

Georgia



General data

POPULATION, 2023

3,715,483

PHYSICIANS / 1,000 INH, 2021

5.33

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

Upper middle income

GDP PER CAPITA (US\$), 2023

8,283

HEALTH EXPENDITURE (% GDP), 2021

8.41

UNIVERSAL HEALTH COVERAGE, 2021

68

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC

LEVEL OF DEVELOPMENT



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National Association: -

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: -

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

F Provision of PC (Specialised Services)

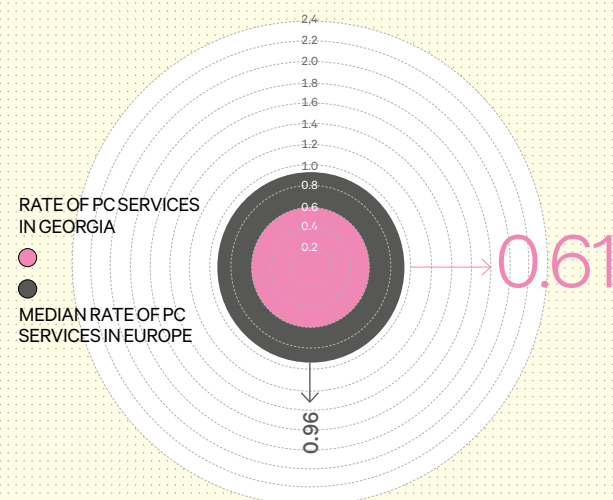
Total number of Specialised PC services

23

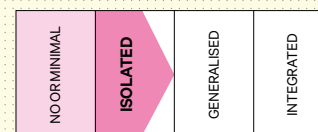
Rate of PC services per 100,000 inhabitants

0.61

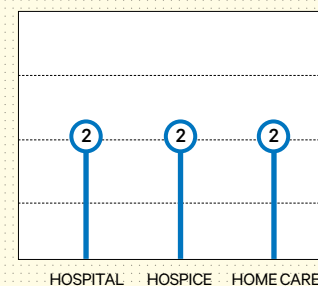
Georgia in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



TOTAL NUMBER

6

Georgia

D Use of essential medicines

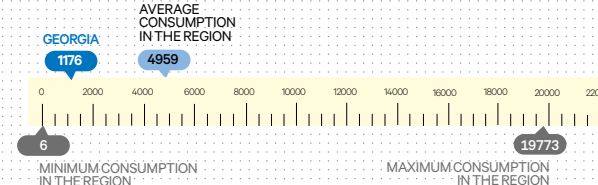


Opioids consumption (excluding methadone)

1,176

S-DDD/MILL INHABITANTS/DAY

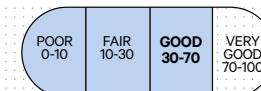
Georgia in the context of European region



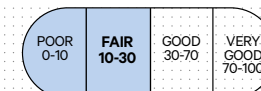
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

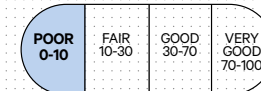


IN RURAL AREAS %

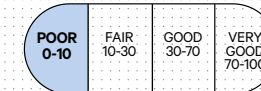


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

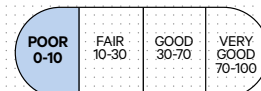


IN RURAL AREAS %

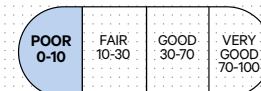


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching

**6/38**

Nursing schools with mandatory PC teaching

**N/A**

PC Full Professors

**2**

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



Inclusion of PC in the basic health package at the primary care level



A Empowerment of people and communities





Groups promoting the rights of PC patients







Advanced care planning-related policies



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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/programme areas.	Although advocacy and promotion of patients' rights to palliative care are mostly represented by individuals, there are some groups like the Civil Society Foundation advocating PC development and promoting the patient rights in Georgia. A currently not active Georgian National Association of Palliative Care, registered in 1999, and a health care association, which is a membership-based union of healthcare facilities, are working together with the ministry of health in order to increase the budget of palliative care.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	There is no such a document or guideline.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Developed over 5 years ago.  A national palliative care plan is in preparation.	The Open Society Georgia Foundation (OSGF) has played a crucial role in advancing palliative care in Georgia, helping to develop a National Palliative Care Strategy for 2021-2026, which was expected to receive government approval in 2022. The country currently operates a state programme called "Palliative care of incurable patients" and the government's 2024 programme prioritizes palliative services. Georgia has established a legal framework for palliative care through various laws and amendments, including provisions within the healthcare law, the General Law on Patient's Rights (2019), and updates to the General Law of Health Care (2021). Despite these advancements, there are areas for improvement. The previous Cancer Strategy and the National Strategy and Action Plan for Non-Communicable Diseases Prevention and Control 2017-2020 did not include references to palliative care. In 2022, an initiative group, supported by OSGF, presented a strategy for the

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	coming years, but the Ministry has not yet taken further action. However, the country's medium-term planning document now includes indicators for evaluating palliative services.
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Included in the essential list of services recognised by a government decree or law but not in the General Health Law.	In the resolution n° 529 by the Government, December 29 2023, about the approval of state health programmes, in appendix 16, it is stated that "the goal of the programme is to improve the quality of life of incurable patients by increasing financial access to palliative medical services and providing them with specific medications".
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is no authority defined.  Does not have concrete functions or resources (budget, staff, etc.).	The coordinating authority for palliative care in Georgia was operational until 2013. Although the current health programme indicates that implementation is the responsibility of a designated agency, it appears that this role is now fulfilled by a representative from the Ministry of Health.



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<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div>2</div></div><div></div><div></div><div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div>	<div>No evidence found but outdated congresses such as the first international congress on palliative care held in 2012 with the support of the OSGF, the second international symposium on palliative care held in 2019 (for the implementation of international standards of palliative care (legislative, educational, research and healthcare challenges), and some others.</div>
<div>Ind7.1</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div><div>1</div></div><div></div><div></div><div></div></div> <div>Minimal or non-existent number of articles published on the subject.</div>	
<div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div>	<div><div><div>1</div></div><div></div><div></div><div></div></div> <div>There are no national research calls at all.</div>	<div>No evidence found.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div>1,176</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>GEORGIA</div><div>1176</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div>	<div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div>






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Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	<div><div></div><div></div><div>3</div><div></div></div> <div>No evidence found.</div> <div><div></div><div>2</div><div></div><div></div></div>	
Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div>1</div><div></div><div></div><div></div></div> <div>No evidence found.</div> <div><div>1</div><div></div><div></div><div></div></div>	
Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	<div><div>1</div><div></div><div></div><div></div></div> <div>No evidence found.</div> <div><div>1</div><div></div><div></div><div></div></div>	

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<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p>	<p>6/38</p> <p>11/38</p> <p>N/A</p> <p>N/A</p> <p>2</p> <p>Yes</p>	<p></p> <p>Georgia has 38 higher medical education institutions, with six medical schools offering mandatory palliative care courses and eleven providing it as an elective. While there's no information available on palliative care education for nurses, the country boasts two full professors in palliative medicine. The Ministry of Education, Science and Youth of Georgia oversees the accreditation of palliative care teaching curricula, demonstrating some legislative support for palliative care education.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>In Georgia, palliative medicine is recognised as a subspecialty within the medical field. This classification was established by Order No. 136/n, issued on April 18, 2007, by the Minister of Labour, Health and Social Protection of Georgia. The order, titled "On Determining the List of Medical Specialties, Related Medical Specialties and Subspecialties" officially defines the status of palliative medicine within the country's healthcare system.</p>

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p>	<p>Georgia has 23 palliative care services (0.61 per 100,000 inhabitants), comprising 19 inpatient facilities and 4 outpatient services with 14 palliative care teams. Additionally, the government funds four primary care centres where family medicine doctors and nurses form mobile teams to provide palliative care.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>GEORGIA 0.61</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>3.68</p> <p>23</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> Ad hoc/ in some parts of the country.</p> <p>6 PPC TEAMS</p>	<p>There are six paediatric palliative care teams in Georgia (one being a non-governmental hospice which is free of charge for female patients).</p>