Medical Country of Origin Information

July 2026

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Georgia

Diabetes Mellitus

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MedCOI

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Cover photo/illustration: Treatment in Georgia is high quality and expensive, requiring Georgian passport, money lari coins, medication of pills., ungvar, © Adobe Stock, n.d., https://stock.adobe.com/ee/images/treatment-in-georgia-is-high-quality-and-expensive-requiring-georgian-passport-money-lari-coins-medication-of-pills/707485863

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The report has been reviewed by International SOS and EUAA.

Contents

Disclaimer

This report was written according to the EUAA MedCOI Report Methodology (2025). The report is based on carefully selected sources of information. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

Neither the EUAA nor any person acting on its behalf may be held responsible for the use which may be made of the information contained in this report.

The drafting of this report was finalised on 21 May 2026. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the Introduction.

Glossary and abbreviations

Term	Definition
CGM	Continuous Glucose Monitoring
COI	Country of Origin Information
CT	Computed Tomography
DI	Diabetes Insipidus
DM	Diabetes Mellitus
DRG	Diagnosis-Related Group
ECG	Electrocardiogram
EU	European Union
EUAA	European Union Agency for Asylum
GEL	Georgian Lari (currency)
HER2	Human Epidermal Growth Factor Receptor 2
HOMA-2	Homeostatic Model Assessment 2
IDF	International Diabetes Federation
MedCOI	Medical Country of Origin Information

Term	Definition
MoIDPLHSA	Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs
MRI	Magnetic Resonance Imaging
NCD	Non-Communicable Disease
NCDC	National Center for Diseases Control and Public Health of Georgia
NGO	Non-Government Organisation
NHA	National Health Agency
OCT	Optical Coherence Tomography
OOP	Out of Pocket
PHC	Primary Healthcare
TSH	Thyroid Stimulating Hormone
UHCP	Universal Health Care Programme
UN	United Nations
WHO	World Health Organization

Introduction

Methodology

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

Terms of reference

The terms of reference for this Medical Country of Origin Information (MedCOI) Report can be found in Annex 2: Terms of Reference. The initial drafting period finished on 15 April 2026, peer review occurred between 16 April 2026 and 29 April 2026, and additional information was incorporated into the report as a result of the quality review process during the review implementation up until 21 May 2026. The report was internally reviewed subsequently.

Collecting information

The European Union Agency for Asylum (EUAA) contracted International SOS (Intl.SOS) to manage the report delivery, including data collection. Intl.SOS recruited and managed a local consultant to write the report and a public health expert to edit the report. These were selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects and their experience of working on public health issues in Georgia.

This report is based on publicly available information in electronic and paper-based sources gathered through desk-based research. This report also contains information from multiple oral sources with ground-level knowledge of the healthcare situation in Georgia who were interviewed specifically for this report. For security reasons, oral sources are anonymised unless they have chosen to be named in relation to the organisation represented.

Currency

The currency in Georgia is the Georgian lari (GEL). The currency name, the International Organization for Standardization (ISO) code and the conversion amounts are taken from the InforEuro website of the European Commission. The rate used is that prevailing on the date of the source, i.e. the publication or the interview, that is being cited. The prevailing rate is taken from the European Commission website, InforEuro.[1]

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

Quality control

This report was written by Intl.SOS in line with the EUAA MedCOI Report Methodology (2025),[2] the EUAA Country of Origin Information (COI) Reports Writing and Referencing Guide (2023),[3] and the EUAA Writing Guide (2022).[4] Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and the EUAA.

The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the consultants. All the comments from reviewers were reviewed and implemented to the extent possible, under time constraints.

Sources

In accordance with the EUAA MedCOI methodology, a range of different published sources has been consulted on relevant topics for this report. These include government publications, academic publications, reports by non-government organisations (NGOs) and international organisations, as well as publicly available online sources.

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

[2] EUAA, EUAA MedCOI Methodology, March 2025, url
[3] EUAA, COI Reports Writing and Referencing Guide, February 2023, url
[4] EUAA, The EUAA Writing Guide, April 2022, url

1. General information

1.1. Epidemiology of diabetes mellitus, obesity and metabolic syndrome in Georgia

According to the National Statistics Office of Georgia (GeoStat), the number of new cases of diabetes mellitus (DM) in the national registry (available from the year 2020) has increased by more than 25 % from 10 434 new cases (incidence rate 280.7 per 100 000 population) in 2020 to 13 131 (355.4 per 100 000 population) in 2024. The number of registered new cases among children under 18 years has decreased from 402 to 119 in the same period.[5] The International Diabetes Federation (IDF) estimates that in 2024, about 200 700 adults aged 20-79 had diabetes, with an age-standardised prevalence of 6.7 %.[6] This is lower than the estimated prevalence (8 %) in the IDF Europe Region.[7] The IDF also estimates that up to 36.9 % of all diabetes cases in Georgia are undiagnosed. This proportion is higher than in Europe (estimated at 33.6 %).[8] The last national population-based risk factor survey, the World Health Organization (WHO) STEPS 2016, reported high levels of overweight and obesity (64.6 % overweight; 33.2 % obese), and found 4.5 % with raised fasting blood glucose (≥6.1 mmol/L) or on medication and 2 % with impaired fasting glycaemia (5.6-<6.1 mmol/L).[9] According to another survey commissioned by the WHO, over 26 % of children aged 7-9 years were overweight or obese in 2022-2024. This is in mid-range rate compared to other 37 participating countries from the WHO's European Region.[10]

According to the national statistics, in 2024, the country recorded 876 deaths due to DM, accounting for approximately 3.4 % of all deaths in people aged 20-79 years and a mortality rate of 23.7 per 100 000.[11] The IDF estimates almost double that number at 1 510 deaths or 5.7 % of all deaths in the same age group attributable to DM,[12] which is lower than the estimate (8.8 %) for IDF Europe Region.[13]

[5] Georgia, Geostat, Healthcare, New Cases of Diabetes Mellitus, 2024, url
[6] IDF, Diabetes Atlas – Country/territory profile: Georgia, 2026, (data for 2024), url
[7] IDF, Diabetes Atlas = Europe, Diabetes Regional Report 2000 – 2050, 2026, url
[8] IDF, Diabetes Atlas = Europe, Diabetes Regional Report 2000 – 2050, 2026, url
[9] NCDC, Georgia STEPS Survey 2016 (risk factors for noncommunicable diseases), Fact Sheet, n.d., url, p. 1
[10] COSI: report on the sixth round of data collection, 2022– 2024, url, p. xi
[11] Georgia, Geostat, Number of deaths by sex, age and causes of death, 2024, url
[12] IDF, Diabetes Atlas – Country/territory profile: Georgia, 2026, (data for 2024), url
[13] IDF, Diabetes Atlas = Europe, Diabetes Regional Report 2000 – 2050, 2026, url

1.2. Organisation of diabetes care and treatment facilities

DM care in Georgia is delivered through a mixed health system combining public financing mechanisms (including the Universal Health Care Programme (UHCP) introduced in 2013) with a largely pluralistic provider market. Care pathways typically involve primary healthcare (PHC) for prevention, detection and routine management, specialist outpatient services (e.g. endocrinology) for complex cases, and hospital services for acute decompensation and complications.[14] More specifically:

- PHC is provided by rural doctors and nurses serving rural residents, and urban outpatient facilities serving urban and pre-registered or referred rural residents. Diabetes may be diagnosed and managed in outpatient PHC settings (family doctors/rural doctors), with referral when needed. In a WHO-supported assessment of PHC records in urban settings, most cases reviewed were managed in primary care without specialist referral;[15]
- secondary inpatient and specialist services are provided by medical centres at the municipal level. Endocrinologists and other specialists provide consultation, initiation and optimisation of therapy (including insulin), and management of complex cases and comorbidities;[16] and
- tertiary care is provided by regional- and national-level hospitals, including for acute complications (e.g. severe hypo/hyperglycaemia and diabetic ketoacidosis) and advanced complications requiring more sophisticated inpatient diagnostics and procedures.[17]

Rural doctors and nurses are publicly employed, while most municipal-level medical centres, including those providing PHC services and tertiary care hospitals, are private.[18] For comprehensive information on the healthcare system in Georgia, refer to *MedCOI Report on the Provision of Healthcare in Georgia*.[19]

There is no leading clinical or scientific institution for diabetes care in Georgia.[20] The existing diabetes care institution, named "National Institute of Endocrinology", is a private clinic established in 2004 and does not carry out any supervisory functions for the national clinical or research activities related to DM.[21] Table 1 presents selected providers of specialised and tertiary care for DM, obesity and metabolic disorders.

[14] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026; KII03, Representative of Georgian Union of Diabetes and Endocrine Associations, Interview, 19 February 2026
[15] WHO, "Georgia: Gathering insights to provide better diabetes care", WHO 2026, url
[16] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[17] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[18] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[19] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 19-23
[20] KII03, Representative of Georgian Union of Diabetes and Endocrine Associations, Interview, 19 February 2026
[21] National Institute of Endocrinology, [website], 2024, url

Table 1: Key providers of specialised health services for DM

Institution	Ownership status	DM healthcare services provided	Location(s)
Georgian Medical Holding[22]	Public	DM diagnostic and specialist outpatient and inpatient care provided by endocrinology departments in two hospitals owned by the Holding (see next column).	**Tbilisi** – N. Kipshidze Central University Clinic[23] **Batumi** – Batumi Republican Hospital[24]
Georgia Healthcare Group[25]	Private for–profit	DM, obesity, and metabolic disorders diagnostic and specialist outpatient and inpatient care, endocrinology departments in all hospitals owned by the Georgia Healthcare Group (see next column).	**Tbilisi** – Caucasus Medical Center; M. Iashvili Children's Central Hospital; Iv. Bokeria University Hospital; Caraps Medline Vake and Dighomi **Kutaisi** – West Georgia Medical Center
New Hospitals[26]	Private for–profit	Provides tertiary care for ophthalmic complications of DM at its "National Center of Ophthalmology"	**Tbilisi**
Aversi Clinic[27]	Private for–profit	DM, obesity and metabolic disorders diagnostic and specialist outpatient and inpatient care is provided by the endocrinology department and the children's endocrinology office. The outpatients are also treated in three additional branches located in different areas of Tbilisi.	**Tbilisi** Central Office (Saburtalo) Isani branch Bogdan Khmelnitskyi branch Temka branch
Todua Clinic[28]	Private for–profit	DM, obesity and metabolic disorders diagnostic and specialist outpatient and inpatient care is provided by	**Tbilisi**

[22] Georgian Medical Holding, [website], 2021, url
[23] Central University Clinic, [website], 2017, url
[24] Batumi Republican Hospital, [website], n.d., url
[25] Vian, [website], 2023, url
[26] New Hospitals, [website], 2026, url
[27] Aversi Clinic, [website], 2026, url
[28] Todua Clinic, [website], 2020, url

Institution	Ownership status	DM healthcare services provided	Location(s)
		the endocrinology department.	
American Hospital Tbilisi[29]	Private for–profit	DM, obesity and metabolic disorders diagnostic and specialist outpatient and inpatient care is provided by the endocrinology department.	**Tbilisi**
National Institute of Endocrinology[30]	Private for–profit	Focused on endocrine diseases, including DM, obesity and metabolic disorders and provides diagnostic and specialist outpatient and inpatient care.	**Tbilisi**

Source: Compiled by the author based on the information provided by key informants and from the facility websites (referenced).[31]

1.3. Resources for diabetes, obesity and metabolic syndrome care

Core resources for DM, obesity and metabolic syndrome management (diagnostics, specialist consultation, insulin and oral glucose-lowering medicines) are available in Georgia. The country has a well-developed infrastructure for inpatient healthcare services, including the care for complications of DM, obesity and metabolic disorders at most municipal medical centres. Infrastructure and equipment for most surgical and non-surgical treatment options for DM or obesity complications are also available in Georgia.[32]

Distribution of the healthcare staff engaged in DM, obesity and metabolic syndrome care, specifically PHC doctors and nurses, and endocrinologists, generally reflects the patterns observed in the health workforce in the country.[33] Specifically, there is an imbalance in the distribution of medical staff in Georgia, with an excess of physicians and a shortage of nurses.[34] The country has one of the highest (and growing) numbers of physicians reaching 6.6 per 1 000 people in 2023,[35] significantly exceeding the European average of 4.2 per 1 000

[29] American Hospital Tbilisi, [website], 2025, url
[30] National Institute of Endocrinology, [website], 2024, url
[31] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026; KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[32] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[33] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026; KII02, Manager of the tertiary care hospital, Interview, 2 February 2026; KII05, Representative of Georgia Family Medicine Association, Interview, 2 February 2026
[34] WHO/European Observatory on Health Systems and Policies Health Systems in Action: Georgia, 2022, url, p. 11
[35] Georgia, Geostat, Healthcare and Social Protection, 2024, url

in 2022.[36] However, most physicians are concentrated in cities, with Tbilisi having three times more doctors than other regions. The recruitment and retention of healthcare professionals in remote and rural areas are challenging. Access to qualified specialists, including endocrinologists, in rural areas remains very limited. According to the senior policy maker from the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA), four municipalities of the country do not have endocrinologists and medical centres providing endocrinologic care.[37] No evidence was identified in the consulted sources that any major clinical type of DM (type 1, type 2) or their complications are 'untreatable' in Georgia. Constraints described in available sources relate primarily to partial access (e.g. affordability of medicines and supplies, and completeness/continuity of services) rather than absence of treatment. For more information on the healthcare resources in Georgia, refer to *MedCOI Report on the Provision of Healthcare in Georgia*.[38]

1.4. National and international programmes

In 2023, Georgia adopted the National Strategy for Prevention and Control of Non-Communicable Diseases covering the years from 2023 to 2030.[39] This strategy explicitly includes DM and obesity among children as priority conditions and sets objectives across prevention, screening, quality of care, surveillance and access to essential services and medicines necessary to prevent DM and obesity. Furthermore, it establishes a strategic framework for national programmes addressing DM treatment, which are developed, implemented, and financed by the MoIDPLHSA and its agencies. These include the National Health Agency (NHA), which administers the majority of national programmes.

[36] OECD, Health at a Glance: Europe 2024, Availability of Doctors, 2024, url
[37] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[38] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 27-30
[39] Georgia, MoIDPLHSA, "საქართველოში არაგადამდებ დაავადებათა პრევენციისა და კონტროლის ეროვნული სტრატეგია 2023-2030 და 2023-2025 წლების სამოქმედო გეგმა. [National Strategy for Prevention and Control of Non-communicable Diseases in Georgia 2023-2030 and Action Plan for the years 2023-2025]", 2025, url

There are five national programmes and sub-programmes, as well as additional programmes funded by local self-government (municipal) budgets, all funded from the general taxation to finance-specific services related to DM, obesity and metabolic syndrome prevention, treatment and care. Table 2 presents a summary of these programmes. Each programme covers particular services at the respective level of care for individuals mainly with DM. More comprehensive coverage is provided for emergency care and surgical treatments of DM complications. Eligibility criteria, population covered, co-payment requirements and annual coverage limits differ (beyond which individuals must cover any additional service costs). Consequently, there are coverage gaps for certain services for specific population groups (for example, privately insured individuals and individuals with annual household income exceeding GEL 40 000 [EUR 12 500]); however, there are no duplications or overlaps between the national and municipal programmes. It is important to note that municipal programmes may cover the co-payments of treatment costs established in the national programmes for residents of their municipalities for some individuals upon application (see details in Section 2.5).[40]

Table 2: Summary information on the national and municipal programmes for financing DM, obesity and metabolic syndrome prevention, treatment and care

National programme	Population covered	Programme focus and services covered for DM care	Co-payments and limits
State Programme "Diabetes Management"[41]	Defined beneficiary groups: children (<18); adults (≥18); citizens with DM/diabetes insipidus; extended to permanent residents and population in occupied territories for medicines/supplies; additional eligibility for continuous glucose monitoring (CGM) mobile phone support for certain children.	*For children*: Voucher-based follow-up package ; inpatient care (DM without coma); provision of technical diagnostic supplies (glucometer, strips/lancets, ketone strips) and CGM systems/sensors; CGM-compatible smartphone support for eligible children. *For all patients*: Specialised outpatient care episode (dose adjustment, education, prescribed specialist consultations and tests); provision of	Children's package and inpatient care: fully covered (no co-payment); specialised outpatient care: ceiling GEL 240 [EUR 74] per episode (once/year) with co-payment of 30 % for insulin users; 50 % for non-insulin users; exemptions apply for certain UHCP categories; medicines and diagnostic supplies: free of charge within programme allocations; CGM-

[40] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[41] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13

National programme	Population covered	Programme focus and services covered for DM care	Co-payments and limits
		insulin/analogues and selected medicines.	phone voucher of up to GEL 400 [EUR 124].
"Universal Health Care Programme (UHCP)"[42]	All Georgian citizens, as well as individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia with exceptions (see details in Section 2.2).	Screening, initial diagnosis, referral and management of the diagnosed DM by an urban PHC (family) doctor and nurse. Primary diagnosis, referral and inpatient surgical treatment of most DM complications by PHC/family doctor and nurse in urban settings.	0 %-30 % co-payments (not exceeding GEL 1 500 [EUR 467]) depending on the beneficiary eligibility criteria and annual limits for coverage of specific services apply (see details in Section 2.2).
State Programme "Rural Doctor – Rural Primary Health Care Sub-programme"[43]	Georgia citizens residing in rural areas.	Services of the rural PHC doctor and nurse. Screening, initial diagnosis with 'minimal laboratory-instrumental investigations', referral and management of the diagnosed DM by a rural PHC doctor and nurse.	None
State Programme "Dialysis and Renal Transplantation"[44]	All Georgia residents may apply. Priority is given to specific population groups .	Maintain and improve health status of individuals with terminal kidney insufficiency, including the conditions caused by DM.	None
State Programme "Referral Service"[45]	All Georgia residents may apply. Priority is given to specific	Treatment for an individual patient with DM, obesity, metabolic syndrome and their complications	Maximum limit of GEL 10 000 [EUR 3 125] financing

[42] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url
[43] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 18.3
[44] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 15
[45] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 19

National programme	Population covered	Programme focus and services covered for DM care	Co-payments and limits
	population groups (see Section 2.4).	applying for the financial assistance is not covered under other national programmes.	per individual application.
Programmes funded by the local self-government budgets[46]	Residents of respective municipalities. Priority is given to socially vulnerable citizens, persons with disabilities, veterans and persons with the status of lost breadwinner.	Treatment for an individual patient with DM, obesity, metabolic syndrome and their complications applying for the financial assistance is not covered under other national programmes.	No costs covered above the UHCP annual limits.

These programmes are described in more detail in Section 2, Access to treatment.

The international financial institutions and development partners, such as the United Nations (UN) organisations, including the WHO, the World Bank and the Asian Development Bank, are providing financial and technical support to the ongoing reforms in the health sector, which includes implementation of PHC reform and health services payment reforms aimed at improved coverage and quality of services for non-communicable diseases (NCDs), including DM. There are no ongoing international programmes that specifically target DM, obesity or metabolic syndrome, or support individual patient care for these diseases.[47]

There are professional bodies, such as the Georgian Association of Endocrinology and Metabolism[48] and the Georgian Union of Diabetes and Endocrine Associations (previously Georgian Diabetes Federation).[49] The latter is a member of the international professional body – the European Chapter of the IDF.[50] The Georgian Union of Diabetes and Endocrine Associations is engaged in international collaboration to improve the quality of DM care in Georgia and to address issues related to obesity and other risk factors through the NCD Alliance, which mobilises several professional associations and local NGOs to advocate for improved NCD policy and care.[51] All three organisations utilise international partnerships to organise conferences and exchange experiences, develop national clinical guidelines, provide postgraduate education courses and peer support to medical professionals, and conduct health promotion, awareness and free screening service campaigns for the Georgian

[46] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 49-97, ქალაქ თბილისის მუნიციპალიტეტის 2025 წლის ბიუჯეტის დამტკიცების შესახებ [About Approval of 2025 Budget for Tbilisi Municipality], 24 December 2024, url, Code 06 02; KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[47] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[48] GAEM, მთავარი [main], [website], 2018, url
[49] IDF, Our Network, Georgian Union of Diabetes and Endocrine Associations, [website], 2026, url
[50] IDF Europe, About Us, IDF Europe Site, [website], 2026, url
[51] NCD Alliance Georgia, About, [website], n.d., url

population.[52] There are no other NGOs that focus on DM, obesity and metabolic syndrome, or support patients suffering from such diseases.[53]

[52] KII03, Representative of Georgian Union of Diabetes and Endocrine Associations, Interview, 19 February 2026
[53] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026

2. Access to treatment

2.1. Specific treatment programmes for diabetes mellitus

Georgia has several national programmes covering partially or fully the cost of diabetes treatment.

2.1.1. State Programme for Diabetes Management

Georgia's Diabetes Management State Programme provides state assistance for outpatient follow-up, inpatient care for selected paediatric cases, specialised outpatient care and provision of specific medicines and technical diagnostic supplies for DM and diabetes insipidus (DI).[54]

Eligibility criteria and benefit packages for DM patients are defined by beneficiary groups. Children (Georgian citizens under 18) are entitled to a voucher-based package that includes:

- endocrinologist follow-up (four times/year);
- quarterly haemoglobin A1C (HbA1c) testing (four times/year);
- complication monitoring (e.g. eye monitoring twice/year and microalbuminuria annually);
- education sessions and optional rehabilitation;
- technical diagnostic supplies for children and adolescents (glucometers, test strips/lancets, ketone strips, and CGM systems and sensors for children with type 1 diabetes); and
- inpatient care for DM without coma for persons under 18 (with a ceiling of GEL 800 [EUR 249] per episode).

A targeted subcomponent supports the provision of a CGM-compatible smartphone (voucher up to GEL 400 [EUR 124]) for a subset of children using CGM whose families are registered as socially vulnerable (rating score up to 120 000) or where two or more children under 18 in the family have DM.[55]

[54] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Articles 1 and 3

[55] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Article 3a

For adults aged 18 years and older (Georgian citizens, permanent residents and population residing in occupied territories) with DM, the programme provides insulin (and analogues) free of charge.[56]

Additional entitlements for insulin delivery devices and glucagon are specified for adults (Georgia citizens) with certain conditions (blindness/visual impairment, congenital cerebral palsy and/or diabetes insipidus, Down syndrome or Duchenne–Erb disease). This category of beneficiaries with type 1 and type 2 DM is also entitled to specialised outpatient services coordinated by an endocrinologist for treatment supervision and dose titration. Specialised outpatient care under the programme is organised as a yearly 'treatment episode' (once per year) focusing on endocrinologist dose adjustment and patient education, with additional specialist consultations and laboratory tests as prescribed. The specialists' (neurologist, cardiologist, ophthalmologist and angiologist) consultations include:

- Clinical laboratory investigations:
  - glucose level in blood
  - HbA1c testing
  - determination of creatinine and/or urea in the blood
  - microalbuminuria study
  - complete blood count
  - complete urine test
  - C-peptide
  - Homeostatic Model Assessment 2 (HOMA-2) index
  - electrocardiogram (ECG)[57]

The services under this component listed above should be delivered within no more than one month.[58] These services bundled in one episode have a ceiling of GEL 240 [EUR 74] per episode (once/year) with a co-payment 30 % for insulin users and 50 % for non-insulin users.[59]

2.1.2. Universal Health Care Programme (UHCP)

The UHCP is the main national programme for access to health services for most of the population in Georgia. This programme also ensures financial access to specific services required by patients with DM, obesity and metabolic syndrome, and their complications (for example, acute hypoglycaemia and hyperglycaemia, diabetic ketoacidosis, diabetic coma and ophthalmologic procedures, such as laser treatment of diabetic retinopathy or intravitreal

[56] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Article 3b
[57] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Articles 3b and 3c
[58] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Articles 3b and 3c
[59] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Article 4

injections), which are not covered by the State Programme for Diabetes Management. It finances the provision of screening and diagnostic services, as well as surgical and non-surgical treatment and management of the diseases in focus, including outpatient provision of medications for several medications for patients with DM (mostly type 2).[60] There is a complex system of eligibility and differentiated benefit packages for the UHCP beneficiaries, which are described in detail in *MedCOI Report on the Provision of Healthcare in Georgia*.[61]

More generally, all Georgian citizens and also individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia, with the exception of (a) individuals whose registered annual income exceeds GEL 40 000 [EUR 12 500] per year and (b) most individuals having private insurance are eligible for the UHCP coverage[62] of the standard (minimal) package of services. This package implies from 0 %-30 % co-payment from the patient's side for most of the diagnostic and treatment services. The services provided for free (without co-payment) needed for patients with DM include:

- outpatient consultations of family doctors and nurses at the PHC level (both office visits without limit and up to four home visits per year in case of need) where they are registered;
- defined list of diagnostic procedures and laboratory tests at the outpatient level, if administered or prescribed by the family doctor, including risk assessment, ECG, complete blood count, blood tests for glucose, cholesterol, creatinine/occult blood analysis, urine analysis, serum lipid test and prothrombin time test. The tests required for disability assessment,[63] including those caused by DM and its complications, with the exception of the 'high-technology' diagnostic services (computed tomography (CT) and magnetic resonance imaging (MRI));[64]
- urgent outpatient care for predefined 'urgent' medical conditions, including emergency transportation and urgent outpatient care and emergency for DM complications; and[65]
- urgent inpatient care for the predefined 'critical' medical conditions that involve acute insufficiency or one or more critical life functions, including in cases of DM.[66] Coverage for inpatient care covered by the UHCP includes all instrumental and laboratory investigations, medical personnel services and medicines (pre-operative, during the operation and post-operative examinations) related to the hospitalisation. The UHCP

[60] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1
[61] EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, url, pp. 38-42
[62] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1, Article 2
[63] UNICEF, Assessing disability of Children in Georgia, 2023, url, p. 4
[64] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1
[65] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.2, Article 1
[66] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.2, Article 2

coverage of the urgent inpatient care for critical conditions has GEL 15 000 [EUR 4 688] limit (cap) per case (per patient per instance), after which a patient would need to pay.[67]

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

- outpatient consultations with specialists: Cardiologist, neurologist, endocrinologist, urologist and ophthalmologist, if referred by the family doctor;
- chest X-ray, abdominal ultrasound, liver function test and thyroid-stimulating hormone test, if prescribed by the family doctor;
- urgent inpatient care for the predefined medical conditions with GEL 15 000 [EUR 4 688] limit (cap) per case, after which a patient would need to pay; and
- planned (non-urgent) surgical inpatient care (non-surgical inpatient care is not covered) with an annual limit of GEL 15 000 [EUR 4 688], after which a patient would need to pay. Coverage for inpatient care covered by the UHCP also includes all instrumental and laboratory investigations, medical personnel services and medicines (pre-operative, during the operation and post-operative examinations) related to the hospitalisation.[68]

The UHCP beneficiaries are required to pay the remaining 30 % of the service price, but no more than GEL 1 500 [EUR 469] per case for the services covered under the UHCP.[69]

The UHCP coverage rates are extended and patient co-payment rates are reduced or annulled for certain categories of beneficiaries with differentiated benefit packages. These include socially vulnerable households below the poverty line (below 100 000 points on the social assistance scale, with those below 70 000 points having wider benefits and no co-payments and limits), settled internally displaced persons, children in foster care, teachers, public artists, settled internally displaced people, pensioners, persons of retirement age (over 60 for women and over 65 for men), children (up to 18 years), with under 6 children having wider benefits, students and people registered as persons with disability. The UHCP benefit packages for beneficiaries of these categories do not have annual limits and enjoy either no co-payments (for example, socially vulnerable), a 10 % co-payment, or a maximum of GEL 500 [EUR 156] (pensioners), or a 20 % co-payment at a maximum of GEL 1 000 [EUR 312] (students) for UHCP-covered services.[70] In addition, the socially vulnerable, pensioners, children with disabilities, adults with severe and moderate disabilities, war veterans and residents of regions bordering the occupied territories have full, unlimited UHCP coverage for a defined list of

[67] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1
[68] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1
[69] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.1, Article 1b.a
[70] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1.3 and 1.4

medications for the outpatient treatment of several chronic diseases, including DM and its complications (see details in Table 5).[71]

Within the framework of the ongoing PHC reform, starting from April 2025, six pilot facilities were engaged in the provision of the extended package of laboratory diagnostic services by the PHC doctor and nurse in urban settings, which entails proactive engagement of patients with DM. Additional diagnostic tests, including HbA1c, to be provided for free to DM patients, who are socially vulnerable and pensioners and with 30 % co-payment for other UHCP beneficiaries.[72] According to the MoIDPLHSA, the national roll-out of this PHC reform pilot is planned in March 2026, starting with up to 100 additional PHC facilities providing extended services to UHCP beneficiaries, including those with DM.[73]

2.1.3. Rural Doctor – Rural Primary Health Care Sub-programme

This sub-programme covers the services provided to patients with DM residing in rural areas by the rural doctors and nurses. They include screening (risk assessment) for DM, referral to specialists, outpatient instrumental investigation, laboratory services and management of the diagnosed DM, and are free for all patients.[74]

2.1.4. Referral Service State Programme

This national programme aims to deliver medical services to the population groups defined in the list below.[75] The rules to implement the provision of financial assistance have been enacted by the Decree of the Government of Georgia, which defines the general priorities for funding according to which beneficiaries are determined as follows:

- population injured during natural disasters, calamities or emergency situations;
- citizens of Georgia living in the occupied territories;
- a police officer of the Ministry of Internal Affairs and the Special Penitentiary Service, or military personnel of the Ministry of Defence;
- citizens of Georgia who are victims of sexual violence;
- citizens of Georgia with idiopathic pulmonary fibrosis;
- citizens with human epidermal growth factor receptor 2 (HER2) positive early breast cancer and HER2-positive metastatic breast cancer, except for citizens registered in Tbilisi and the Autonomous Republic of Adjara; and

[71] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1 and 1.9
[72] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1 and 1.9
[73] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 10 February 2026
[74] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 18.3
[75] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 19

- citizens insured under the budget allocation whose medical services are not covered within insurance schemes/conditions purchased through the state procurement but are financed by the UHCP.[76]

As stated in the Decree of the Government of Georgia, the referral programme covers costs for medical services of patients applying for assistance through proper channels.[77] A specified list of beneficiaries defines general priorities for funding. According to the Decree of the Government of Georgia, the referral programme also covers costs of medical services for patients not included in the defined list who individually apply for assistance, including those seeking funding for treatment abroad. These individuals include individual patients with DM, obesity, metabolic syndrome and their complications applying for the financial assistance is not covered under other national programmes. A special commission established by the MoIDPLHSA provides the final decision regarding the application, including the amount of covered costs of medical services or medicines requested by the patient based on:

(a) whether the patient represents one of the priority categories listed above,
(b) patient's income;
(c) medical urgency; and
(d) availability of the treatment in Georgia (or the patients applying for funding the treatment outside Georgia).[78]

The decision on cost coverage under the Referral Service State Programme is made by a commission established by the Ministry of Health and the Ordinance of the Minister. The amount of financial assistance with medical expenses is determined by the co-payment principle. The current regulations of the commission set the annual financial assistance limits for medical care at no more than GEL 10 000 [EUR 3 125] in total to be allocated per person, except for residents of the occupied territories and villages bordering the occupied territories for whom the annual limit is capped at GEL 15 000 [EUR 4 688]. Similarly, the financial assistance is capped at GEL equivalent of 10 000 foreign currency units for individuals applying for funding of the treatment outside Georgia. The patient should pay any additional costs related to the treatment.[79]

[76] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 19, Chapter 2
[77] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 19, Chapter 2
[78] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 331, "რეფერალური მომსახურების" ფარგლებში შესაბამისი სამედიცინო დახმარების გაწევის შესახებ გადაწყვეტილების მიღების მიზნით კომისიის შექმნისა და მისი საქმიანობის წესის განსაზღვრის შესახებ" [On the establishment of a commission for the purpose of making decisions on the provision of appropriate medical care within the framework of the "referral service" and determining the rules of its activities], 3 November 2010, url, Chapter 2
[79] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 15 October 2025

2.1.5. Programmes funded by the local self-government (municipal) budgets

Tbilisi Municipality and the Autonomous Republic of Adjara have programmes funded through the local budgets that (a) cover the cost of medication for outpatient continuous treatment of metabolic syndrome and (b) may provide their residents with additional financial opportunities for treatment of the DM and its complications. For example, the local budget of Tbilisi, the capital city, includes the "Measures to Assist Medical and Other Social Needs" sub-programme, through which Tbilisi residents can apply for funding for treatment of DM and its complications for expenses not covered under the state health programmes.[80] The purpose of this programme is to finance medical and other services for vulnerable citizens whose co-payment share exceeds GEL 1 000 [EUR 313] on certain procedures. The direct beneficiaries of the programme are socially vulnerable citizens, persons with disabilities, veterans and persons with the status of lost breadwinner, as well as any person in need of assistance based on their own application due to their financial situation. Like the State Referral Service Programme, the decision of funding and its rate is made by the relevant commission.[81]

The costs of expensive medications (including medications required for the treatment of DM and its complications) not covered under other state health programmes may be reviewed and funded once every six months. The commission may consider such an application four times a year (once every three months) for socially vulnerable citizens, persons with disabilities and the residents of the villages bordering the occupied territories. The ordinance imposes some restrictions on beneficiaries, including no costs covered above the prescribed limits under the UHCP for intensive care. Furthermore, the applications of patients with so-called minimum packages are considered for individual review only in situations where immediate action could prevent the loss of life.[82]

2.2. Factors limiting access to care

2.2.1. Geographical disparities

Geographical disparities in access to care exist due to the unequal distribution of infrastructure and human resources, and due to long travel distances faced by specific rural communities in Georgia's mountainous regions to access the needed care, particularly in winter.[83]

[80] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 49-97, "ქალაქ თბილისის მუნიციპალიტეტის 2025 წლის ბიუჯეტის დამტკიცების შესახებ" [About Approval of 2025 Budget for Tbilisi Municipality], 24 December 2024, url, Code 06 02
[81] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 49-97, "ქალაქ თბილისის მუნიციპალიტეტის 2025 წლის ბიუჯეტის დამტკიცების შესახებ" [About Approval of 2025 Budget for Tbilisi Municipality], 24 December 2024, url, Code 06 02
[82] KII01, Senior official at the MoIDPLHSA, Follow-up Interview, 15 October 2025
[83] KII04, Representative of the Georgian Union of Diabetes and Endocrine Associations, Interview, 19 February 2026

2.2.2. Financial access

Financial access to primary-level DM care and life-saving urgent surgical and non-surgical care for DM patients is almost universal. However, many face a significant financial burden related to diagnostics (particularly for high-technology instrumental procedures), specialist outpatient care, rehabilitation, and medicines for DM and related conditions that are not covered or only partially covered by the Diabetes Management State Programme or the UHCP.[84] The out-of-pocket (OOP) expenditures of DM patients for these services, particularly for medicines, contribute to the high level of OOP spending (more than 40 % of the current health expenditures in 2022)[85] and catastrophic expenditures in the country, particularly among the poorest.[86]

The DM patients seeking funding for high-technology care may have to wait up to 2 months for approval of the NHA funding decision under the UHCP for selected high-technology, expensive planned surgical interventions, such as vascular surgery or selected ophthalmological procedures and surgeries, for example, lens replacement or laser surgery.[87]

2.2.3. Ethnic minorities

Ethnic minorities may experience additional access problems for quality DM care due to language barriers and socioeconomic disparities.[88]

These access barriers are recognised and addressed by the Government of Georgia through reforms expanding UHCP coverage for medicines, including for DM, by removing the annual limits starting from 2024;[89] introducing reference pricing for pharmaceuticals, initiating the PHC reform[90] and telemedicine pilots,[91] and applying efforts for the reintegration of the ethnic minorities.[92]

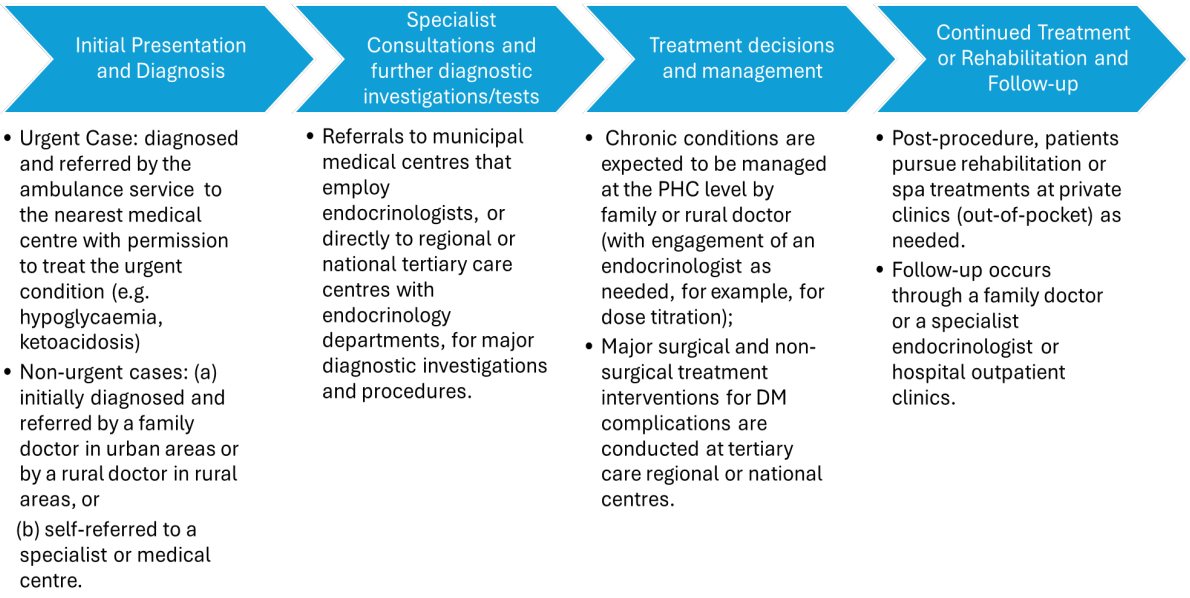
[84] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[85] WHO, Global Health Expenditure Database, 2014, url
[86] Gorgodze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, 2025, url, p. 2
[87] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII02, Manager of the tertiary care hospital, Interview, 2 February 2026, Interview, 3 April 2025
[88] Open Society Georgia Foundation, "ეთნიკური უმცირესობების წარმომადგენლების სოციალური ექსკლუზიის (გარიყვის) კვლევა" [The Study of Social Exclusion of Ethnic Minorities], 2022, url, pp. 105-116
[89] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annexes 1 and 1.9
[90] WHO/Europe, Georgia: moving from policy to actions to strengthen primary health care: primary health care policy paper series, 2023, url, pp. 9-20
[91] UN, Georgia, Telemedicine: Bridging a Healthcare Gap in Georgia, 2024, url
[92] Salakhunova, A., Georgia's Path to Inclusivity: Integrating Ethnic Minorities through Education and Policy Reform, Eurac Research, 2024, url

There is no information on any other factors limiting access to DM care or discrimination of patients with DM, obesity and metabolic syndrome. No specific additional administrative barriers for Georgian citizens returning after years abroad were identified in the reviewed documents; access would generally depend on standard eligibility (citizenship/residency status), registration with PHC providers where relevant and meeting programme-specific documentation requirements (e.g. certification for specialised outpatient care under the Diabetes Management State Programme).[93]

2.3. Typical patient journey

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

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



Source: Compiled by the author from online sources describing the respective national programmes (see Section 2) and key informant interviews.

[93] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Articles 1 and 3

According to the national guidelines and legislative framework, if a person wants a free (publicly covered) visit to a health provider for DM diagnosis, the person should go to a PHC provider (family doctor in urban settings or rural doctor/nurse in rural settings) for initial assessment registration and referral. Initial visit and referral from a PHC provider is required for all patients, including the patient with suspected or diagnosed DM to get free or publicly subsidised specialist consultations and diagnostic tests under UHCP (see sections 2.3. and 2.4). Under the Diabetes Management State Programme, specialised outpatient care (dose adjustment and education) is provided by an endocrinologist; for non-insulin-using beneficiaries to be enrolled in this component, submission of a medical certificate (Form No. IV-100/a) issued by the family/district/village physician with whom the patient is registered is required (with an exception noted for certain privately insured patients who do not use the relevant state programmes). Urgent cases of DM and its complications are commonly transferred by the emergency ambulance service, whose doctor makes a provisional diagnosis of hypoglycaemia or hyperglycaemia, ketoacidosis or renal insufficiency, to the nearest medical centre (secondary- or tertiary-level hospital) that has a permit to manage respective urgent conditions.[94]

However, in reality, the patient journey often takes alternative care pathways. More specifically, although PHC is legally considered to be the first point of contact for patients,[95] and necessary, if patients want to obtain publicly covered specialist consultations and diagnostic tests, in practice, only a small proportion of the population (17 %-23 %, varying by facility) utilises PHC services in Georgia, due to the low trust in the PHC system, convenience and sometimes access barriers according to the WHO.[96] As a result, the role of general PHC providers as an initial point of care, or even a referral, for patients with DM is limited.[97] As noted earlier, the Government of Georgia is undertaking steps to improve the scope and quality of care at the PHC level by launching PHC pilots, introducing extended care packages for patients with NCDs, including diabetes, and implementing results-based financing to improve healthcare outcomes.[98]

[94] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[95] Georgia, Parliament of Georgia, "ჯანმრთელობის დაცვის შესახებ" [Law of Georgia on Healthcare], 2007, url, Article 3(s)
[96] WHO/Europe, Georgia: Moving from policy to actions to strengthen primary health care: Primary heath care policy paper series, 2023, url, p. 3
[97] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024
[98] Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.17

3. Insurance and national programmes

3.1. National programmes

Along with the national programmes financing the treatment of the DM and its complications, there are very limited public investments in health promotion programmes that are focused on prevention and mitigation of the risk factors related to DM, obesity and metabolic syndrome, such as promotion of healthy nutrition, salt reduction, tobacco control measures, and public health campaigns directed at increased awareness of DM and obesity and possible life-threatening conditions caused by it, including loss of vision and renal failure.[99] The budget of the national programme, the State Programme on Health Promotion, which funds these initiatives, is only GEL 2 000 000 [EUR 625 000], or approximately 0.1 % of the total government health budget of GEL 1 859 036 000 [EUR 57 886 844] for the year 2025.[100]

3.2. Private insurance

The Insurance State Supervision Service reports that as of the end of the third quarter of 2025, 782 095 individuals, or more than 20 % of the total population, are covered by private medical insurance in Georgia. The largest share of privately insured is through the private sector employers' insurance scheme (57.9 % of all privately insured), through the public schemes (32.9 %) and a small share of individually insured (9.2 %).[101] Private insurance accounted for up to 6.8 % of total health expenditures in 2022.[102] Total medical (health) claims paid by private insurance in the year 2024 were GEL 358 728 602 [EUR 112 102 688].[103]

The most prevalent insurance products typically include coverage for the full spectrum of services required for patients with DM that were diagnosed during the insurance coverage period, including preventive services and medications, with the exclusion of insulin and its analogues that are provided by the State Programme and also rehabilitation services. The insurance policies offered in Georgia also have co-payments and differentiated annual limits for covered services, depending on the insurance product and its price.[104] Some premium private insurance policies, along with the co-payment-free schemes and higher annual limits, also include coverage for rehabilitation services and spa treatment.[105]

The UHCP eligibility rules prohibit many people from holding public and private insurance in parallel – albeit, many exceptions are made for specific groups, including teachers, public

[99] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025
[100] Georgia, Government of 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 10
[101] Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, url
[102] WHO, Global Health Expenditure Database, 2014, url
[103] Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, url
[104] GPI, Insurance Scheme, 2025, url; TBC Insurance, Health Insurance, 2025, url
[105] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

artists, children in foster care, settled internally displaced people, socially vulnerable households below the poverty line (70 000-100 000 points on the social assistance scale), persons of retirement age (over 60 for women and over 65 for men), children aged up to 18 years, with under 6 children having wider benefits, students and people registered as persons with disability.[106]

[106] 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, Article 5[9], Annex I

4. Cost of treatment

As noted in Section 1, General information, the absolute majority of facilities providing services for patients with DM in Georgia are private. While the prices for the same health services generally differ across these facilities, the prices do not vary depending on the ownership status of the facility. However, the prices for the same service may differ depending on the payor for these services, whether it is covered by the state (through national or municipal programmes) or by a private source (private insurance or patient OOP). Thus, the prices or price ranges for "public" treatments in Table 3 and Table 4 are provided separately only in cases where they differ from the prices charged by health facilities for non-state payors (private insurance, patients and their families), regardless of their ownership status. They are for a single consultation with the respective specialist (unless otherwise indicated). The indicated prices and ranges are based on the data on prices for diagnosis-related groups (DRGs)[107] and other state-defined tariffs that the NHA pays for the treatment of DM and its complications under the publicly financed programmes (UHCP, Referral Service State Programme and the municipal programmes).

The information is provided by key informants, including (a) the senior official from the MoIDPLHSA, who provided data on maximum prices for those services,[108] and (b) a manager of the tertiary care hospital.[109] Some prices are also obtained from web pages of other healthcare providers and online sources, which are referenced accordingly. The bed-per-day prices include only accommodation and food. The prices for specialist consultations for inpatient treatment are included in the cost of inpatient treatment at the same rate or rate range as for outpatient consultations, as presented in Table 3.

The specialists' outpatient consultations, laboratory tests and diagnostic services are covered under the UHCP, depending on the eligibility criteria and within the annual limits and co-payments specified in Section 2.2. Unless indicated otherwise, all information on public and private coverage in the reimbursement section was provided by key informant KII02, a manager of a tertiary care hospital.[110]

[107] Georgia, LEPL National Health Agency of Georgia, "დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით" [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]", 2020, url
[108] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[109] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[110] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

Table 3: Cost of treatment: Specialists

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/special programme/free/ comments
Internal specialist (internist)	50[111]		50 - 70[112]		Private inpatient treatment price for consultations reflects the amount that is charged for specialist consultation as a component of the full cost of inpatient treatment of urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and is not billed separately. Socially vulnerable individuals and those of retirement age have free access to these services and do not pay DRG or tariffs, while other UHCP beneficiaries pay a co-payment of up to 30 % of the full cost of the treatment episodes.
Endocrinologist	60[113]		70[114] - 90[115]		Consultation fees for endocrinologists are fully covered and provided free 4 times a year to children under 18 years of age with DM. Other specialists are also covered if referred by an endocrinologist as needed. Consultation fees are partially covered for adult DM patients, who have the following conditions: blindness/visual impairment, congenital cerebral palsy and/or diabetes insipidus, Down syndrome or Duchenne-Erb disease (30 % co-payment for insulin users and 50 % co-payment for non-
Ophthalmologist	70[117]		80[118] - 100[119]		
Neurologist	80[120]		80[121] - 150[122]		

[111] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[112] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[113] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[114] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[115] Georgian Medical Portal VIPMED.GE, [website], 2012, url
[117] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[118] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[119] Georgian Medical Portal VIPMED.GE, [website], 2012, url
[120] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[121] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[122] Georgian Medical Portal VIPMED.GE, [website], 2012, url

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/special programme/free/ comments
					insulin users) within one treatment episode per year.[116]
General practitioner	50[123]		50 - 70[124]		Consultations with general practitioners are free for UHCP beneficiaries. Private insurance usually fully covers service fees for privately insured.
Vascular surgeon (e.g. for diabetic foot)	90[125]		100[126]		Private inpatient treatment price for consultations reflects the amount that is charged for specialist consultation as a component of the full cost of inpatient treatment of urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and is not billed separately. Socially vulnerable individuals and those of retirement age do not pay DRG or tariffs (they have free access to these services), while other UHCP beneficiaries pay a co-payment of up to 30 % of the full cost of the treatment episodes.

[116] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Article 4
[123] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[124] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[125] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[126] Georgian Medical Portal VIPMED.GE, [website], 2012, url

Table 4: Cost of treatment: laboratory measurements, diagnostic imaging and treatments

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Laboratory research			
Blood glucose (incl.: HbA1C/ glyc.Hb)	Blood glucose - 12[127]	Blood glucose – 18[128] HbA1C - 45[129]	Covered fully and provided for free four times a year to children under 18 years of age with DM. Partially covered for adult DM patients, who have the following conditions: blindness/visual impairment, congenital cerebral palsy and/or diabetes insipidus, Down syndrome or Duchenne-Erb disease (30 % co-payment for insulin users and 50 % co-payment for non-insulin users) within one treatment episode per year.[130] Patients with private insurance are reimbursed partially or fully.
Renal/ kidney function (creatinine, ureum, proteinuria, sodium, potassium levels)	55[131]	70[132]	
Laboratory research of thyroid function (TSH, T4, T3)	110[133]	106-161[134]	Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.

[127] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[128] Synevo, Glucose-tolerance-test, 2021-2026, url
[129] Synevo, Glycated-haemoglobin, 2021-2026, url
[130] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Article 4
[131] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[132] Synevo, Kidney function profile, 2021-2026, url
[133] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[134] Synevo, Examination of the thyroid gland, 2021-2026, url

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
Laboratory test: urine test: glucose/glucosuria	12[135]	17.1[136]	Urine test is fully covered and free for beneficiaries of UHCP if prescribed by PHC/Rural doctor. Also, covered fully and provided for free 4 times a year to children under 18 years of age with DM. Partially covered for adult DM patients, who have the following conditions: blindness/visual impairment, congenital cerebral palsy and/or diabetes insipidus, Down syndrome or Duchenne–Erb disease (30% copayment for insulin users and 50% copayment for non-insulin users) within one treatment episode per year.[137] Patients with private insurance are reimbursed partially or fully.
Diagnostic imaging			
Ultrasound of thyroid gland/neck region	80[138]	60[139]	Not covered by the national programmes as outpatient service. Private inpatient treatment price for consultations reflects the amount that is charged for specialist consultation as a component of the full cost of inpatient treatment of urgent or surgical conditions (DRG or tariff) for UHCP beneficiaries and is not billed separately. Socially vulnerable individuals and those of retirement age do not pay DRG or tariffs (they have free access to these services), while
Optical coherence tomography (OCT)	150[140]		

[135] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[136] Synevo, General analysis of urine, 2021-2026, url
[137] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Article 4
[138] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[139] Solomed, Ultrasound of the thyroid gland, n.d., url
[140] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
			other UHCP beneficiaries pay a co-payment of up to 30 % of the full cost of the treatment episodes.
Devices			
Blood glucose meter for self-use by patient	75[141]		Fully covered and provided for free to all beneficiaries of the Diabetes Management State Programme and replenished once a year in case of damage.[142]
Blood glucose self-test strips for use by patient	50 strips - 53.69[143]		200 test strips annually are provided for free to all beneficiaries of the Diabetes Management State Programme annually.[144]
Treatment			
Clinical admittance in internal or endocrinology department (daily rates)	450 - 700[145]		Price is higher for the surgical patients[146]
Laser treatment of diabetic retinopathy	1 280[147]		Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP
Ophthalmology: Intravitreal injections with medication	280 (with Avastin injection) – 1 190 (with Vabysmo® injection)[148]		

[141] Aversi, Glucometer Accuchec, 2018, url
[142] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Article 3
[143] Aversi, Glucom. sticks Accuchec act., 2018, url
[144] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Article 3
[145] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[146] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[147] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026
[148] KII02, Manager of the tertiary care hospital, Interview, 2 February 2026

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/special programme/free/comments
			beneficiary category (see Section 2 for details). Patients with private insurance are reimbursed partially or fully.

5. Cost of medication

All pharmaceutical products available in Georgia are either registered under the national schemes or are generally accessible without significant physical access issues across the country. However, medicine costs are a major challenge for Georgia's healthcare system and a leading cause of catastrophic health spending.[149]

Pharmaceutical costs and other medical consumables required for inpatient care are paid either by state health programmes (indicated as reimbursed by "Outpatient Public – DM*", "Outpatient Public – UHCP**" or "Inpatient Public***" in the last column of Table 5) or, if the services are not included in those programmes, by the patient. If a patient has insurance, private coverage may pay all or part of these expenses (indicated as Private **** in the last column of Table 5). For outpatient care, patients must cover the full cost of their prescribed medications unless their private insurance provides coverage, or the costs are covered by the UHCP (for DM) or by other state (public) health programmes described in Section 2 (see Table 5).

The price differentials on the Georgian pharmaceutical retail market are significant. At any given time, most pharmaceutical manufacturers offer volume-based commercial discounts to Georgian importers and wholesalers, with discounts ranging from 3 % to 20 %.[150] Table 5 lists the most recent prices quoted on the website of several major importer/wholesaler/retailer pharmaceutical chains in Georgia, "PSP" and "Aversi". If not available on their websites, the prices are quoted from the online source "Medical Information Service".

For certain medicines not available in the aforementioned pharmacies as of February 2026, several pharmaceutical companies (e.g. Pharmaco) provide an opportunity for patients to call or apply online and place an order for that specific medication that will be delivered to their address (or any other location) in four to eight weeks' time. Some of these medications may require a doctor-issued prescription and medical certificate (form 100), so companies can comply with import requirements for those medicines that are on the controlled substances' national list or that are not registered in Georgia.[151]

In the column "place", two possible options are presented:

- NHA – medications are procured by the public purchaser and are provided to the beneficiaries for free in accordance with the eligibility rules described in Section 2, Access to treatment. Prices for such medications are indicated for information purposes if they are publicly disclosed. Some prices for innovative medications, which are directly negotiated with pharmaceutical companies, are not disclosed due to commercial confidentiality agreements.

[149] Gorgodze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, 2025, url, p. 2
[150] CIF, Pharmaceutical pricing policies to improve the population's access to pharmaceuticals in Georgia, October 2019, url, pp. 16-17
[151] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026

- Pharmacy – prices for medications offered at pharmacies (all of which are private). Cost of these medications may be reimbursed by public or private payers, as indicated in the respective column (reimbursement/special programme) of Table 5.

Legend for asterisks used in Table 5: Cost of medicines:

* "Outpatient Public - UHCP" means that the cost of the drug is covered fully and provided for free to the patient with a confirmed diabetes (type 2) diagnosis without annual limits at the outpatient level for specific categories of UHCP beneficiaries – socially vulnerable, individuals of retirement age, children (0-18 years) with disabilities, adults with moderate or severe disability, veterans, rural residents of municipalities adjacent to the occupied regions. Other UHCP beneficiaries are not eligible.[152]

** "Outpatient Public – DM" means that the cost of the drug (various forms of insulin and its analogues) is covered fully and provided for free to the patient with a confirmed DM diagnosis without limits at the outpatient level for the beneficiaries of the State Programme for Diabetes Management – Georgian citizens, permanent residents living in Georgia and the population living in the occupied territories of Georgia.

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

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

Table 5: Cost of medicines

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
Acarbose	Glucobay®	100 mg	tablet	30	10	Pharmacy[153]	Not covered by the public programmes.[154] Only upon individual patient request imported from Turkey with form 100 (medical certificate of the

[152] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 36, "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex 1.9
[153] Pharmaco, Glucobay, n.d., url
[154] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
							patient) provided to the importer. Takes 4-6 weeks to import.
Dapagliflozin	Forxiga®	10 mg	tablet	30	39.93	Pharmacy[155]	Inpatient Public*** Private****
Dapagliflozin + metformin	Glidap	10 mg/ 1 000 mg	tablet	30	66.97	Pharmacy[156]	Inpatient Public*** Private****
Empagliflozin + metformin	Synjardy®	12.5 mg/ 1 000 mg	tablet	60	50	Pharmacy[157]	Inpatient Public*** Private****
Glibenclamide	Gliben®	5 mg	tablet	100	7.5	Pharmacy[158]	Not covered by the public programmes.[159] Only upon individual patient request imported from Turkey with form 100 (medical certificate of the patient) provided to the importer. Takes 4-6 weeks to import.
Gliclazide	Gliclazide MR-APO	60 mg	tablet	1	0.21	NHA[160]	Outpatient Public – UHCP*
				100	37.07	Pharmacy[161]	Inpatient Public*** Private****

[155] Aversi, Forxiga, n.d., url
[156] Aversi, Glidap, n.d., url
[157] Medical Information Service, Empagliflozin + metformin, n.d., url
[158] Pharmaco, Gliben, n.d., url
[159] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[160] Georgia, LEPL, National Health Agency, "პროგრამით გათვალისწინებული მედიკმენტები" [medications covered by the programme], 2020, url
[161] PSP, გლიკლაზიდი [Gliklazide], 2025,

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
Glimepiride	Glimepirid	2 mg	tablet	1	0.15	NHA[162]	Outpatient Public – UHCP*
	Glimepiride Denk			30	8.75	Pharmacy[163]	Inpatient Public*** Private****
Glucagon	Glucagon	1 mg/1 ml	injection	1	40.58	Pharmacy[164]	Outpatient Public – DM** Newly diagnosed beneficiaries are issued one unit of glucagon. Used glucagon, upon presentation to the provider, is replaced with a new one, but no more than one vial per year.[165] Inpatient Public*** Private****

[162] Georgia, LEPL, National Health Agency, "პროგრამით გათვალისწინებული მედიკამენტები" [medications covered by the programme], 2020, url
[163] Aversi, Glimepirid denk, n.d., url
[164] PSP, გლუკაგენი [Glucagon], 2025, url
[165] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Article 9

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
Insulin, premixed: Aspart (rapid acting) and aspart protamine (intermediate acting) like ®Novomix	NovoMix® 30	3 ml – 100 IU/ml	injection pen	5	86.8	Pharmacy[166]	Not covered by the public programmes.[167] Only upon individual patient request imported from Turkey with form 100 (medical certificate of the patient) provided to the importer. Takes 4-6 weeks to import.
Insulin, premixed: Combination of lispro (rapid acting) and insulin lispro protamine (intermediate acting)	Humalog	3 ml- 100 IU/ml	injection pen	5	269.24	Pharmacy[168]	Outpatient Public – DM* Inpatient Public*** Private****
Insulin, premixed: Combination of regular (short acting) and insulin isophane (intermediate acting) like ®Mixtard	Mixtard® 30	10 ml – 100 IU/ml	vial	1	25	Pharmacy[169]	Not covered by the public programmes.[170] Only upon individual patient request imported from Turkey with form 100 (medical certificate of the patient) provided to the importer. Takes 4-6 weeks to import.

[166] Pharmaco, Novomix, n.d., url
[167] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026
[168] PSP, ჰუმალოგი [Humalog], 2025, url
[169] Pharmaco, Mixtard, n.d., url
[170] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
Insulin: Long-acting [24 hr]; insulin glargine like ®Lantus	Lantus®	3 ml - 100 IU/ml	vial	5	291.41	Pharmacy[171]	Outpatient Public – DM* Inpatient Public*** Private****
Insulin: Rapid acting [2-5 hr]; insulin aspart like ®Novorapid	NovoRapid®	3 ml – 100 IU/ml	injection pen	5	184.44	Pharmacy[172]	Outpatient Public – DM* Inpatient Public*** Private****
Insulin: Rapid acting [2-5 hr]; insulin glulisine	Apidra®	3 ml – 100 IU/ml	injection pen	5	198.94	Pharmacy[173]	Outpatient Public – DM* Inpatient Public*** Private****
Insulin: Short acting [7-8 hr]; bovine, porcine or human regular insulin like ® Actrapid	Actrapid®	10 ml – 100 IU/ml	vial	5	38	Pharmacy[174]	Outpatient Public – DM* Inpatient Public*** Private****
Insulin: ultra long acting [42 hr]; insulin degludec	Tresiba® flex	3 ml – 100 IU/ml	vial	5	280	Pharmacy[175]	Outpatient Public – DM* Identification of newly diagnosed beneficiaries to be supplied with ultra-short-acting and ultra-long-acting insulin analogues is decided

[171] Aversi, Lantus, n.d., url
[172] PSP, Novorapid - ნოვორაპიდი, 2025, url
[173] Aversi, Apidra, n.d., url
[174] Aversi, Actrapid, n.d., url
[175] Aversi, Insulin-Tresiba flex, n.d., url

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
							by a special commission.[176] Inpatient Public*** Private****
Liraglutide	Victosa®	3 ml - 6 mg/ml	injection	2	430	Pharmacy[177]	Inpatient Public*** Private****
Metformin	Glucophage®	1 000 mg	tablet	1	0.11	NHA[178]	Outpatient Public – UHCP* Inpatient Public*** Private****
				60	14.67	Pharmacy[179]	
Repaglinide	Aglinox®	1 mg	tablet	90	34.1	Pharmacy[180]	Inpatient Public*** Private****
Semaglutide	Ozempic®	1 mg	injection pen	1 (4 doses)	349.90	Pharmacy[181]	Not covered by the public programmes or private insurance.[182] Only upon individual patient request provided by one of the importers/retailers "Aversi" based on the form 100 (medical certificate of the patient) provided to the importer.

[176] Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 655, "2026 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2026 State Healthcare Programmes], 31 December 2025, url, Annex 13, Article 9
[177] Aversi, Victosa, n.d., url
[178] Georgia, LEPL, National Health Agency, "პროგრამით გათვალისწინებული მედიკამენტები" [medications covered by the programme]", 2020, url
[179] Aversi, Glucophag, n.d., url
[180] Aversi, Aglinox, n.d., url
[181] Aversi, Ozempic, n.d., url
[182] KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025 and Follow-up Interview, 10 February 2026

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement/ special programme/free
Sitagliptin	Januvia	100 mg	tablet	28	23.3	Pharmacy[183]	Inpatient Public*** Private****
Sitagliptin + metformin	Metformin / Sitagliptin	1 000 mg /50 mg	tablet	56	29.8	Pharmacy[184]	Inpatient Public*** Private****
Vildagliptin	Alikval	50 mg	tablet	60	48.25	Pharmacy[185]	Inpatient Public*** Private****
Vildagliptin + metformin	Alikval Duo	50 mg/ 1 000 mg	tablet	60	66.99	Pharmacy[186]	Inpatient Public*** Private****

[183] Aversi, Juniiva, n.d., url
[184] PSP, მეტფორმინ-სიტაგლიპ - Metformin Hydrochloride-Sitagliptin, 2025, url
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Annex 2: Terms of Reference

Note for drafters: These are guidelines on the information to be included. If one aspect is not relevant, e.g., there is no national institute to treat this disease or no international donor programme, there is no need to mention it. Keep the focus on treating medicine – preventive care can be mentioned but is of less interest to the target group.

General information

- Briefly describe prevalence and incidence of diabetes mellitus and the prevalence of obesity and metabolic syndrome (epidemiologic data).
- How is the health care organized for diabetes mellitus?
- How is diabetes mellitus treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat diabetes mellitus [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 organized in general to treat patients with diabetes mellitus? Are there sufficient resources available to treat all patients?
- Is there a particular type of diabetes mellitus for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating diabetes mellitus? Briefly mention if there screening or lifestyle prevention campaigns for diabetes mellitus (e.g. through primary healthcare or special programmes).
- Are there any national or international plans or (donor) programmes for diabetes mellitus; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for diabetes mellitus? 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 diabetes mellitus? 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 (mountainous regions), etc.? Are there regional disparities in access to endocrinological and diagnostic services? Do rural populations often rely on primary care centres with limited laboratory capacity? 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?
- What is the 'typical route' for a patient with diabetes mellitus (after being diagnosed)? 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? Are there waiting times for any treatments (e.g. laboratory tests relevant to diabetes mellitus management such as HbA1c or lipid profiles; consultations with endocrinologists; hospitalisation for diabetic complications such as diabetic ketoacidosis; ophthalmologic procedures such as laser treatment of diabetic retinopathy or intravitreal injections; or dialysis for diabetes mellitus -related kidney failure)? Clarify if family physicians can directly refer patients to endocrinologists or if there are any (e.g. administrative) barriers?

- 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 diabetes mellitus?

Insurance and national programmes

- National coverage (state insurance).
- Clarify extent of reimbursement for diabetes mellitus medicines (e.g. partial reimbursement for insulin, glucometers for children only, etc.). Do refugees, internally displaced persons (IDPs), or uninsured low-income citizens have different coverage or access?
- Programmes funded by international donor programmes, if any. (e.g. projects supported by the World Diabetes Foundation, WHO, UNICEF, USAID, or NCD Alliance Georgia)?
- Include any insurance information that is specific for patients with diabetes mellitus.

NGOs

Include if relevant, otherwise delete section.

- Are any NGOs or international organisations active for patients with diabetes mellitus? 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).
- Local organisations such as: Georgian Diabetes Association (patient education, insulin access support). Also specify whether any NGOs offer free glucometers, testing strips, or educational programmes.

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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