOPS	Tsnori ⁵³
National Centre of Mental Health	Private	IPSA, IPSC, CBOPS, MOTS, Long Term Care (LTC) for patients with mental disorders	Khoni ⁵⁴
Imermedi – Imereti Regional Medical Centre (Terjolamedi)	Private	IPSA, CBOPS, MOTS	Terjola ⁵⁵
Medalpha	Private	CBOPS	Ozurgeti ⁵⁶
Batumi Medical Centre	Private		Batumi ⁵⁷

Source: National Health Agency, 2024⁵⁸

⁵⁰ Facebook, National Training Centre of Family Medicine, n.d., [url](#)

⁵¹ Facebook, Gormed, n.d., [url](#)

⁵² Mtskheta Medical Center, 2024, [url](#)

⁵³ YellowPages, Archimedes Clinic, 2025, [url](#)

⁵⁴ YellowPages, Academician b. Naneishili National Center of Mental Health, 2025, [url](#)

⁵⁵ Imermedi - Imereti Regional Medical Centre (Terjolamedi), 2025, [url](#)

⁵⁶ Medalpha, 2017, [url](#)

⁵⁷ Batumi Medical Centre, 2022, [url](#)

⁵⁸ Georgia, LEPL National Health Agency of Georgia, პროგრამით გათვალისწინებული სამედიცინო მომსახურების მომწოდებელი კლინიკების ჩამონათვალი [The list of providers of medical services defined by the programme], n.d., [url](#)

2. Access to treatment

2.1 State Mental Health Programme (SMHP)

The objective of the SMHP is to enhance the accessibility and affordability of psychiatric services across Georgia. The programme beneficiaries comprise citizens of Georgia and individuals subjected to forced or involuntary inpatient services, which includes citizens of Georgia or persons in penitentiary institutions with or without identification document, provided they are subject to a court decision mandating placement in an inpatient facility for involuntary psychiatric treatment. These individuals must receive services within designated medical institutions as per the provisions. Users of inpatient services requiring non-voluntary care include citizens of Georgia, foreign nationals residing in Georgia, and stateless individuals with permanent residency in Georgia.⁵⁹

The SMHP addresses mental health needs through providing public coverage for a diverse array of services.⁶⁰ These include community outpatient services, specialised community-based mobile teams catering to individuals experiencing severe mental illness, and psychosocial rehabilitation services. Additionally, the programme covers provision of day care centres tailored for individuals under the age of 18, crisis intervention services for individuals between the ages of 16 and 65, and psychiatric inpatient services accommodating children, adolescents and adults alike. Furthermore, the programme extends shelter services specifically designed to support individuals with disability grappling with mental health issues. This holistic approach aims to provide accessible and comprehensive care across various demographics within the population.⁶¹

The access to all services covered by the SMPH are free of charge for all programme beneficiaries⁶² irrespective of whether the services are provided by public or private facilities.⁶³ The access to SMPH services are provided to eligible beneficiaries on a medical needs basis.⁶⁴ There are specific eligibility requirements to access the shelter services covered under this programme. An individual with mental disorders or their supporter must

⁵⁹ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 12, Chapters 1 and 2

⁶⁰ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 12, Chapter 3

⁶¹ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 12, Chapter 3

⁶² Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 12, Chapter 2, Article 4

⁶³ KII02, Senior official from the MoIDPLHSA, Interview, 8 November 2024

⁶⁴ KII02, Senior official from the MoIDPLHSA, Interview, 8 November 2024



submit an application to the Care Agency. The application should include the following documents:

- The individual's identity document (citizen's identity/residence certificate or passport), along with a photocopy;
- Certificate of the individual's health condition (medical documentation form No. IV-100/a);
- Documentation verifying the individual's disability status, accompanied by a photocopy;
- One photo of the individual (3X4); and
- If the applicant is acting as a supporter for the individual, their identity document (citizen's identity card/residence certificate or passport) and a photocopy, along with any relevant supporting documents.⁶⁵

The Care Agency makes the decision regarding the provision of shelter one month from the date of application. The Care Agency notifies the applicant within five working days following the decision.⁶⁶

The NHA is responsible for contracting the providers of the services covered by the programme, for monitoring the performance of the services and for reimbursing service providers.⁶⁷

Provisions regarding different services are set out in the following appendices to the Approval of the 2024 State Healthcare Programmes:

- Community outpatient services (Appendix 12.5);
- Psychosocial rehabilitation services (Appendix 12.6);
- Crisis intervention services (Appendix 12.7);
- Community-based mobile teams (Appendix 12.8);
- Adult psychiatric inpatient services (Appendix 12.9);
- Additional services (Appendix 12.10);
- Child psychiatric inpatient services (Appendix 12.11);
- Shelter services for disabled individuals with mental disorders (Appendix 12.12); and
- Tbilisi municipal assertive community treatment (Appendix 12.13).⁶⁸

⁶⁵ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 12, Chapter 3, Article 7.g

⁶⁶ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 12, Chapter 3, Article 7.d

⁶⁷ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022–2030], 18 January 2022, [url](#), p. 12

⁶⁸ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 12



The mental health service providers engaged in the State Mental Health Programme are listed in Table 2.

Mental health service providers report monthly and provide detailed information on inpatient, outpatient and community services provided.⁶⁹ These services are financed based on the global budget principle, except for inpatient services, which are reimbursed according to the actually incurred expenses, not exceeding the defined monthly budget.⁷⁰ As Table 2 shows, the total annual budget allocated for the SMHP is GEL 50 million [approximately EUR 17.2 million].

Table 2: Mental Health Service Components and Budget

No.	Component Name	Budget (thousand GEL)
1	Community outpatient services	9 101.8
2	Psychosocial rehabilitation	134.0
3	Mental health of children	151.0
4	Psychiatric crisis intervention service for adults	662.3
5	Community-based mobile team services	3 182.4
6	Psychiatric inpatient services for adults with mental disorders	23 731.4
7	Psychiatric inpatient services for children with mental disorders	1 054.1
8	Component of providing shelter for disabled persons with mental disorders	1 793.4
9	Co-financing of assertive treatment component	84.0
10	Housing development	10 105.6
	Total:	50 000.0

Source: 2024 State Healthcare Programmes⁷¹

⁶⁹ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 13

⁷⁰ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 13

⁷¹ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Annex 12, Chapter 8



2.2 State Programme for Treatment of Drug Addiction

The goal of this programme is to reduce the harm related to drug addiction.⁷²

Programme beneficiaries are:

1. Citizens of Georgia (beneficiaries of substitute pharmaceutical products may be foreign citizens who were involved in substitution programmes abroad before arrival to Georgia).
2. Persons in penitentiary institutions, as well as defendants/convicts included in the drug replacement programme placed in temporary isolation/quarantine space by the special penitentiary service, despite not having an official document confirming the identification provided by the law.
3. Beneficiaries are also persons involved in the methadone replacement treatment programme of the Global Fund to Fight AIDS, Tuberculosis and Malaria until 1 July 2017, despite not having a document confirming Georgian citizenship.⁷³

Services provided within the programme include:

1. Inpatient detoxification and primary rehabilitation, including food provision, in the case of mental and behavioural disorders caused by the use of opioids, stimulants and other psychoactive substances;
2. Implementation of replacement therapy and provision of replacement pharmaceutical product delivery (transportation, escort) to Tbilisi and regions, including provision of psycho-social rehabilitation;
3. Provision of short-term and long-term detoxification with a substitute pharmaceutical product in penitentiary institutions No. 2 and No. 8, and provision of replacement therapy and delivery of replacement pharmaceutical products (transportation, escort) by the special penitentiary service in the temporary isolation/quarantine space (Tbilisi);
4. Purchase of a substitute pharmaceutical product;
5. Transportation, storage and distribution of a substitute pharmaceutical product (costs of customs clearance of medicinal products in the customs territory of Georgia, receipt, storage, transportation, distribution for medical and preventive institutions);
6. Inpatient services for mental and behavioural disorders caused by alcohol consumption, including food provision, taking into account geographical availability; and
7. Pilot project: Psycho-social rehabilitation of drug users on the basis of a day care centre, which includes:
 - a) Provision of a long-term psycho-social (up to three months) rehabilitation day outpatient service for injecting drug users on the base of the rehabilitation centre selected as a pilot;

⁷² Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Annex 9, Chapter 1

⁷³ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Annex 9, Chapter 2



- b) The services of the day outpatient rehabilitation centre can be used by those persons who have undergone a detoxification course independently and require further treatment and rehabilitation support and the provision of psycho-social assistance services according to international standards; and
- c) Service delivery is carried out in accordance with the assessment of the user's needs and his individual rehabilitation plan, including individual counselling and treatment tailored to the needs, as well as group therapy sessions.⁷⁴

The Mental Health and Drug Addiction Prevention Centre is the main provider of the services provided by subsections "b" and "c".⁷⁵

When enrolling patients within the substitution therapy component, preference is given to the use of methadone, if there are no legal objections to the use of methadone. Financing of services is carried out according to the actual cost incurred by facilities but up to a cost ceiling amount for the services as specified in the programme. Funding of some services within the scope of subsections is carried out on the basis of the global budget every month, but not more than 1/12 of the annual reimbursable amount.⁷⁶

The State Programme's budget amounts to GEL 13.7 million [approximately EUR 4.8 million].⁷⁷

Thus, total funds allocated by the central budget to the public mental health programmes for the year 2024 is GEL 63.7 million [approximately EUR 22.3 million] or 3.5 % of the total government expenditure on health of approximately GEL 1.816 billion [approximately EUR 626 million] in 2023.⁷⁸ This level of public spending on mental health is favourable when compared to the global average of mental health spending of 2.13 % of total government per capita health expenditures and is on a par with the 3.6 % average spending reported for the European Region in 2020.⁷⁹ However, this figure is still short of the 5 % share of the total government health funding as recommended by the Lancet Commission 2018 for low and middle-income countries.⁸⁰

⁷⁴ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Annex 9, Chapter 3

⁷⁵ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Annex 9, Chapter 6

⁷⁶ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Annex 9, Chapter 4

⁷⁷ Georgia, Legislative Herald of Georgia, Document No. 529, 2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Annex 9, Chapter 8

⁷⁸ Georgia, Ministry of Finance, Expenditures by Function of the Government, 2023, [url](#)

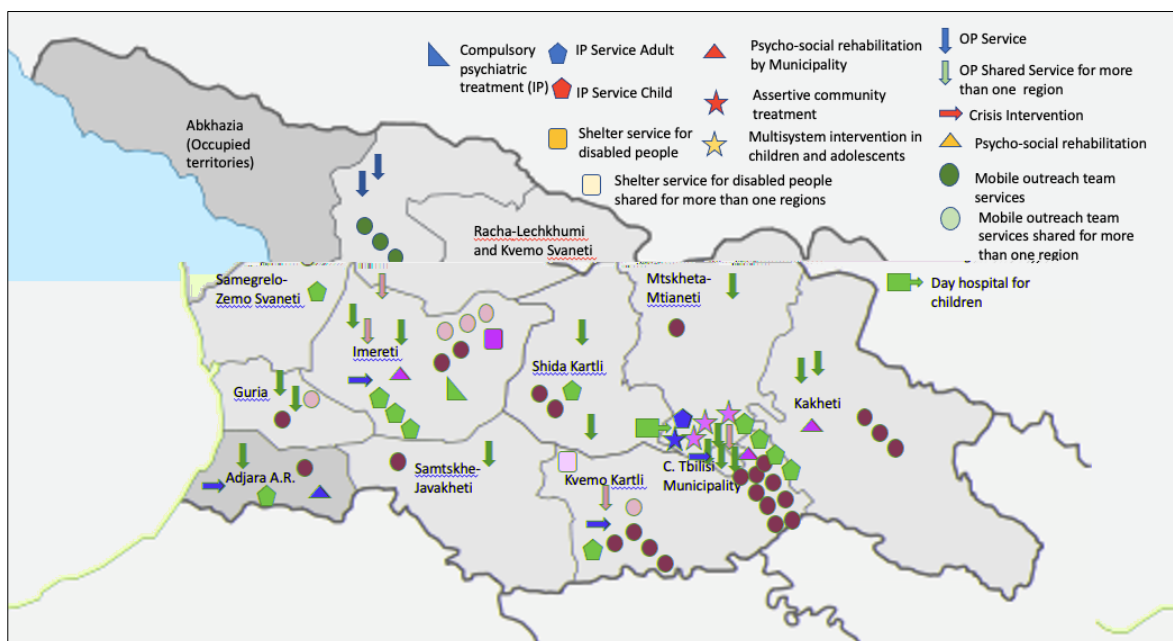
⁷⁹ WHO, Mental Health Atlas 2020, 2021, [url](#), p. 52

⁸⁰ Patel, V., et al., The Lancet Commission on global mental health and sustainable development, 2018, [url](#)

2.3 Disparities in access to mental health services

Most mental health services are provided by publicly owned specialised facilities, while some are incorporated into private multi-profile hospitals (see Figure 1 for details).⁸¹ Nonetheless, there is a gap between the demand for mental health services and their provision within the mental health system.⁸² Geographical access to mental health services remains suboptimal, failing to encompass the entirety of Georgia. While there have been notable improvements, particularly attributable to the pivotal role of mobile teams in psychiatric service planning and their relatively straightforward deployment, substantial gaps persist in accessibility throughout the nation (Figure 1).⁸³

Figure 1: Map of mental health services in Georgia



Source: The National Mental Health Strategy 2022-2030, 2022⁸⁴

⁸¹ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 14

⁸² Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 15

⁸³ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 16

⁸⁴ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 14

2.3.1 Primary healthcare (PHC)

At the PHC level, the duty of the family doctor/rural doctor is the management of chronic and acute diseases. The Mental Health Strategy of Georgia acknowledges that mental health problems are poorly managed at the PHC level due to deficiencies in expertise and inadequate performance oversight mechanisms.⁸⁵

2.3.2 Inpatient psychiatric care

The ratio of beds per 100 000 inhabitants in Georgia is lower than the European Union (EU) average (35.5 vs. 72.6 per 100 000 inhabitants). In addition, there are differences between the regions within Georgia, which means that the population in some regions of Georgia access services away from their community.⁸⁶

The provision of mental health services in general profile hospitals is limited, which does not correspond to the WHO-recommended model.⁸⁷ Only 107 beds, or approximately 8.9 % of total psychiatric beds are located within general hospitals.⁸⁸ There is also a limited number of community housing and care services necessary for a dignified life for people with mental health problems.⁸⁹

The findings of the Expertise France study indicate that part of the psychiatric beds are occupied by people who do not need inpatient treatment and should benefit from other services (shelter, family-type homes, community services, etc.).⁹⁰ This study also shows that hospitalisation of children is quite rare and short-term. Half of the hospitalised persons are 17 to 18 years old. A third of the inpatients have intellectual disabilities and should not be in a psychiatric hospital because they do not need these types of services.⁹¹

2.3.3 Outpatient care – community mental health services

Community mental health outpatient services are provided by 21 mental health clinics, each serving 70 000 – 100 000 population and employing one full-time equivalent (FTE) psychiatrist, 1.5 FTE nurses and 0.5 FTE psychologist or social worker. Community-based mobile teams

⁸⁵ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), pp. 13-14

⁸⁶ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), pp. 14-15

⁸⁷ WHO, Comprehensive Mental Health Action Plan 2013-2030, 2021, [url](#), p. 23

⁸⁸ KII04, Senior official from the MoDPLHSA, Interview, 24 February 2025

⁸⁹ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 15

⁹⁰ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 15

⁹¹ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 15



serve patients with severe mental health disorders discharged from hospitals who either cannot come to the clinics or have treatment adherence problems. Each mobile team also consists of three FTEs, one of which must be a psychiatrist; the other FTEs can be allocated to nurses, social workers or psychologists.⁹²

The community mental health services face challenges due to a scarcity of interdisciplinary teams, as psychiatrists, psychologists, nurses and social workers often divide their efforts across various services.⁹³ In addition, some services have certain limitations. For example, the State Mental Health Programme covers only four home visits by the multidisciplinary team of the community outpatient centre. If a patient needs more support, he/she is referred to the local mobile team. If a patient of a community outpatient centre or a mobile team is in crisis, he/she is referred to the crisis team for management. As a result, the same patient may be connected to different community services, where the patient's full medical history may not be available, as an electronic medical record system has not yet been implemented in the country.⁹⁴

2.3.4 Barriers to mental health services

Social stigma. The readiness to seek assistance for depressive and anxiety disorders, and assistance following suicide attempts, remains low in the adult population. This phenomenon is predominantly attributed to the enduring stigma surrounding mental health issues and the inherent challenges associated with accessing specialised psychiatric services. A 2020 survey showed that 17.24 % of people with mental problems consulted a psychiatrist, 38.31 % a neurologist, 40 % a psychologist, and 10.5 % a family/village doctor, compared to other countries, where people with mental problems first consult a family doctor (e.g. France – 78 %, the Netherlands – 71 %, the United States – 52 %, Japan – 50 %).⁹⁵ Treatment in Georgia mainly involves use of psychotropic medication (61 %), psychotherapy or counselling (32 %) and psychosocial support (7 %). Addiction is the most common reason for referral and consultation with a mental health specialist.⁹⁶

Lack of services for children and adolescents. Young individuals encounter various obstacles when attempting to access mental health support services, including a scarcity of accessible information, prohibitive costs associated with consultations with specialists and acquiring medications, scepticism regarding the competence and credentials of mental health professionals, and apprehension concerning stigma and potential breaches of confidentiality

⁹² Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 15

⁹³ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 16

⁹⁴ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 16

⁹⁵ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 11

⁹⁶ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 12



during the receipt of services. These factors collectively impede the ability of young people to seek and receive the necessary support for effectively addressing their mental health needs.⁹⁷

In providing adequate care for children and adolescents, the Government of Georgia identifies the following challenges and priority areas in the mental health system:⁹⁸

1. Shortage of specialists with appropriate competence in child and adolescent psychiatry;
2. The system does not clearly differentiate and adjust the management schemes for three large groups:
 - a) Children and adolescents with neurodevelopmental disorders (e.g. autistic spectrum disorder);
 - b) Children and adolescents with psychotic episodes, when there is some loss of contact with reality, including delusions and hallucinations; and
 - c) Children and adolescents with common behavioural and emotional problems, such as anxiety, depression, behavioural disorder and addictive behaviours, which are usually present with other mental health disorders.⁹⁹

A special programme called "Rehabilitation of Children with Autism Spectrum Disorder", covering 20 complex therapeutic sessions for children under 7 years of age (with annual coverage of GEL 420 [EUR 145] per child) and 15 sessions for children of 7 years or older (with annual coverage of GEL 315 [EUR 109] per child), is implemented only in Tbilisi and Ajara region.¹⁰⁰ Although outpatient services for children and adolescents are financed by the SMHP, inpatient care is available only in Tbilisi and Kutaisi.¹⁰¹ Overall, there is a lack of day care centres, intensive home visits to support parents, community institutions for the diagnosis and treatment of less severe disorders, in addition to unavailability of a supported education programme for people with severe mental disorders and counselling centres for parents.¹⁰²

Gaps in state and vertical programmes. The State Mental Health Programme (SMHP) and Drug Addiction Treatment Programme are separate vertical state health programmes. Therefore, a person with dual diagnosis (e.g. drug addiction and mental problems) may face

⁹⁷ Kokosadze, N. and Lortkipanidze, K., A study of university students' mental health and their access to mental health services, UNICEF Georgia, 2023, [url](#), p. 11

⁹⁸ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 18

⁹⁹ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 18

¹⁰⁰ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 19

¹⁰¹ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 18

¹⁰² Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 19



several obstacles in the treatment process as mental health services for such a person may not be covered by the Drug Addiction Treatment Programme and vice versa.¹⁰³

The need to strengthen human rights protection mechanisms. The main problems that need to be addressed to protect the rights of people with mental health disorders include the lack of patient's involvement in the treatment process, violations of privacy and confidentiality, the lack of psychosocial services, current practices of physical and chemical restraints, labour exploitation of mental patients by the hospital staff or management, and insufficient attention to reproductive health.¹⁰⁴

Challenges associated with deinstitutionalisation and the development of community services. Deinstitutionalisation of mental health services in Georgia is progressing slowly due to the underdevelopment of community services, with insufficient resources for preventive measures and support for individuals discharged from psychiatric hospitals.¹⁰⁵ The country lacks well-developed day care centres and proper facilities for individuals with severe mental issues who require partial inpatient care without full hospitalisation. In recent years, several small residential facilities have been established for individuals who do not need intensive psychiatric treatment. This development marks a positive change, but it is only an intermediate stage in the deinstitutionalisation process. Existing shelters, due to their institutional nature, are considered a temporary solution until community services fully meet the needs of people with mental health problems.¹⁰⁶ Community outpatient centres (currently 21 in the country¹⁰⁷) often lack suitable facilities for mental health activities, leading to privacy and service limitations for group therapy and workshops.¹⁰⁸ There is a need to increase the number of mobile, crisis and psychosocial rehabilitation teams – currently, there are only 32 mobile teams and four crisis teams in the country, in addition to three psychosocial rehabilitation teams.¹⁰⁹ The role and scope of the crisis teams also needs better defining and clarification.¹¹⁰

¹⁰³ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 23

¹⁰⁴ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 20

¹⁰⁵ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 9

¹⁰⁶ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 20

¹⁰⁷ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 16

¹⁰⁸ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 21

¹⁰⁹ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 16

¹¹⁰ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 21



While the country has recognised the need to provide quality mental health services as close to home as possible, in line with the WHO "European Mental Health Action Plan,"¹¹¹ there is insufficient involvement of PHC in managing mental health issues. This leads to resources being used to treat mild anxiety and depression instead of severe mental disorders, causing delays in delivering timely services to critically ill patients. Existing challenges in community outpatient centres and community services ultimately hinder the reduction of the burden of psychiatric hospitalisations.¹¹²

The lack of human resources. Nationally, there is a lack of standardised criteria determining the required personnel ratio across different mental health services.¹¹³ Notably, the population of Georgia commonly refers to neurologists for mental health problems due to stigma. However, since neurology and psychiatry competencies are different and separate, this may pose a potential threat to successful treatment outcomes.¹¹⁴ A significant problem is the shortage of specialised psychiatric nurses, certified social workers and clinical psychologists. Social workers and clinical psychologists are not regulated by the health sector. Moreover, rural areas suffer disproportionately from a lack of qualified staff, as the majority of specialists are concentrated in urban areas. This geographical disparity results in staffing shortages in some regions and surpluses in others, impacting the consistency and quality of service provision.¹¹⁵ An additional significant challenge is the lack of adequate training for mental health personnel (e.g. in non-violent management techniques, using a multidisciplinary approach and the concept of recovery, etc.).¹¹⁶ Nurses, who are already underrepresented in the mental health system, seldom receive mental health training due to the lack of accredited continuing education programmes. Their responsibilities are primarily limited to overseeing medication administration or observing the condition of individuals with mental health issues.¹¹⁷ Similarly, social workers often lack sufficient training in mental health, leaving them ill-equipped to address the needs of people with mental health problems. There is currently no

¹¹¹ WHO/Europe, The European Mental Health Action Plan 2013–2020, 2015, [url](#), p. 6

¹¹² Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022–2030], 18 January 2022, [url](#), p. 22

¹¹³ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022–2030], 18 January 2022, [url](#), p. 24

¹¹⁴ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022–2030], 18 January 2022, [url](#), p. 25

¹¹⁵ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022–2030], 18 January 2022, [url](#), p. 24

¹¹⁶ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022–2030], 18 January 2022, [url](#), p. 38

¹¹⁷ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022–2030], 18 January 2022, [url](#), p. 21



continuing education programme available for social workers, and some may not even have a background in social work education.¹¹⁸

The lack of administration, regulation, management and control of the mental health system. The information system needed to effectively manage the field of mental health is underdeveloped and does not provide high-quality, reliable information about mental health morbidity, mortality and associated causes. It is also important to have reliable information about mental health resources and their usage. To address this, the mental health registry was established.¹¹⁹

The need to mobilise financial resources to improve the quality of mental health services. Between 2017 and the time of writing, the budget for the mental health programme has increased annually and has been primarily directed toward enhancing community services. By the year 2022, 61 % is focussed towards outpatient services, compared to 39 % for inpatient services.¹²⁰ Despite this increase in financial resources, several issues persist, including a shortage of acute inpatient beds, insufficient housing and other community services, a lack of qualified staff, and challenges in implementing a more holistic and recovery-oriented biopsychosocial model of mental health disorders. The latter is increasingly accepted internationally and considers psychiatric illnesses as result of a complex interplay of biology, psychology, and social circumstances.¹²¹

¹¹⁸ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 25

¹¹⁹ Georgia, Ministry of IDPs, Labour, Health and Social Affairs, ფსიქიკური ჯანმრთელობის რეგისტრი [Mental Health Registry], [url](#)

¹²⁰ Georgia, Government of Georgia, Document No. 23, საქართველოს 2022 – 2030 წლების ფსიქიკური ჯანმრთელობის სტრატეგიის დამტკიცების შესახებ [Approval of the Mental Health Strategy of Georgia for 2022-2030], 18 January 2022, [url](#), p. 27

¹²¹ Tripathi, A., et al. Biopsychosocial Model in Contemporary Psychiatry: Current Validity and Future Prospects, November 2019, [url](#), pp. 582-585



3. Insurance and national programmes

3.1 National coverage (state insurance)

As described in Section 2. Access to treatment, the national (state) coverage for mental health services is mainly provided through the SMHP and the State Programme for Treatment of Drug Addiction. All services covered under these programmes are fully covered and free of charge at the point of use for the patients.¹²² In addition, the Universal Health Care Programme (UHCP), which is the largest publicly financed risk pooling scheme in Georgia, finances PHC services, including the management of the chronic conditions, which encompasses mental health disorders.¹²³ However, currently the PHC providers' involvement in the management of the mental health conditions is limited, unless the PHC provider also operates a specialised or community-based outpatient mental health service.¹²⁴

3.2 Private insurance

The Insurance State Supervision Service reports that as of mid-2024, almost 20 % of the total population is covered with private medical insurance in Georgia.¹²⁵ However, up until 2021, no private insurance coverage was provided for mental health services,¹²⁶ when one of the newly established private insurance companies, "TBC Insurance" started to offer 50 % coverage for consultation fees of psychiatrist and psychotherapist for over 35 000 insured employed by up to 400 local and international companies.¹²⁷ According to a senior MoIDPLHSA official, several other companies are now offering similar limited mental health benefit to their insured.¹²⁸

¹²² KII01, Senior official from the MoIDPLHSA, Interview, 24 October 2024

¹²³ 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, Chapter 1

¹²⁴ KII01, Senior official from the MoIDPLHSA, Interview, 24 October 2024

¹²⁵ Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, [url](#)

¹²⁶ KII01, Senior official from the MoIDPLHSA, Interview, 24 October 2024

¹²⁷ TBC Insurance, Mental Health for Wholesome Living, Blog, 2024, [url](#)

¹²⁸ KII01, Senior official from the MoIDPLHSA, Interview, 24 October 2024



4. Cost of treatment

Table 3 and Table 4 below provide data for the costs of treatment for psychiatric services. The data was collected from the public provider of mental health services that has the largest national network of inpatient and outpatient mental health clinics.¹²⁹

Table 3: Cost of treatment I

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement
Psychiatrist	free	free	200-300	200-300 per bed day, inclusive of regular consultations from all required mental health specialists.	All outpatient and inpatient mental health services covered by the state mental health programmes provided in both public and private facilities participating in the programmes (see Table 2) are free for the patient. The prices are given for services not covered under the state programmes, or charged by individual and institutional private providers that do not participate in the state mental health programmes. 50 % of consultation fee is covered by some private insurance packages.
(Clinical) psychologist	free	free	70-100		
Pediatric psychiatrist	free	free	50-100		

Source: Key Informant KII03¹³⁰

¹²⁹ KII03, Former senior official of the Mental Health and Drug Addiction Prevention Centre, Interview, 18 November 2024

¹³⁰ KII03, Former senior official of the Mental Health and Drug Addiction Prevention Centre, Interview, 18 November 2024



Table 4: Cost of treatment II

Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement
Psychotherapy session with cognitive behavioural therapy (one session)	70-100	70-100	All outpatient and inpatient mental health services covered by the state mental health programmes provided in both public and private facilities participating in the programmes (see Table 6) are free for the patient. The prices are given for services not covered under the state programmes, or charged by individual and institutional private providers that do not participate in the state mental health programmes.
Psychotherapy session with EMDR (one session)	70-100	70-100	
Psychotherapy session with other type of psychotherapy	70-100	70-100	
Clinical admittance in psychiatric clinic (daily rates)	Free	200-300	
Psychiatric treatment of alcohol drug addiction in specialised clinic (detox.)	Patients are treated free of charge for two weeks with drug addiction. After two weeks period, they have to pay 30-35 per day Drug detoxification price for two weeks is 2 500-3 000 Severe alcohol withdrawal accompanied by psychoses 10 % out of pocket 90 % funded the by state – 800-900 for one week detoxification course	Drug detoxification 3 000-4 000 per course Alcohol 1 000 per course 250-300 a day	50 % of consultation fee is covered by some private insurance packages.
Psychiatric treatment of drug addiction in a specialised clinic (rehab.)	Not available	6 000 for 1 month	All outpatient and inpatient mental health services covered by the state mental health programmes provided in both public and private facilities
Psychiatric treatment of drug addiction; outpatient care; rate of one consultation	Not available	70-100	



Treatment	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement
Psychiatric treatment in the form of daycare	Free	Not available	participating in the programmes (see Table 6) are free for the patient. The prices are given for services not covered under the state programmes, or charged by individual and institutional private providers that do not participate in the state mental health programmes.
Laboratory test: urine tests: opioids/ amphetamines/ cocaine/cannabis	Opioids – 20 Amphetamine – 20 Cocaine – 20 Cannabis – 20	Opioids – 20 Amphetamine – 20 Cocaine – 20 Marihuana – 20	

Source: Key Informant KII03 ¹³¹

¹³¹ KII03, Former senior official of the Mental Health and Drug Addiction Prevention Centre, Interview, 18 November 2024



5. Cost of medication

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 %-20 %.¹³² However, since the introduction of reference pricing for over 7 100 pharmaceutical positions in the year 2024, wholesalers and retailers are not allowed to charge prices above the state determined reference price for any pharmaceutical product included in the reference prices list published at the official site of the MoIDPLHSA.¹³³

Table 5 below includes the most recent reference prices (as of November 2024) for medications included. For medications not included in the reference price list of the MoIDPLHSA, the most recent price quoted on the website of one of two major wholesaler/retailer pharmaceutical chains in Georgia, “PSP” or “Aversi”, is indicated in the Facility column. These major pharmaceutical chains legally sell medicines online, with the exemption of the pharmaceuticals included in the Group 1 “controlled substances,”¹³⁴ which encompass most of the medications containing psychoactive substances used for the treatment of mental health disorders. Such medications are sold with electronic prescriptions from pharmacies holding a special permit.¹³⁵ Some medications with psychoactive substances or opioids are only available in hospitals and not in usual retail pharmacies or even in pharmacies with a special permit. Respectively, the prices given in Table 5 are most frequently from common retail pharmacies unless otherwise indicated under the respective column. As a rule, all medications registered and available in Georgia are free if used as part of the treatment regime of outpatient and inpatient mental health services covered under the state mental health programmes. The costs of drugs outside those services are only reimbursed for the privately insured (fully or partially, depending on the insurance package).¹³⁶

¹³² CIF, Pharmaceutical pricing policies to improve the population’s access to pharmaceuticals in Georgia, October 2019, [url](#), pp. 16-17

¹³³ Georgia, Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs of Georgia, Pharmaceuticals for which reference prices are set, 2024, [url](#)

¹³⁴ Georgia, Legislative Herald of Georgia, Document No. 659 ‘საქართველოს კანონი მედიკამენტებისა და ფარმაცევტული საქმიანობის შესახებ’ [Law of Georgia on Medicines and Pharmaceutical Activities], 17 April 1997, [url](#), Article 11²

¹³⁵ Georgia, Legislative Herald of Georgia, Document No. 659 ‘საქართველოს კანონი მედიკამენტებისა და ფარმაცევტული საქმიანობის შესახებ’ [Law of Georgia on Medicines and Pharmaceutical Activities], 17 April 1997, [url](#), Article 10¹

¹³⁶ KII01, Senior official from the MoIDPLHSA, Interview, 24 October 2024



Table 5: Cost of medication

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place
Antidepressants						
Amitriptyline (also used for neuropathic pain)	Amitriptyline	10 mg	pill	50	8.71	Pharmacy
Citalopram	Citomax	20 mg	pill	28	35.74	Pharmacy
Clomipramine	Anafran	25 mg	pill	30	8.55	Pharmacy
Duloxetine	Duloc	60 mg	pill	28	26.76	Pharmacy
Escitalopram	Escitalopram Normon	10 mg	pill	28	13.33	Pharmacy
Fluoxetine	Fluoxetine	10 mg	capsule	28	15.84	PSP Pharmacy ¹³⁷
Fluvoxamine	Fevarin®	100 mg	pills	15	37.17	Pharmacy
Imipramine	Melipramin	25 mg	capsule	50	9.66	Pharmacy
Mirtazapine	Mirtoza	30 mg	pill	30	17.69	Pharmacy
Paroxetine	Parsolet	20 mg	pill	30	13.56	Pharmacy
Sertraline	Zoloft®	50 mg	pill	28	23.02	Pharmacy
Trazodone	Trittico®	150 mg	pill	20	17.15	PSP Pharmacy ¹³⁸
Venlafaxine	Velaxin	75 mg	capsule	28	15.66	Aversi Pharmacy ¹³⁹

¹³⁷ PSP, Fluoxetine, 2024, [url](#)¹³⁸ PSP, Trittico, 2024, [url](#)¹³⁹ Aversi, Velaxin, 2018, [url](#)

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place
Medication off-label use for PTSD						
Lamotrigine (also antiepileptic)	Lamotrigine Normon	25 mg	pill	56	12.82	Pharmacy
Topiramate (also antiepileptic)	Topamax®	50 mg	pill	60	30.32	Pharmacy
Antipsychotics; classic						
Flupentixol	Fluanxol®	1 mg	pill	50	14.49	Pharmacy
Fluphenazine	Fluphenazine	25 mg/1 ml	ampoule	10	24.64	PSP Pharmacy ¹⁴⁰
Haloperidol	Haloperidol	5 mg	pill am-poule	48	7.58	Pharmacy
Zuclopenthixol	Clopixol®	10 mg	pill	50	14	Pharmacy
Antipsychotics; modern atypical						
Amisulpride	Solian®	400 mg	pill	30	49.42	Pharmacy
Aripiprazole	Ariprazol	15 mg	pill	30	45.18	Pharmacy
Clozapine	Azaleptine	100 mg	pill	50	15.39	Pharmacy
Olanzapine	Olanzapel	2.5 mg	pill	28	21.25	Pharmacy
Quetiapine	Ketilept®	100 mg	pill	60	40.2	Pharmacy
Risperidone	Ripidon®	2 mg	pill	60	14.72	Pharmacy
Depot injections with classic antipsychotics						

¹⁴⁰ PSP, Fluphenazine, 2024, [url](#)

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place
Flupentixol decanoate depot injection	Fluanxol® Depot	ampoule – 20 mg/1 ml	ampoule	1	9.43	Pharmacy
Fluphenazine decanoate depot injection	Fluphenazine depot	1 ml	injection	10	24.64	PSP Pharmacy ¹⁴¹
Haloperidol decanoate depot injection	Haloperidol decanoate	50 mg/1 ml	injection	5	24.73	PSP Pharmacy ¹⁴²
Zuclopenthixol decanoate depot injection	Clopixol® depot	200 mg/ml	injection	10	86.5	Pharmacy
Anxiolytics						
Buspirone	Buspirone	5 mg	pill	60	19.59	Pharmacy
Chlordiazepoxide	Ellenium	10 mg	pill	50	23.56	Pharmacy with a special permit
Clonazepam	Clonazepam	2 mg	pill	24	6.33	Aversi Pharmacy ¹⁴³
Diazepam (e.g. Valium/as tablet)	Diazepam	10 mg	pill	24	4.85	Pharmacy with a special permit ¹⁴⁴
Lorazepam	Lorafen®	2.5 mg	pill	25	36.8	Pharmacy with a special permit ¹⁴⁵
Medication for bipolar disorder/ manic depression						

¹⁴¹ PSP, Fluphenazine, 2024, [url](#)¹⁴² PSP, Haloperidol Decanoate, 2024, [url](#)¹⁴³ Aversi, Clonazepam, 2018, [url](#)¹⁴⁴ MIS, Diazepam, n.d., [url](#)¹⁴⁵ MIS, Lorazepam, n.d., [url](#)

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place
Carbamazepine (also antiepileptic)	Carbamazepine	200 mg	pill	50	11.35	Pharmacy
Lithium carbonate	Plenium®	400 mg	pill	100	60.97	Aversi Pharmacy ¹⁴⁶
Medication for sleeping disorder; sedatives						
Melatonin	Solgar®	5 mg	pill	60	26.29	Pharmacy
Valerian extract	Valerian extract	250 mg	capsule	30	21.66	Aversi Pharmacy ¹⁴⁷
Zolpidem	Nacen	10 mg	pill	20	22	Pharmacy
Zopiclone	Somnols®	7.5 mg	pill	20	16.97	Aversi Pharmacy ¹⁴⁸
Medication to treat side effects of antipsychotics/ anti parkinsonism						
Trihexyphe-nidyl	Cyklodol® Grindex	2 mg	pill	50	5.72	Pharmacy
Medication for opioid addiction / substitution therapy (NOT as pain medication)						
Methadone	Methadone	10 %				Available in specialised centres. Methadone is centrally procured and used as a substitution therapy in harm reduction programmes (see section 2.2)

¹⁴⁶ Aversi, Plenur, 2018, [url](#)
¹⁴⁷ Aversi, Extr.of Valerian Amvilab, 2018, [url](#)
¹⁴⁸ Aversi, Zopiclone, 2018, [url](#)

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place
Medication for alcohol addiction						
Disulfiram	Teturam	150 mg	pill	10	3.55	Pharmacy
Thiamine	Thiamin vitamine B1	100 mg	pill	60	42	Pharmacy

Source: Reference price list - MoIDPLHSA,¹⁴⁹ PSP,¹⁵⁰ Aversi,¹⁵¹ November 2024

¹⁴⁹ Georgia, Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs of Georgia, Pharmaceuticals for which reference prices are set, 2024, [url](#)

¹⁵⁰ PSP, 2024, [url](#)

¹⁵¹ Aversi, 2024, [url](#)

6. List of useful links

Table 6: List of links

Name	URL
Global Initiative of Psychiatry (GIP)	https://www.gip-global.org/organization/fqip-member-organizations/global-initiative-on-psychiatry-tbilisi/
Society of Georgian psychiatrists	https://www.companyinfo.ge/ka/corporations/668853
Alliance for Better Mental Health (ექთნების ასოციაცია, ფსიქო ტრავმის საზოგადოება, საქართველოს ფსიქიატრთა საზოგადოება)	https://socialjustice.org.ge/en/products/fsikikur-janmrtelobis-datsvis-sferoshi-momushave-organizatsiebi-fsikikuri-janmrtelobis-gangofilebis-dakhurvas-ekhmianebian
Mental Health Coalition of Georgia	https://csf.ge/en/organization/mental-health-coalition-of-georgia/
GAMH, Georgian Association for Mental Health	http://www.hamlettrust.plus.com/georgialink2.html



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Annex 2: Terms of Reference

General information

- Briefly describe prevalence and incidence of psychiatric diseases / mental health disorders [mood disorders (e.g., depression), psychotic disorders (e.g., schizophrenia, bipolar disorder), anxiety disorders (e.g., PTSD) and addiction problems (e.g., alcohol and opioid addictions/ abuse).
- How is the health care organised for psychiatric diseases/ mental health disorders?
- How are psychiatric diseases/mental health disorders treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat the psychiatric diseases/mental health disorders [public, private not for profit (e.g., hospitals run by the church), private for-profit sector]? Include links to facilities' websites if possible.
- How are the resources organised in general to treat patients with this disease? Are there sufficient resources available to treat all patients?
- Is there a particular type of this disease for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating this disease?
- Are there any national or international plans or (donor) programmes for certain diseases; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for psychiatric diseases/mental health disorders/ mood disorders like depression, anxiety disorders like PTSD, psychotic disorders like schizophrenia, bipolar disorder, sleeping disorders, addiction problems: e.g. alcohol- and opioid addiction? If so, what are the eligibility criteria to gain access to it and what they contain?
- Are there specific government (e.g., insurance or tax) covered programmes for this? If so, what are the eligibility criteria to gain access to it?
- Are there any factors limiting the access to healthcare for patients? If so, are they economic, cultural, geographical, etc.? Are there any policies to improve access to healthcare and/or to reduce the cost of treatments and/or medication? What is the number of people having access to treatment? Keep focus on e.g., waiting times rather than the exact number of specialists in the field.
- If different from information provided in the general section; is the treatment geographically accessible in all regions? Briefly mention, if feasible: are there variations in access to psychiatric disease/mental health disorders treatments across regions in Georgia, including Abkhazia and South Ossetia, with respect to mental health facilities, trained professionals, and support services?



- What is the 'typical route' for a patient with this disease (after being diagnosed with the disease)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can s/he receive follow-up treatment? What are the waiting times for e.g., consultations, treatments, therapies, admittance to psychiatric hospitals, like waiting times in case of clinical admittance due to shortage of beds, or criterion of admittance, criteria for maximum duration of clinical admittance etc)?
- 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?
- What financial support can a patient expect from the government, social security or a public or private institution? Is treatment covered by social protection or an additional / communal health insurance? If not, how can the patient gain access to a treatment?
- Any occurrences of healthcare discrimination for people with this disease?

Insurance and national programmes

- National coverage (state insurance).
- Programmes funded by international donor programmes.
- Include any insurance information that is specific for patients with this disease.

NGOs

Include if relevant, otherwise delete section.

- Are any NGOs or international organisations active for patients suffering from psychiatric diseases/mental health disorders/mood disorders like depression, anxiety disorders like PTSD, psychotic disorders like schizophrenia, bipolar disorder, sleeping disorders. Addiction problems: e.g. alcohol- and opioid addiction? 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).

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



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