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**D-A-CH – Analysis
of the BFM country analysis**

**An overview of the Georgian health system –
structure, services and access**

June 2011

Disclaimer

This product has been created from the country analysis of the Federal Office of Migration (BFM) as part of the D-A-CH cooperation agreement, in accordance with the joint EU guidelines for the processing of fact-based information about countries of origin (2008). The analysis has been compiled on the basis of carefully selected information sources that are publicly accessible. References are provided for all the sources used.

The explanations contained in this product represent analytical evaluations of existing primary sources and known facts that have been incorporated into the existing product objectively and on an equal basis. In the evaluation process, the emphasis was placed on the greatest possible scientific accuracy and on balance and objectivity.

This product is not intended to be exhaustive, and no conclusions can be drawn from it regarding the legal assessment of a concrete asylum procedure. In particular, this document cannot be classified as a political statement by the Federal Office of Migration and Refugees (BAMF), the Federal Asylum Office (BAA) and the Federal Office of Migration (BFM).

http://www.ejpd.admin.ch/content/dam/data/migration/laenderinformationen/herkunft_slaenderinformationen/coi_leitlinien-d.pdf

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1. Introduction: a health system undergoing change

The Soviet health system was based on inpatient treatment in large state hospitals. Most of the doctors were highly specialised. The basic care system with outpatient treatment provided by general practitioners was of little importance. When Georgia became independent in the 1990s, it became clear that this system was no longer meeting the needs of the population. In 2002, the Georgian health system almost collapsed owing to a lack of state funding.

The reforms from 2006 onwards were therefore aimed primarily at safeguarding basic medical care. They pursued two main goals: firstly, the aim was to prevent patients from contacting specialist hospitals directly. To this end, the focus was on a family doctor system, the so-called Family Medicine System. General practitioners are the first point of contact, and refer patients to specialist hospitals if necessary. Secondly, the privatisation of healthcare facilities, and thus competition on the free market, was expected to lead to an improvement in infrastructure and medical services without placing too great a strain on the national budget. The cost of treatment in private institutions is partly covered by state-financed or privately-financed insurers.ⁱ

Today, almost all healthcare facilities are privately owned. In no other European country does the private sector pay as high a proportion of healthcare costs as in Georgiaⁱⁱ. The infrastructure and services and the qualifications of medical staff have improved significantly in the last few years.ⁱⁱⁱ The switch to the family doctor system for basic care is also well advanced in some regions.^{iv} A large proportion of those with the lowest income benefit from state-financed health insurance, which covers basic care.^v However, the health insurance system still covers only a minority of the population and does not include all medical services.^{vi}

2. Method and sources

The aim of these explanations is to provide an overview of the Georgian health system. Its structure, existing medical services and the issue of access to these services will be presented. Detailed information about the diseases that occur most frequently among asylum seekers, which include hepatitis, HIV/AIDS, mental illnesses and drug dependence, can be found in the supplementary *DACH analysis of the state documentation (BAA) for Georgia: Medical care – treatment options, June 2011*. The following information relates to the territory that is actually controlled

by Georgia and not to the de facto independent republics of Abkhazia and South Ossetia.

When assessing medical care in a country, particularly with respect to a country in transition, we are inevitably faced with the question of which standards (benchmarks) have been set or which standard we can compare it with. As a conclusive answer to this question is not possible, we have chosen a descriptive approach below, including the widest possible variety of sources, and have avoided making an evaluation. Where evaluations appear, these are clearly marked as such and references are provided.

This paper is based on assessments by international organisations (particularly the WHO), reports by Georgian health authorities, assessments by NGOs and information specific to repatriation from IOM and Caritas. A fact finding mission (FFM) in Georgia from 10 to 21 April 2011 enabled us to check this information in interviews with experts, to supplement it where necessary and to update it. Visits were made to various medical institutions, such as a state and a private hepatitis centre, psychiatric clinics, an HIV/AIDS centre in Tbilisi and a polyclinic/Family Health Centre in Kutaisi. In addition, interviews were held with members of the committee for the coordination of the basic care system and the head of the *National Centre for Disease Control and Public Health* and with representatives of IOM Georgia.

3. Medical care

3.1. Medical services

Almost all types of medical treatment and procedures are possible in Georgia today, including heart operations and difficult neurosurgical procedures. In the treatment of mental illnesses, it should be noted that few psychiatrists and psychologists are familiar with current internationally recognised treatments and that they are still guided by the “Soviet school”. Mental illnesses are treated mainly with medication and inpatient treatment. In most cases, psychotherapy is offered only by psychiatrists and psychologists in private institutions.^{vii} If someone suffers from depression, for example, he has the option of contacting the local Family Doctor, who has completed rudimentary psychological training. More serious cases are referred to a psychiatric hospital.^{viii}

A list of institutions that offer treatment in the most important areas of medicine can be found in the annex.

3.2. Medical institutions and their infrastructure

The Georgian health system includes the following medical institutions:

- Emergency centres
- Centres for outpatient treatment and (outpatient or inpatient) polyclinics
- Specialist hospitals and birthing centres
- Medical research institutions (with patient beds)
- Dental surgeries
- Pharmacies

Each town has at least one hospital and one centre for outpatient treatment.^{ix} A Family Doctor and a nurse are stationed in each village.^x In 2009, the WHO estimated that 80% of the population would normally be treated by a doctor within 30 minutes in a medical emergency. In rural areas, the percentage is 72%. Only those people living in very isolated areas need to travel longer distances for medical treatment. This has traditionally applied to the mountain regions of Kvemo Kartli and Samtskhe-Javakheti.^{xi} According to official figures, access stood at 95% in 2011.^{xii} One respondent even stated that treatment could be obtained in 15 minutes in 2011.^{xiii}

In general, the respondents spoken to during the FFM and various international organisations (e.g. IOM) described the infrastructure and its condition as good or satisfactory. As part of the reforms, many medical institutions, particularly children's hospitals and emergency care, were fitted with new equipment, some of which was internationally financed.^{xiv} Some reports refer to outdated equipment, particularly in the regions.^{xv} According to *IOM Georgia*, there is at least one well-equipped hospital in each region.^{xvi}

Occasionally, the unsatisfactory living conditions in psychiatric institutions are criticised. This applies to the poor condition of the buildings, the lack of comfort, poor hygiene and lack of privacy.^{xvii} Following a visit to the Asatiani Psychiatric Institute in February 2010, the Council of Europe criticised the living conditions of patients there, describing them as inhuman and degrading. The condition of the buildings, the lack of a heating system and poor sanitary facilities were criticised. The number of patients per room was described as satisfactory.^{xviii} During a visit to the Asatiani Psychiatric Institute as part of the FFM, no improvements were noted with regard to accommodation.^{xix} Assurances were given that the patients would shortly be moved to new buildings. The state health strategy for 2011 also includes

psychiatry for the first time. The construction of seven new psychiatric hospitals is planned.^{xx} The NGO Human Rights Centre, which receives international financing from a broad range of sources, monitored the psychiatric institutions in 2009 and does not expect to see a significant improvement in the situation, despite government programmes.^{xxi} Private psychiatric institutions have much better infrastructure, as shown by a visit to the *Bemoni* clinic.^{xxii}

3.3. Staff

A regional comparison shows that the number of doctors per capita is above average in Georgia. However, the number of nurses is severely below average, which leads to inefficient use of staff, particularly in basic care.^{xxiii} As in the other former Soviet states, the standard of training is in principle relatively high.^{xxiv} However, the absence of state regulation meant that medical training establishments were for a long time not subject to binding training guidelines.^{xxv} New guidelines were therefore drawn up as part of the reforms. Training and retraining courses were also provided.^{xxvi}

Almost all contacts in the FFM emphasised the friendly, informal relationship between doctors and patients.^{xxvii} According to the 2009 *WHO Assessment*, 80% of patients questioned stated that they were satisfied with the medical advice they had received.^{xxviii} A survey of the Georgian population in 2010 showed that 57% of those questioned trusted doctors in principle as a professional group, while only 12% expressed distrust.^{xxix} In contrast, a survey conducted in 2010 among persons returning to Georgia showed that one in five would not contact a doctor, as they had doubts about their qualifications and rated the quality of medical services as low,^{xxx} which could be linked to the fact that they were used to a higher standard of medical care abroad.

3.4. Availability of medicines

In principle, all types of medication available on the western European market are available in Georgia as original preparations or generic drugs.^{xxxi} An *Essential Drug List* can be found on the website of the Ministry of Health: <http://moh.itdc.ge/> (in Georgian with names of medicines written in Latin letters).^{xxxii} The most important pharmacy networks are AVERSI, GPC and PSP. Their websites provide references in some cases to the medicines they distribute and to pharmacies that are supplied in Georgia.^{xxxiii}

A government programme stipulates that the Georgian population must be supplied with standard medication and certain specialist medicines. These include, for example, medication for diabetes, haemophilia, oncological diseases, drug addiction, transplants and vaccinations. There are no known bottlenecks in the supply of medicines. Emergency medication at least is available in all Georgian hospitals.^{xxxiv} The new medicines law of October 2009 has simplified the importing and approval of medicines.^{xxxv} Registration of medicines that are not yet approved in Georgia is possible at short notice without significant administrative costs.^{xxxvi} Owing to the liberal opportunities for importation and minimal state control, the quality of the medicines is not guaranteed. Inadequate storage conditions can also lead to a deterioration in quality.^{xxxvii}

A prescription is required only for psychotropic medication, as the psychoactive ingredients can be processed further into drugs.^{xxxviii} In accordance with the new medicines law, medicines may be dispensed without advice from a pharmacist.^{xxxix} It is a common practice for patients who cannot afford – or do not wish – to visit a doctor to go directly to a pharmacy or another sales outlet to buy medicines, without consulting a doctor.^{xl}

3.5. Example of an outpatient Family Medicine Centre

The former polyclinic *Kutaisi Regional Family Medicine and FP Training Center named after D. Nazarishvili* is the state centre for basic medical care for the Imereti region (surface area: 6,500 km² / population: approx. 700,000). This area received particular support during the reforms of basic care.^{xli} With 44 doctors, mainly general practitioners (*family doctors*) and individual specialists, it offers various outpatient services as part of basic care. The centre's catchment area includes 120,000 people. A further 12 family doctors operate in the 12 districts of the Imereti region, each with one nurse. According to the head of the centre, sufficient staff are available. The centre includes a department for the professional training of general practitioners, where international instructors teach training courses. The centre is financed by the government and USAID. The building was refurbished and equipped by the World Bank in 2006.^{xlii}

4. Health insurance system

4.1. Overview

In the Georgian health system, there are two types of state support: firstly, free treatment for certain diseases and certain target groups, and secondly, free or reduced-cost health insurance schemes, which cover basic and emergency care. A basic condition for use of this state support is correct registration as a Georgian citizen with the Civil Registry Agency (CRA).^{xliii} Private insurance companies offer numerous insurance packages, which can be purchased by anyone in Georgia.^{xliiv} As health insurance is voluntary in Georgia and no state health programme covers all healthcare, direct payments are normal. In 2010, 70% of health costs were paid directly by patients to medical institutions.^{xlv}

4.2. Free treatment for certain diseases and target groups

Among others, the following diagnoses, medicines and treatments are included in the state health programme and are free for Georgian citizens^{xlvi}:

Emergency treatment:

- Treatment is free for the first three days.^{xlvii}

Psychiatric disorders (e.g. psychosis):

- Inpatient treatment (examination, consultation, medication and food)
- Mental illnesses such as neurosis, PTSD, depression, alcoholism, drug addiction, psychopathy etc. are not included.^{xlviii}

Epilepsy:

- Treatment (only if psychopathic behaviour also occurs)
- In cases of a combination of epilepsy and depression, both treatments are free (both inpatient and outpatient treatment).

HIV/AIDS:

- Tests (except for the first test)
- Treatment

Diabetes:

- Insulin is dispensed free of charge if it is clear that dietary treatment and treatment with medication do not lead to any improvement.

Dialysis:

- Free dialysis for patients registered with the state programme. Places are limited to 200 persons (2009).

Kidney transplants:

- Transplants, i.e. the two operations on the patient and the donor^{xlix}

Tuberculosis:

- Tests
- Treatment

Heart disease:

- For specific symptoms and patient groups

Oncological diseases:

- For specific symptoms and patient groups

Although hepatitis is widespread in Georgia, hepatitis treatment is not paid for by the state.ⁱ In order to receive state benefits for mental illnesses, patients must register for a state disability pension. A diagnosis at a psychiatric hospital and a positive decision by the State United Social Insurance Fund is necessary for this.ⁱⁱ The disability benefit amounts to GEL 55 (EUR 23) per month (official subsistence level in 2010 approximately EUR 64).ⁱⁱⁱ

The state also finances healthcare for the following persons:

- Children up to 3 years of age
- Children between 4 and 15 years of age receive free outpatient checks and 80% of the remaining treatment costs are waived
- Women are entitled to free medical care during pregnancy and after birth.ⁱⁱⁱⁱ

4.3. Free health insurance

4.3.1. Free health insurance for households below the poverty line

A social welfare programme has been in place since 2006 for households below the poverty line. It includes free health insurance, which covers the following services^{liv}:

- Consultation with the Family Doctor once every two months
- Postpartum care
- Emergency operations
- Planned inpatient treatment
- Up to 50% of the cost of medication will be refunded, up to a maximum of GEL 50 (EUR 22).^{lv}

People living below the poverty line are divided into two groups: people living in poverty, i.e. who have less than USD 2 per day, and people living in extreme poverty (USD 1-1.25). Both groups receive free health insurance. Employees of the Ministry of Labour, Health and Social Affairs evaluate local households based on a points

system, and decide who should receive support and be registered in the appropriate database.^{lvi} In addition to insufficient income, factors such as ownership of furniture, a refrigerator or a television are decisive. As soon as a member of the household is working or funding appears from elsewhere, support will be discontinued.^{lvii} A report by the UN and the World Bank describes the Georgian system of state support for households below the poverty line as one of the best targeted cash benefit programmes in the region, but says that more needy people should be included and that the administrative procedures for registration should be simplified, in order to prevent abuse.^{lviii} Partners of the FFM have also criticised the evaluation process for not being transparent enough and for being difficult to understand in some cases. Once a household is registered in the database, however, the planned state benefits are provided.^{lix} People who are registered receive a voucher for medical care, which corresponds to the annual insurance premium.^{lx} According to the World Bank, 900,000 people received such vouchers in 2010 (in 2008, the figure was around 700,000).^{lxi}

4.3.2. Free health insurance for government workers

The state also offers free health insurance for staff of schools, military personnel, police officers and people who work in the fields of art and culture.^{lxii}

4.4. State-subsidised health insurance for GEL 5

Since 2009, the Georgian government has offered the population subsidised health insurance via private insurance companies. 75% of the cost of the premium is financed by the state and 25% by the patient, which means that the patient pays a monthly premium of GEL 5 (EUR 2.10).^{lxiii} This health insurance is aimed at all Georgian citizens who are not entitled to free treatment or free health insurance. The subsidised health insurance covers the following services:^{lxiv}

- Outpatient treatment (general blood and urine tests, medical check-ups etc.)
- ECG twice a year
- Emergency medical treatment^{lxv}
- Concessions for some medicines

In 2010, 2.8% of the population was thought to have state-subsidised health insurance.^{lxvi}

4.5. Private health insurance

Everyone has the option of taking out private health insurance. A wide range of insurance packages are available. The leading health insurance company is Aldagi BCI.^{lxvii} The average price for a standard package is estimated to be GEL 20/EUR 8.50 (average wage in 2009: GEL 377/EUR 160).^{lxviii} Health insurance offers for all employees of a company enable them to obtain cheaper insurance packages. The head of the Regional Family Centre in Kutaisi estimates that a person who has a stable income should be in a position to pay for health insurance, even if they suffer from a chronic illness, which makes the insurance package more expensive.^{lxix}

4.6. Taking out insurance and reimbursement

Insurance is taken out through insurance advisers, who visit homes to clarify conditions and fill in application forms. In a first step, the customer must register with a Family Doctor at a medical centre that cooperates with the applicable insurer. The Family Doctor, referred to in this context as a *gate keeper*, records the medical history and refers the insured person to the relevant specialist if necessary.^{lxx}

For reimbursement or payment of benefits by the insurance companies, a distinction is made between acute and plannable treatment. In the first case, the patient contacts the nearest medical institution, whether it is a Family Medicine Centre or a hospital. Firstly, enquiries are made with the insurance company as to whether the patient is actually insured there and which services are covered. The patient then receives treatment and the services are paid for through the insurance.

For plannable treatment, there are two procedures possible: in the first procedure, the patient visits his gate keeper, who refers him. After the referral, it is left up to the patient to decide which of the specialist hospitals to go to. Depending on the insurance package, the insurance will then pay a certain proportion of the treatment costs. In the second procedure, the patient finds out about medical services himself and comes to an agreement with his insurance company about the contribution that the insurance company will pay. He then pays for the treatment himself and later receives the agreed amount back from the insurance company.^{lxxi}

Interview partners in the FFM have pointed out that the insurance market is not state regulated, which means that the services of insurance companies often do not meet the needs of patients.^{lxxii}

5. Access to medical care

5.1. Geographical specifics

In general, medical institutions in Tbilisi and Batumi are better equipped than in the regions.^{lxxiii} However, the cost of medical services in Tbilisi is in some cases 20-25% higher.^{lxxiv} One interviewee of the FFM stated that rural areas are now actually better equipped for basic care than cities, as state reform programmes have invested in these areas in particular. In contrast, the city authorities are said to have done little.^{lxxv} Although the state strategy for the funding of basic care relates to the whole of Georgia, the regions of Imereti, Adjara, Shida Kartli, Kakheti and Kvemo Kartli have – with international support – been given greater priority.^{lxxvi} For statistics relating to the number of institutions, beds and trained staff by region, see the *Georgia Health System Performance Assessment* of the WHO.^{lxxvii}

5.2. Ethnic discrimination

Contacts of the FFM, such as those at the Public Defenders' Office (ombudsman) or the European Centre for Minority Studies (ECMI), believed that discrimination on the basis of ethnicity has declined significantly in recent years, and plays only a very limited role today.^{lxxviii} No cases of discrimination based on ethnicity are documented in the health system either.^{lxxix}

5.3. Financial resources

Around 20% of the Georgian population officially lives below the poverty line^{lxxx}, while other figures show that 50% lives below or on the poverty line.^{lxxxi} The official unemployment rate is approximately 16%.^{lxxxii} In general, medical services in Georgia are expensive for people without insurance, relative to the average wage.^{lxxxiii} Doctors also prescribe many medicines, which are often expensive.^{lxxxiv} The three biggest pharmacy networks have a virtual monopoly, which means that they can dictate prices to some extent.^{lxxxv} The cost of medication is often not covered by health insurance or state programmes. Insurance cover has increased in the last few years, particularly with regard to healthcare for the poorest sections of the population.^{lxxxvi} However, international organisations such as UNDAF criticise the fact that many Georgians still have no health insurance and the financial consequences can be disastrous if they fall ill.^{lxxxvii} To pay for medical services, it is normal to take out loans or sell one's house, car or other property. Networks of family and friends, which are traditionally very strong in Georgia, also play an extremely important part when it comes to medicine. If

someone needs an operation or expensive hepatitis treatment, family and friends will rally together to contribute to the expenses.^{lxxxviii}

Local and international support projects are also available (see Point 6).

5.4. Corruption and additional payments

In general, there has been a sharp decline in recent years in corruption in areas where citizens have to deal with state institutions.^{lxxxix} This also applies to the health system. As recently as 2006, a survey showed that doctors and nurses were regarded by the population as the most corrupt professional group.^{xc} Progress has now been made with transparency.^{xcii} Prices for medical treatment have now been standardised and can be accessed by patients.^{xcii} Services are invoiced and paid for by cheque by the patient, or by the insurance company if applicable. According to all interview partners of the FFM, additional payments are no longer required in order to obtain treatment.^{xciii} This is said to be due to the fact that the wages of medical staff have increased.^{xciv}

It is now necessary only in some hospitals for the patient or his family to supply bedding or food.^{xcv}

5.5. Internally displaced persons (IDP)

State support for people with the status of IDP does not include health insurance. However, IDPs from the conflict of August 2008 have since 2009 been registered without investigation as people living below the poverty line, which means that they receive free health insurance. IDPs from the 1990s are evaluated by the Ministry of Labour, Health and Social Affairs and receive health insurance if they fall below the poverty line.^{xcvi}

According to the UNDP, IDPs in principle have the same access to medical care as the rest of the population.^{xcvii} IDP settlements for people displaced during the 2008 conflict are sometimes located in remote areas where it is necessary to travel long distances to reach medical institutions.^{xcviii}

6. Support in the medical sector

6.1. Support from NGOs and international organisations

A large number of institutions operate in Georgia to support specific groups of people, such as those returning from abroad. Some of this support is provided in the field of medical care. The following list shows a selection:

- Caritas Georgia runs projects for people living below the poverty line. These include support with basic medical care (medical advice from specialists, a diagnostic system, laboratory tests, various treatments, dispensing of medication) in Tbilisi, Kutaisi and the Samtskhe-Javakheti region.^{xcix}
- The Georgia Red Cross Society runs projects in the fields of psychosocial support and social support for vulnerable older people, promotes voluntary work in the medical sector, offers support in setting up first aid systems, trains medical staff, etc.^c
- UNICEF runs projects relating to the health of children and mothers.^{ci}
- The NGO “Zukunftsweg” [“The way forward”] has set up a long-term project in which families are supplied with medication. Support is also provided with medical examinations.^{cii}
- SOCO Foundation offers, among other services, free medical consultations and medication for vulnerable sections of the population in the regions, provided by teams of mobile doctors.^{ciii}
- GENESIS Association runs a clinic in Tbilisi (Didube district), offering free consultations, diagnosis, gynaecological treatment and operations that do not involve inpatient treatment. Its target group is street children and orphans. However, the service is also open to other people in the district.^{civ}
- The women’s advice centre Sakhli and the NGO Anti-Violence Network Georgia (AVNG) offer free psychosocial and medical advice/care for women, particularly women who are the victims of domestic violence.^{cv}

The EU’s Targeted Initiative Georgia, for example, offers specific services to all those returning from abroad: people returning can gain access to emergency medicine through the mobile information centres.^{cvi}

6.2. Repatriation support programme of the BFM

People returning to Georgia from Switzerland have the option to take advantage of medical repatriation support, among other services, as part of the Assisted Voluntary Return and Reintegration project (AVRR).^{cvii} Use of medical repatriation support is above average among Georgian asylum seekers compared with other countries, at around 20%.^{cviii} The project is implemented by IOM Georgia. People returning with medical problems are referred to the appropriate local medical institutions or are accompanied there if necessary, depending on their individual situation. So far, this service has been used in particular for referral to specialist institutions for drug

withdrawal and dispensing of methadone as well as for the treatment of hepatitis, and for psychological support. Some or all of the treatment costs are covered by medical repatriation support. This is particularly important for repatriated persons who are infected with hepatitis, as treatment is expensive and is not covered by any state health programme.^{ciX} During or after treatment, IOM supports these repatriated persons in their process of reintegration into society, for example through business projects, training or accommodation.^{CX}

Annex 1: Institutions providing treatment in the main areas of medicine

The following list^{cx i} is not exhaustive, but instead gives examples of institutions in Tbilisi. If these are the only institutions in Georgia, this is stated.

Internal Medicine

General:

- Academy O. Gudushauri National Medical Centre, 18/20, Lubliana Str, Tbilisi

Pneumology (lungs):

- Phthiocio-Pulmonology Clinical Hospital, 10 Achara St, Tbilisi

Nephrology (kidneys):

- Tsulukidze Urology National Centre, 9 Tsinandali St., Tbilisi
- N. Kipshidze Central Clinical Hospital of Tbilisi State Medical University, 29 Vazha-Pshavela Ave., Tbilisi

Dialysis/haemodialysis^{cx ii}:

- N. Kipshidze Central Clinical Hospital of Tbilisi State Medical University, 29 Vazha-Pshavela Ave., Tbilisi
- Academy O. Gudushauri National Medical Centre, 18/20, Lubliana Str, Tbilisi

Kidney transplants^{cx iii}:

- Tsulukidze Urology National Centre, 9 Tsinandali St., Tbilisi

Cardiology

General:

- N. Kipshidze Central Clinical Hospital of Tbilisi State Medical University, 29 Vazha-Pshavela Ave., Tbilisi
- Joe Ann Medical Centre, 21 Lubliana Str, Tbilisi

Heart surgery:

- N. Kipshidze Central Clinical Hospital of Tbilisi State Medical University, 29 Vazha-Pshavela Ave., Tbilisi
- Academy O. Gudushauri National Medical Centre, 18/20, Lubliana Str, Tbilisi

Neurology

General:

- Clinical Hospital No. 9, 33 Chavchavadze Ave., Tbilisi

- Clinical Hospital No. 4, 4 Gudamakari St., Tbilisi

Neurosurgery:

- Clinical Hospital No. 9, 33 Chavchavadze Ave., Tbilisi
- Gocha Ingorokva Neurosurgery Centre, 9 Tsinandali St., Tbilisi

Surgery

General:

- N. Kipshidze Central Clinical Hospital of Tbilisi State Medical University, 29 Vazha-Pshavela Ave., Tbilisi
- Academy O. Gudushauri National Medical Centre, 18/20, Lubliana Str, Tbilisi

Orthopaedic surgery:

- Academy O. Gudushauri National Medical Centre, 18/20, Lubliana Str, Tbilisi
- Clinical Hospital of the Tbilisi I. Javakhishvili State University, 60 Agmashenebeli Ave., Tbilisi

Gynaecology/obstetrics:

- Academy O. Gudushauri National Medical Centre, 18/20, Lubliana Str, Tbilisi

End notes

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^{xxxii} Names of medicines are to be entered in Latin letters in the second box on the right.

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^{lvii} FFM in Georgia, 10 – 21/04/2011. Interview with Mary Sheehan, head of IOM Georgia, on 13/04/2011.

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^{lxxii} Fact Finding Mission in Georgia, 10 – 21/04/2011. Interview with Dr. Archil Gedenidze, Managing Director of the Medical Prophylactic Centre #1 and head of the Coordination Board of the Primary Healthcare, on 13/04/2011.

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^{lxxiv} FFM in Georgia, 10 – 21/04/2011. Interview with Dr. Archil Gedenidze, Managing Director of the Medical Prophylactic Centre #1 and head of the Coordination Board of the Primary Healthcare, on 13/04/2011.

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- ^{cx} FFM in Georgia, 10 – 21/04/2011. Interview with Mary Sheehan, head of IOM Georgia, on 13/04/2011.
- ^{cx} Enquiries made with independent medical examiner. 4.2011.
- Caritas International. Country Sheet Georgia. 1.2010. http://www.reintegrationcaritas.be/fileadmin/user_upload/Fichiers/CS/Georgia/Country_Sheet_GEORGIA_Update_february_2010.pdf (29/06/2011).
- ^{cxii} Haemodialysis is possible only in Tbilisi and two other larger cities.
- ^{cxiii} Possible only at this institution.