



Georgia - Researched and compiled by the Refugee Documentation Centre of Ireland on 27 October 2010

Information about the health service in Georgia. Whether treatment for Hepatitis C is widely available. Whether treatment for Hepatitis C is considered to be adequate or up-to-date. The cost of this treatment. How the cost of treatment compares to average salaries.

Section 6 of the March 2010 *United States Department of State Country Report on Human Rights Practices* under the heading 'Other Societal violence and Discrimination', refers to the situation regarding the treatment of HIV/AIDS in Georgia as follows:

"The law prohibits discrimination against persons with HIV/AIDS; however, there is no penalty for violating this prohibition. NGOs reported that social stigma resulted in individuals avoiding testing and treatment for fear of discrimination. Some health-care providers, particularly dentists, often refused to provide services to HIV-positive persons. Individuals often concealed their HIV-positive status from employers for fear of losing their jobs." (United States Department of State (11 March 2010) *Country Report on Human Rights Practices: Georgia*)

Under the heading 'Health care system', section 3.4.3 of the June 2009 *Country of Return Information Project Country Sheet* for Georgia notes:

"There are 12 administrative-territorial health units in Georgia, each with different number of regional centres where medical services are available. Tbilisi has the most developed health care infrastructure, with all types of medical establishments available: emergency services, ambulatory care centres and polyclinics, hospitals and gynaecological hospitals, medical-research institutions and centres, dentist's offices and pharmacies. All types of medical services are available in Batumi as well. Every town has at least one hospital and one ambulatory care centre. The problem with these towns and regional centres is that there is no choice of medical establishments and only state-owned medical care centres are available. In early 2007 Government decided to spent 350 million GEL (Lari) on the construction of hospitals and 170 million GEL (Lari) for the construction of outpatient clinics. 'The major principle is that each patient across Georgia should be able to reach the closest medical center in 30 minutes,' Arveladze said.

Decentralization has been a major component of the health reform process since 1995 and was reiterated in the 2000-2009 strategic health plan. A plan to privatize hospitals was initiated in 2007. Nearly all dental clinics and pharmacies have already been privatized." (Country of Return Information Project (June 2009) *Country Sheet – Georgia*, p. 97)

Page 100 of the same report under the heading 'Haemophilia treatment assistance', adds:

“Haemophilia treatment assistance includes visits to doctor in out-patient reception hours (consultation, blood transfusion, blood tests, test for hepatitis B and C, critical and urgent cases, the 8th and 9th factors tests, platelet research) as well as hospitalisation (in the case of haemophilia diagnosis and orthopaedic service).” (ibid, p.100)

Section 3.4.3.6 of the same report, under the heading ‘Diseases unable to treat in the country’, continues stating:

“The Department of Public Health Care in the Ministry of Health, Labour, and Social Affairs of Georgia responded to the application, that there does not exist a list of diseases, which cannot be treated effectively in Georgia and therefore it could not provide the demanded information.

HIV/AIDS Despite of low prevalence Georgia is considered to be at high risk for a expanding HIV/AIDS epidemic due to widespread injecting drug use and intensive population movement between neighbouring high-prevalence countries such as Ukraine and the Russian Federation. The worst affected areas are Tbilisi and Black Sea coastal regions of Georgia. A total of 163 new HIV cases were registered in 2004. Most people living with HIV/AIDS were aged 25-40 years at the time of diagnosis and 82% were male. Georgia’s socioeconomic conditions put it at risk of developing an epidemic similar to that of the Russian Federation and Ukraine.” (ibid, p.102)

An August 2008 *World Health Organization* document quoted in a March 2009 *Austrian Centre for Country of Origin & Asylum Research and Documentation (ACCORD)* response, refers to the treatment of Hepatitis in Georgia as follows:

“Of those tested for coinfections with hepatitis B/C and TB, 13% were hepatitis B coinfecting, 35% hepatitis C coinfecting and 17% TB coinfecting. The majority of the patients in need of hepatitis C treatment cannot afford this.” (WHO, 5. August 2008)” (Austrian Centre for Country of Origin & Asylum Research and Documentation (ACCORD) (13 March 2009) *Possibility and costs of a kidney transplantation; treatment of hepatitis C; settlement possibility in Kutaisi for a someone who does not have any income due to illness (for example state financial assistance for shelter)*)

A June 2008 report from *Eurasianet* notes:

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

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

‘It is absolutely impossible for [a] state like Georgia to retain . . . 254 publicly owned hospitals and [to] finance the health care at the level we would like to provide,’ Minister of Labor, Health and Social Affairs Alexander Kvitashvili said in an interview

with EurasiaNet. 'Therefore, private medical insurance and [a] private hospital network [are] something that we think is the only way out of the situation.'

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

Under the heading 'Health', section 5.3.6 of a June 2007 document from *Article IX* refers to Hepatitis in the Georgian break away territory of Abkhazia, as follows:

"Many ordinary people as well as women activists said that medical and public health services are amongst the most closed institutions. Sexual health has already been discussed as an area where information needs are not sufficiently satisfied. Women activists, however, pointed out that all kinds of health-related information are a taboo. For instance, little information is available to the public about real levels of tuberculosis, HIV/AIDS, and hepatitis-B infections, or about prevention and treatment of these illnesses. The women mentioned a need to know more on the extent and impact of drug abuse in Abkhazia. In addition, doctors still refrain from telling their patients when they have terminal illnesses. One civil society respondent noted that "*even in hospitals, whatever the diagnosis, it is necessary to tell [the patient] everything. It is very important. But it is not common here*". A young woman, for instance, was sick with hepatitis C and died after giving birth to a child. If she had had timely information about her illness and how to treat it, as well as receiving better informed preparation for the birth, her death could have been prevented. Another woman from an NGO that deals with youth issues in Sukhum/i inquired of the Ministry of Health under the former government about the number of drug addicts and the number of young people who are HIV-positive, and was told that this information was secret, without being given any reasons as to why this information was secret. The journalists reported to believe that the Ministry of Health continuously conceals information on serious illnesses, such as HIV/AIDS, or hepatitis." (Article IX (June 2007) *A Survey of Access to Information in Abkhazia and its Impact on People's Lives*, p.79-80)

References

Article IX (June 2007) *A Survey of Access to Information in Abkhazia and its Impact on People's Lives*

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

Sources consulted

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