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Georgia: EUAA reports on paediatrics, hepatitis, diabetes, and gastrointestinal diseases show regional disparities in availability of care



The European Union Agency for Asylum (EUAA) has published four new Medical Country of Origin Information (MedCOI) topical reports focusing on the provision of paediatric, hepatitis, diabetes mellitus, and gastroenterological treatments in Georgia. These reports complement previously published MedCOI products on healthcare provision and selected medical specialties, further expanding the knowledge base on access to specialised medical treatment in the country.

The MedCOI topical reports on paediatric care, hepatitis, diabetes mellitus and gastroenterology provide a comparative overview of access to specialised medical care in Georgia, highlighting both common structural features and sector-specific differences.

The reports indicate that, despite the expansion of public health coverage in recent years, **effective access to specialised care in Georgia remains uneven**. Across all four areas, relevant care services are predominantly delivered in tertiary-level / specialised hospitals, concentrated in major urban centres, and are largely provided by private healthcare institutions. **Access to specialised care in rural areas remains limited.**

In the context of treating gastrointestinal diseases, diabetes mellitus and hepatitis, the findings on human resource availability show an imbalance in the distribution of medical staff in Georgia. There are an excess of physicians and a shortage of nurses. **Indeed, most physicians are concentrated in cities, with Tbilisi having three times more doctors than other regions.** For [diabetes mellitus care](#), the topical report further finds that the recruitment and retention of healthcare professionals in remote and rural areas are challenging. Similarly, the [report on hepatitis](#) points out that while the number of registered infectiologists and hepatologists has grown in response to the demands of [the elimination programme](#), most hepatology expertise remains concentrated in Tbilisi. The [report on paediatric care](#) additionally **presents an overall lack of paediatric sub-specialists in the country**, with the available subspecialists being heavily concentrated in Tbilisi.

Public insurance schemes cover a defined package of diagnostic and treatment services, but continued out-of-pocket expenditures may affect patients requiring long-term, high-cost, or advanced interventions. The reports indicate variations in levels of access, with comparatively broader coverage available for acute care services, whereas limited coverage and **restricted access are observed in the management of chronic or complex conditions** and/or high-cost interventions.

Overall, the reports underline that insurance coverage is central to real access to care, **yet financial protection remains insufficient for patients with complex or long-term needs.** Even with expanded coverage for diagnostics, hospitalisation, and treatment, patients frequently face additional costs for long-term management, advanced therapies, or services exceeding coverage limits.

Background

The EUAA regularly publishes [Medical Country-of-Origin Information](#) reports to support EU+ asylum and migration authorities involved in international protection, migration, and return procedures. MedCOI aims to provide accurate, reliable, and up-to-date information on healthcare systems and access to medical treatment in countries of origin, in line with fundamental rights obligations. The topical reports were authored by International SOS in cooperation with local medical experts and follow the principles set out in the [EUAA MedCOI Methodology](#) (March 2025).

Download the reports:

- [MedCOI Topical Report - Georgia: Paediatric Care](#)
- [MedCOI Topical Report - Georgia: Diabetes Mellitus](#)
- [MedCOI Topical Report - Georgia: Hepatitis](#)
- [MedCOI Topical Report - Georgia: Gastroenterology](#)

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