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Georgia: EUAA publishes overview of the health landscape and accessibility to oncological and psychiatric care



The Agency has just published two topical reports that provide an overview of the access to oncology and psychiatry in Georgia. These two reports complement another: [Georgia: Provision of Healthcare](#), which outlines the organisation and structure of the healthcare system in Georgia. The reports come as EU+ countries received just over 15 000 asylum applications from Georgian citizens in 2024.

The European Union Agency for Asylum (EUAA) has recently published three Medical Country of Origin Information (“MedCOI”) reports on [the state of healthcare provision in Georgia](#). The reports cover the general situation of healthcare provision in the country and, separately, access to oncological and psychiatric care.

These reports are the first to be published by the EUAA, following a recently developed and agreed [MedCOI methodology](#), the first one to be published by any public body in the world. The new methodology establishes the guiding principles for MedCOI and includes guidance on how to research and draft the reports, as well as the different quality control mechanisms integrated into the production process.

Provision of healthcare

In its report *Georgia: Provision of Healthcare*, the EUAA provides updates on the organisation of the health system, the public and private healthcare sectors, the pharmaceutical sector, as well as an overview of health insurance schemes and healthcare expenditure.

The report outlines key developments in Georgia's healthcare system, **highlighting major reforms since the shift from the Soviet system to a decentralised model**. The MedCOI report serves as a resource for understanding the evolving landscape and addressing ongoing gaps in the delivery of healthcare services. The launch of the Universal Health Care Programme (UHCP) in 2013 **expanded access**, but **high out-of-pocket costs persist** due to the dominance of private facilities. While **public insurance now better supports vulnerable groups**, low-income households often face significant costs.

New topical reports on Oncology and Psychiatry in Georgia

Separately, the Agency has also published two topical reports on the healthcare situation in Georgia as it relates to oncology and psychiatry.

With cancer remaining a leading cause of mortality in Georgia; in its report on [Oncology](#), the EUAA highlights both **the significant progress and ongoing challenges** in cancer care, with a particular focus on insurance and access to treatment and medication.

Under the UHCP, national authorities have **increased funding for oncological treatments**, now fully covering **chemotherapy, radiotherapy, and surgery** for all citizens, including those with private insurance. However, private insurance policies often exclude full oncological treatment, leaving many patients covering the costs of diagnostics and essential medications **out-of-pocket**. Despite State efforts to procure medications directly and support vulnerable groups, **disparities persist**, particularly in rural areas and among those needing services **beyond annual public coverage limits**.

In its report on [Psychiatry](#), the EUAA highlights both the progress and persistent challenges in Georgia's mental healthcare system. Georgia has seen a **rising prevalence of mental and behavioural disorders**, especially among young adults, though underreporting remains an issue, due to the stigma often associated with mental health disorders.

Mental healthcare services **are mainly funded by public schemes**, such as the state's Mental Health Programme and the Drug Addiction Programme. Services are delivered through a mix of public and private providers, **but access remains uneven across regions**, and **community-based care is underdeveloped**. Despite increased funding in recent years, the system still falls short of international standards, and integrated care for dual diagnoses.

Background

The EUAA regularly publishes Medical Country-of-Origin Information reports, which aim to provide accurate and reliable up-to-date information on third countries to support EU+ national asylum and migration authorities involved in migration and international protection procedures. Medical Country of Origin information is used within international protection procedures or in the context of family reunification. Member States' national authorities also make use of the information within migration and return procedures, to comply with their obligations under the EU Charter of Fundamental Rights.

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