



**CCI FRANÇAISE
EN GEORGIE**



THE GEORGIAN HEALTHCARE SYSTEM

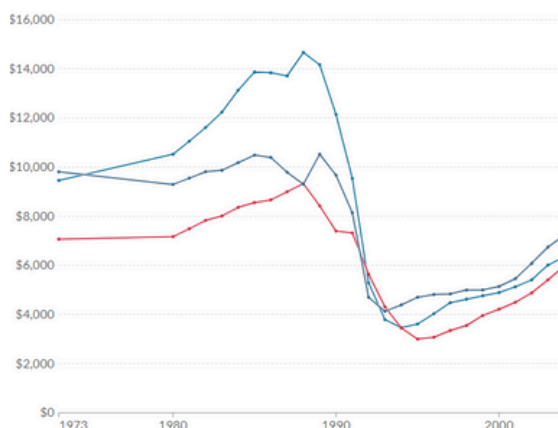
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GDP per capita, 1973 to 2018

GDP per capita adjusted for price changes over time (inflation) and price differences between countries - it is meas

LINEAR LOG Add country Relative change



Source: Maddison Project Database 2020 (Bolt and van Zanden [2020])

Source: Par Max Roser — Our World in Data:

<https://ourworldindata.org/grapher/maddison-data-gdp-per-capita-in-2011us?country=~ITA>, CC BY-SA 3.0.

<https://commons.wikimedia.org/w/index.php?curid=115259563>

I - OVERVIEW OF THE GEORGIAN HEALTHCARE SYSTEM

Georgia, a former Soviet-dominated country, suffered from the end of the Cold War, and this had an impact on the quality of its health system. However, thanks to considerable efforts, the country has managed to recover.

I.A - A DAMAGED HEALTHCARE SYSTEM FOLLOWING THE COLLAPSE OF THE USSR

a.1 The 90s crisis

Georgia was part of the USSR from 1921 to 1991. As a result, its healthcare system was based on the Soviet system. This was the case, for instance, when it came to managing the tuberculosis epidemic. However, an economic crisis and a fall in public health spending occurred in the 1990s, at the time of Georgia's independence. The transition to a market economy and the reappropriation of resources by local and regional entities meant that services such as health and education had to be paid for. This was coupled with growing poverty and unemployment. According to official statistics, 31% of the population were living below the poverty line in 2009.¹

a.2 The impact on the healthcare system

Tuberculosis services were no exception. In 1994, according to Tariel Endeladze, director of one of Georgia's 13 health regions, tuberculosis centres were running out of anti-tuberculosis treatment, preventing them from treating patients.² In addition, during the USSR, specialist training was favoured over general practitioner training. Between 1990 and 1994, real per capita health expenditure fell from \$13 to less than \$1.³ This led to an increase in maternal mortality and a resurgence of certain diseases. All this in a context where health care is increasingly subject to payment, leading to a fall in demand and inevitable redundancies.

Tableau 4 : Indicateurs de santé : pays du Sud Caucase, France, États-Unis

	Géorgie 2002 (1997)	Arménie 2002	Azerbaïdjan 2002	France 2002
Dépenses de santé (en % du PIB)	3,8 (2,9)	5,8	3,7	9,7
Dépenses publiques générales de santé (en % du total des dépenses de santé)	27,1 (39,9)	22,9	22,1	76
Dépenses publiques de santé (en % du total des dépenses publiques)	5,8 (5,3)	6	2,9	13,8
Dépenses de sécurité sociale pour la santé (en % des dépenses publiques de santé)	27,6 (54,3)	0	0	96,8
Paiements directs pour soins de santé (en % des dépenses privées de santé)	98,7 (99,7)	83,5	100	40,9
Assurances privées par pré-paiement (en % de dépenses privées de santé)	1,3 (0,3)	n/a	n/a	54,9
Dépenses totales de santé <i>p.c.</i> en \$ (parité pouvoir d'achat)	123 (71)	232	120	2 736
Dépenses publiques de santé <i>p.c.</i> en \$ (parité pouvoir d'achat)	33 (28)	53	27	2 080

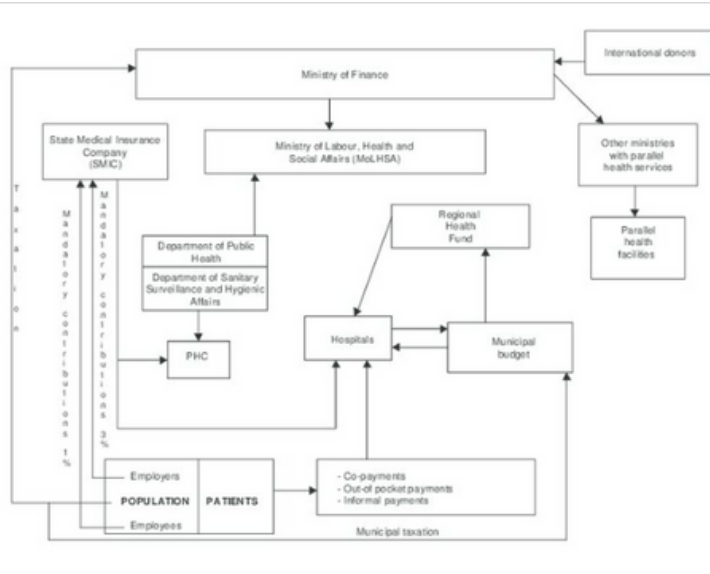
World Health Organisation (WHO), Health systems in action: Georgia, 12 septembre 2022: <https://apps.who.int/iris/rest/bitstreams/1463883/retrieve>.

1. Oxfam International. (2009). La réforme du système de santé en Géorgie : Le point de vue de la société civile : étude de cas nationale (Par T. H. Hauschild & E. B. Berkhout). https://oi-files-d8-prod.s3.eu-west-2.amazonaws.com/s3fs-public/file_attachments/healthcare-reform-georgia-summary-fr-0907_3.pdf

2. Développement et politique. Le cas d'une politique de santé en Géorgie | msf-crash.org. (2007, 10 janvier). msf-crash.org. <https://msf-crash.org/fr/medecine-et-sante-publique/developpement-et-politique-le-cas-d-une-politique-de-sante-en-georgie>

3. Baumann, E. (2006). Gestion des risques et protection sociale dans les pays de la CEI : l'exemple de la Géorgie. ResearchGate, p.7.

https://www.researchgate.net/publication/282171600_Gestion_des_risques_et_protection_sociale_dans_les_pays_de_la_CEI_l%27exemple_de_la_Georgie



Source: Financial flows by Gamkrelidze, A., Atun, R., Gotsadze, G., & MacLehose, L. (2002). in *Health Care Systems in Transition : Georgia*. ResearchGate. https://www.researchgate.net/publication/233822525_Health_Care_Systems_in_Transition_Georgia/figures

In 2002, Georgia spent only 4% of its GNP on health, compared with 10% in France.⁴ State subsidies were limited to the Basic Benefit Package (BPP), which is determined by 4 criteria: serious illnesses (cancer, tuberculosis), emergency conditions, children under the age of three, hard-to-reach areas and vulnerable situations. This makes it difficult to determine whether a service is covered by the BPP or not. Requiring residents to make a financial contribution when they come for a consultation, leading to many people foregoing medical visits. According to research carried out in 2004 in eight post-Soviet countries, one Georgian in five who felt ill avoided consulting a doctor, often for financial reasons.⁵

a.3 Government reforms and initiatives

However, from 2006 onwards, the government took real initiatives to improve the country's healthcare system. A health insurance programme was introduced in June 2006, increasing the number of insured people from 40,000 to 900,000 in 2009 (World Bank) and 1.5 million in 2011.⁶ Between 2003 and 2009, the number of medical consultations per person rose from 1.4 to almost 2. At the same time, the vaccination rate against common childhood diseases rose from 78% in 2004 to 98% in 2009. What's more, the proportion of tuberculosis patients treated in primary healthcare facilities, in line with the WHO strategy of direct observation of drug intake, has risen considerably, from 3% in 2004 to 53% in 2009.⁷

a.4 Outcome of the reforms

As a result, Georgia's national health strategy was launched in 2011, with the aim of improving reception and care conditions by 2015. By the end of 2011, fifty hospitals had been completely renovated or built. In the same year, the creation of 8,000 high-quality hospital beds across the country enabled all Georgian citizens to receive high-quality medical services close to their homes. In 2010, around 72% of people living in rural areas had access to primary healthcare services within 30 minutes of their home. Thanks to the integration of primary health centres (PHC) into the unified health information system in 2011, this access has been extended to virtually the entire rural population. Thanks to all these achievements, Georgia now has a functional and accessible healthcare system.⁸

4. Ibidem, p.9
 5. Balabanova, D., McKee, M., Pomerleau, J., Rose, R., & Haerpfer, C. (2004). Health Service Utilization in the Former Soviet Union : Evidence from Eight Countries. *Health Services Research*, 39(6p2), 1927-1950. <https://doi.org/10.1111/j.1475-6773.2004.00326.x>
 6. Rukhadze, T. (2013). An overview of the health care system in Georgia : expert recommendations in the context of predictive, preventive and personalised medicine. *The EPMA Journal*, 4(1). <https://doi.org/10.1186/1878-5085-4-8>
 7. World Bank. (2010). Géorgie : Élargir la couverture de l'assurance santé et l'accès à des soins de santé de qualité (No 97314). <https://documents1.worldbank.org/curated/en/196331468188933517/pdf/97314-2010Sep15-P112700-P117698-FRENCH-Georgia-Expanding-Health-Insurance-Coverage-Box-391462B-PUBLIC.pdf>
 8. Rukhadze, T. (2013), op. cit.

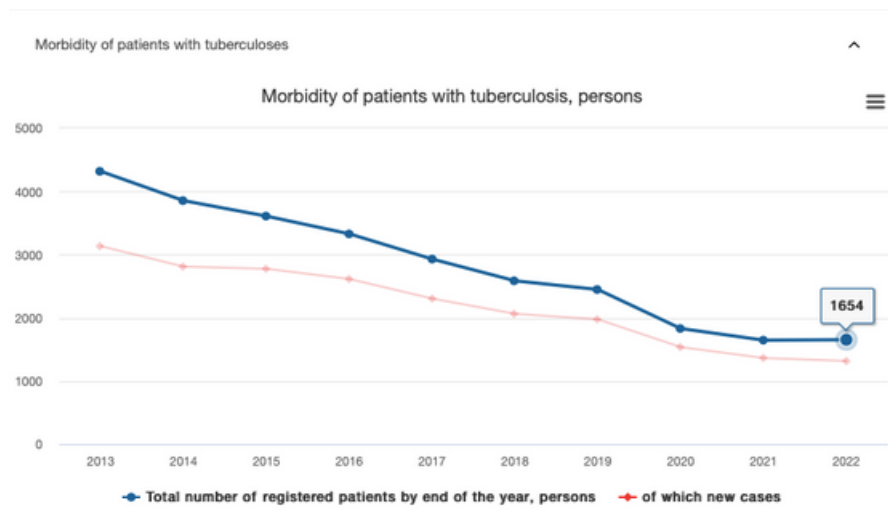
I.B - THE CURRENT STATE OF THE GEORGIAN HEALTHCARE SYSTEM

b.1 Post-USSR recovery and privatisation of the healthcare system

Georgia has recovered from the crisis caused by the collapse of the USSR, with GDP growth rising from 1.84% in 2000 to 10.39% in 2022.⁹ And this despite the damage caused by the war in 2008. In 2022, the Georgian state's total expenditure on public and private health was 7.4% of GDP.¹⁰ However, the Georgian healthcare system is now largely privatised. Nearly 80% of hospital beds are private, and virtually all primary care providers are for-profit.

b.2 Public services and disease reduction

The few public establishments offer mainly emergency care, mental health care or care for tuberculosis and HIV. There are, however, more public services in remote areas where financial returns are lower. The country, which for some years has been suffering heavily from HIV, hepatitis C¹¹ and resistance to tuberculosis drugs, has succeeded in reducing the number of cases by giving the entire population access to healthcare. The number of people suffering from hepatitis C and tuberculosis has fallen by 67%, from 4,318 in 2013 to 1,654 in 2022.



Source: Healthcare - National Statistics Office of Georgia. (s. d.-b).
<https://www.geostat.ge/en/modules/categories/54/healthcare>

b.3 Universal Health Care Programme (UHCP)

This was made possible by the introduction of the Universal Health Care Programme (UHCP) in 2013. This has enabled 95% of Georgian citizens to benefit from a minimum package of services. For this, there is no need to take out health insurance; registration with a primary care establishment is all that is required. However, in 2017, UHCP beneficiaries were stratified according to income and priority groups. Households with annual incomes in excess of GEL 40,000 are excluded from the programme, representing only 1% of the population, and are encouraged to take out private insurance.¹² The UHCP does not only concern Georgian citizens, but also stateless persons or persons with refugee or humanitarian status. The programme is therefore particularly aimed at people on limited incomes.

9. Perspective Monde. [https://perspective.usherbrooke.ca/bilan/servlet/BMTendanceStatPays?](https://perspective.usherbrooke.ca/bilan/servlet/BMTendanceStatPays?langue=fr&codePays=GEO&codeTheme=2&codeStat=NE.CON.PETC.CD#:~:text=En%201966%2C%20par%20rapport%20aux,au%20choix%20de%20l'ann%C3%A9e)

langue=fr&codePays=GEO&codeTheme=2&codeStat=NE.CON.PETC.CD#:~:text=En%201966%2C%20par%20rapport%20aux,au%20choix%20de%20l'ann%C3%A9e.

10. Commission to the European Parliament. (2023). Georgia 2023 Report. Dans European Commission, p.81 https://neighbourhood-enlargement.ec.europa.eu/system/files/2023-11/SWD_2023_697%20Georgia%20report.pdf

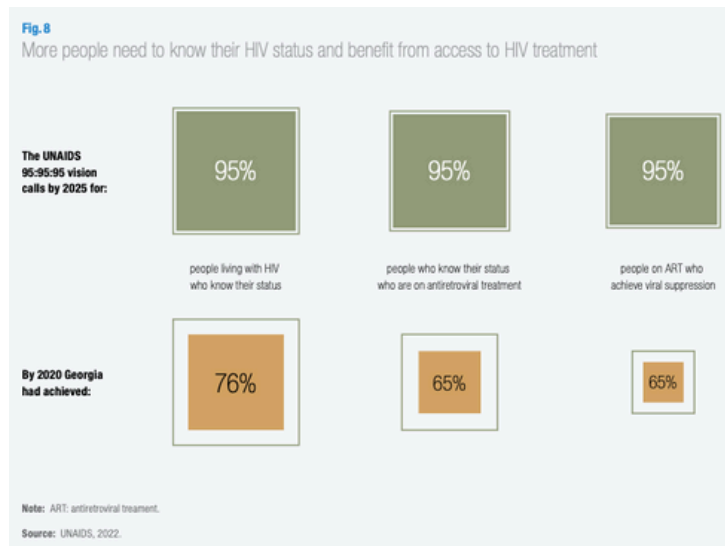
11. Ibidem; p.81

12. Organisation Suisse d'aide aux réfugiés. (2024). Géorgie : système de santé et accès aux soins. p.7.

https://www.osar.ch/fileadmin/user_upload/Publikationen/Herkunftslanderberichte/Europa/Georgien/240131_GEO_systeme_de_sante_et_acces_aux_soins.pdf

b.4 Stratification of UHCP beneficiaries and other health programmes

The IOM has therefore distinguished 3 groups of beneficiaries within the programme. The first group, which benefits from all UHCP services, is made up of people under the age of 18 and those with a vulnerability score of between 70,000 and 100,000. The second group includes people with an income of less than GEL 1,000 per month, as well as the self-employed and citizens with irregular incomes. Their access to benefits is limited to emergency services, oncology treatment and maternity costs. Finally, the third group is made up of those with incomes of more than GEL 1,000 a month but less than GEL 40,000 a year. These people have access to oncology treatment and maternity costs thanks to the UHCP. In addition to the UHCP, the government funds 24 vertical programmes for priority diseases and conditions. This therefore concerns all residents of the country without social distinction. These include access to prevention, vaccination, early detection, mental health, ambulance services and, of course, the fight against tuberculosis, hepatitis and HIV management.



b.5 Improvements to the Georgian healthcare system

According to the Georgian National Bureau of Statistics, life expectancy at birth has risen from 73 years in 2015 to 74.1 years in 2019, for both men and women. In addition, Georgia has aligned itself with the European Union in terms of epistemological surveillance. All this in the context of the threats posed by sick people crossing borders.

Thanks to this surveillance system, European citizens coming to Georgia have the right to receive medical treatment in Georgia.¹³ In terms of cancer screening and treatment, the country has national programmes and the capital, Tbilisi, has advanced treatments and qualified professionals. Since 2016, there has been a specific programme for people with breast cancer, financing the drug Herceptin¹⁴ at a reduced price and with 80% reimbursement. In the case of heart disease, there are no longer any age or social class restrictions for the free implantation of an implantable cardioverter defibrillator, thanks to the UHCP. There is also a programme for the treatment of people suffering from kidney failure and/or who have undergone a transplant. According to nephrologist Irma Tchokhanelidze, dialysis was opened up to everyone free of charge in 2011. As far as mental health is concerned, the government is beginning to focus on reforming mental health care in order to give priority to community care and deinstitutionalise these services. However, although the Georgian healthcare system has undergone spectacular development, it still has many shortcomings. As one of the country's partners, France is committed to supporting Georgia in its efforts to modernise.

13. Commission to the European Parliament. (2023). Georgia 2023 Report. Dans European Commission, p.82 https://neighbourhood-enlargement.ec.europa.eu/system/files/2023-11/SWD_2023_697%20Georgia%20report.pdf

14. Organisation Suisse d'aide aux réfugiés. (2024). op.cit. p.16



Source: Le 10 mai 2019 : Visite officielle en Géorgie de Christophe Castaner, Ministre de l'Intérieur français.. Ambassade de France En Géorgie. <https://ge.ambafrance.org/Visites-bilaterales,277>

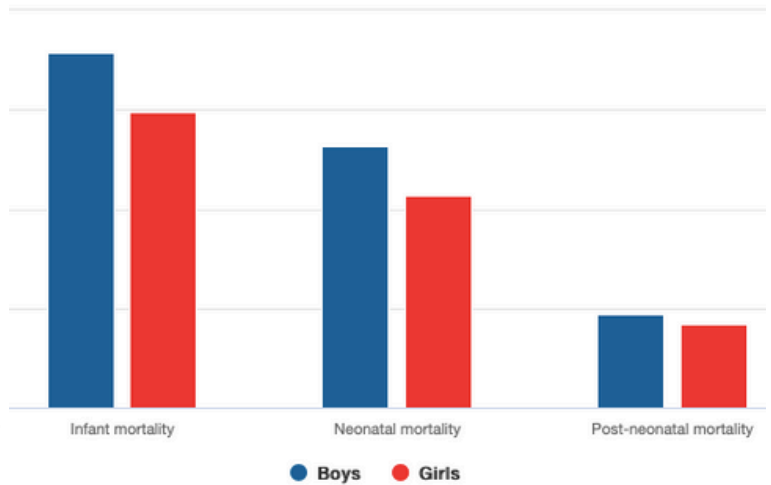
Despite its ongoing efforts, the Georgian health system still has its shortcomings. But its rapprochement with Europe has enabled it to open up various partnerships. France, with which Georgia has a relationship dating back several centuries, has become a precious asset for the country in terms of health.

II.A - SHORTCOMINGS OF THE CURRENT GEORGIAN SYSTEM

a.1 Healthcare challenges in Georgia

Life expectancy in Georgia is still low compared with European countries: in 2019, it was 74.1 years¹⁵ in Georgia, compared with 81.3 years¹⁶ in the European Union. In Georgia, almost a third of the population smokes tobacco and/or cigarettes on a daily basis, with a prevalence of 55.2% among adult men compared with just 6.7% among adult women. In addition, 18.3% of the population is subject to excessive alcohol consumption, defined as six or more standard drinks on a single occasion. This trend is almost 14 times higher among men (35.3%) than among women (2.6%). Furthermore, 82.4% of the population (72.2% of men and 91.8% of women) do not engage in vigorous physical activity, while 64.6% are overweight and 33.2% are obese.¹⁷

Infant Deaths by Age, 2023



Source: Healthcare - National Statistics Office of Georgia. (s. d.-b). <https://www.geostat.ge/en/modules/categories/54/healthcare>

a.2 Health indicators and EU comparisons

Similarly, in terms of infant mortality, Georgia lags behind its European neighbours. In 2019, for every 1,000 births, there were 8.5 deaths in Georgia, compared with just 3.4 in the EU.¹⁸ In 2023, 250 Georgian boys and 145 girls died at birth. The gap in terms of maternal mortality is even more glaring: in 2017, for every 1,000 births, 25 mothers died in Georgia, compared with 6.3 in the EU.¹⁹ These figures clearly show that the Georgian system still has a long way to go.

15. World Health Organisation (WHO), Health systems in action: Georgia, 12 septembre 2022, p.21 : <https://apps.who.int/iris/rest/bitstreams/1463883/retrieve>

16. Conseil de l'Europe. (2022). Conclusions 2021 GEORGIE : CHARTE SOCIALE EUROPEENNE REVISEE. Dans Comité Européen des Droits Sociaux. p.4 <https://rm.coe.int/conclusions-2021-georgia-fr/1680a5d9f8>

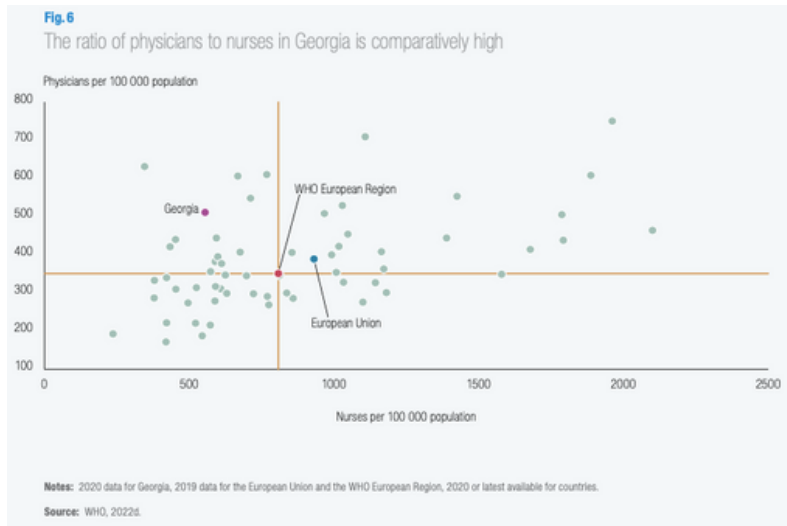
17. Asian Development Bank. (2022). Health Sector Enhancement Program : Concept Paper Georgia (No 56069-001). <https://www.adb.org/sites/default/files/linked-documents/56069-001-ssa.pdf>

18. World Health Organisation (WHO), op. cit. p.21

19. Ibidem, p.21

a.3 Distribution of healthcare professionals and complexity of the healthcare system

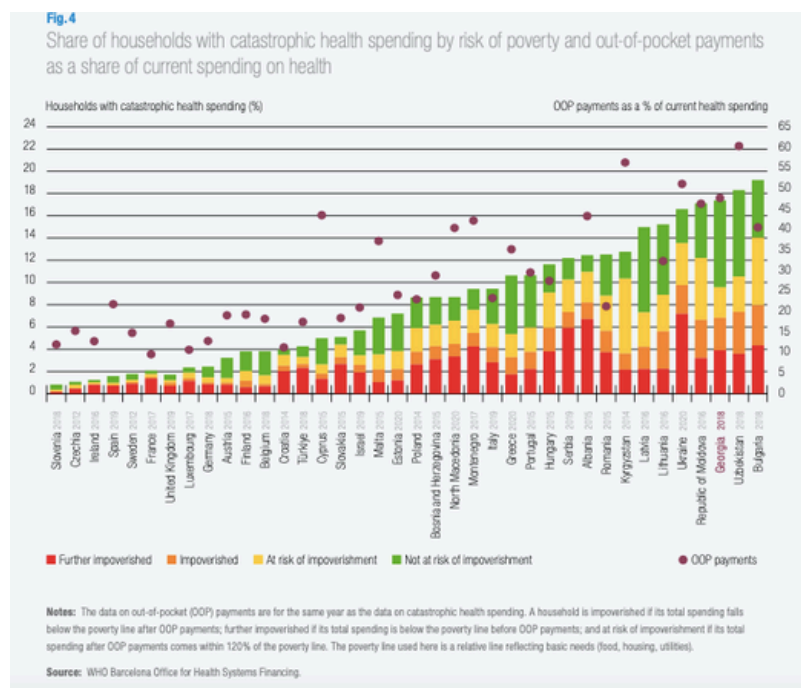
This is also reflected in the number of doctors in the country and their uneven distribution. In 2020, for a population of 100,000, there were 511 doctors. However, when we compare the number of doctors in Tbilisi with those in all the other regions of Georgia, there are 3 times as many in the capital. The other problem is the number of nurses, which despite an increase remains at just 555 per 100,000 inhabitants in 2020. This is far too low a number for an effective system.



This may explain the low uptake of primary care, as Georgians prefer to turn directly to specialist care if they have to pay for it. Only 17% to 23% per institution of registered beneficiaries use primary healthcare services in Georgia.²² Thanks to a WHO study in 2018, we know that household out-of-pocket expenditure represented an average of GEL 200 per person per year.

This represented an average of 9% of total household expenditure, a ratio that is far too high compared with the EU. According to the same study, the poorest households spent more on medicines, while the richest spent proportionately more on healthcare. The cost of medicines in Georgia is considerable, as are those imported from Europe, such as those for cardiovascular disease.

What's more, the UHCP, which is intended to cover the medical expenses of Georgians, is a complex system. The stratification into different groups already complicates coverage, but there is also a ceiling on the amounts covered by the government in a given year. This is the case for childbirth costs, which are covered for everyone, but only up to a maximum of 500 GEL for a vaginal delivery and 800 GEL for a caesarean section. There is no ceiling on the costs paid by patients and, above all, no ceiling on the price charged by hospitals.²¹



It costs almost €70 a month to receive treatment, a budget that many Georgians cannot afford. This particularly affects the elderly and children from poor households.

20. Ibid, p.11

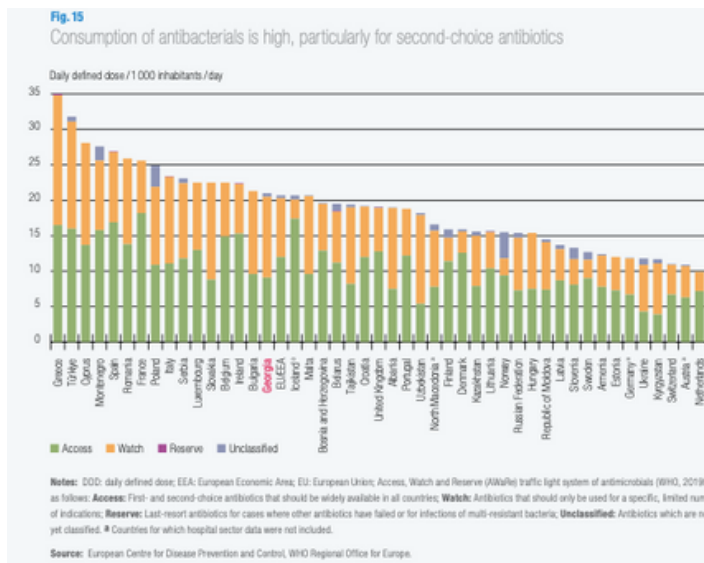
21. Ibid, p.8

22. Organisation Suisse d'aide aux réfugiés. (2024). op.cit. p.5

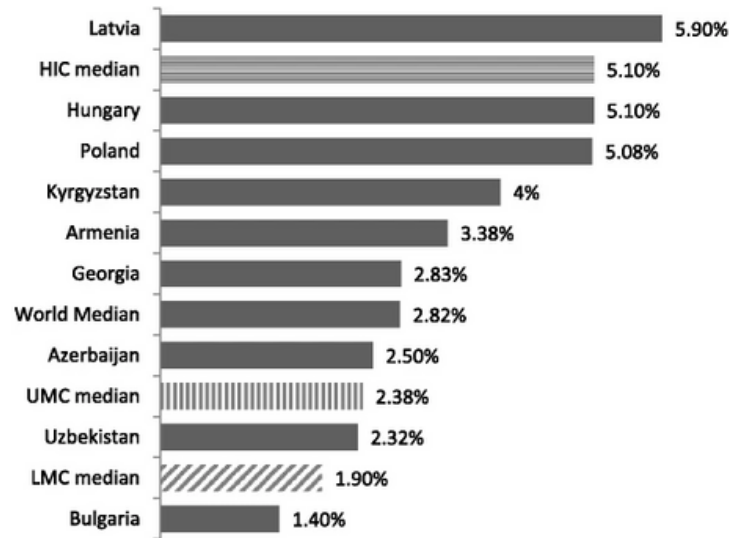
a.4 Specific challenges in healthcare provision

However, funding problems are not the only limitations of the Georgian healthcare system. Several services or treatments are not complete or fully effective in Georgia. For instance, there is no list of essential oncology drugs, which makes it difficult to prioritise funding. In addition, the City Cancer Challenge (C/can) foundation has shown that the quality and safety of chemotherapy is not guaranteed in all centres.

There are few centres with accreditation in oncology care. Like palliative care, the management of side effects has no overall policy, making the criteria for hospitalisation and discharge from hospital unclear.²³



As a result, people with mental health problems are often placed in long-term care in poor conditions and subjected to daily ill-treatment.²⁶ The international community is reacting to this situation. And finally, one of Georgia's biggest current health problems is its antibiotic resistance. In 2020, the proportion of bloodstream infections caused by methicillin-resistant *Staphylococcus aureus* in Georgia was 16.2%, compared with an EU average of 15.7%.²⁷ So it's clear that Georgia still has some way to go in the health sector if it is to catch up with the EU countries. However, some of this work is being done with the help of French doctors who are seeking to share their expertise with Georgia.



Source: Mental health government expenditure as a percentage of total health expenditure, 2011, Sulaberidze, L., Green, S., Chikovani, I., Uchaneishvili, M., & Gotsadze, G. (2018). Barriers to delivering mental health services in Georgia with an economic and financial focus : informing policy and acting on evidence.

Certain treatments or operations are not performed at all in Georgia, such as transplants in general. "My doctor told me that my only chance was to go abroad," says the father of a child suffering from a rare form of panniculitis. Another type of treatment that is very underdeveloped in the country is mental health care.

In general, treatment involves taking medication, and when patients are seen by a psychiatrist, the latter is overworked, with an average appointment with a patient lasting between 20 and 25 minutes.²⁵ In addition, legislation still allows for forced psychiatric treatment and restrictive measures.

23. Tbilisi | Georgia – C/CAN – City Cancer Challenge. (2023, 18 décembre). <https://citycancerchallenge.org/city/tbilisi/>

24. Metz, L., & Barjon, I. (2022). Droit au séjour et problématiques de santé des ressortissants géorgiens (Habitat Cité). Clinique de Droit, Science Po, p.31. https://www.sciencespo.fr/ecole-de-droit/sites/sciencespo.fr/ecole-de-droit/files/Rapport%20Géorgie%202022_compressé.pdf

25. Organisation Suisse d'aide aux réfugiés. (2024). op.cit. p.23

26. OHCHR, End of Mission Statement by the Special Rapporteur on the rights of persons with disabilities, Mr.

Gerard Quinn, on his visit to Georgia, 14 septembre 2023, p.8

27. World Health Organisation (WHO), op. cit. p.18

b.1 Migration to France for medical care

For many Georgian families, France represents their only chance of receiving appropriate medical care and surviving. Testimonies gathered by the Habitat-Cité association reveal that heart disease, cirrhosis of the liver and kidney failure are among the main reasons why Georgians migrate to France. In addition, cancer remains one of the most frequent cases due to the lack of quality oncology care in Georgia. Trust in Georgian doctors is diminishing all the time.²⁸ Georgian migration to France has become a long-term family affair, with flights between Kutaisi and Paris Beauvais almost always fully booked. A well-established local Georgian network means that travel to Paris is cheaper.



Source: Trouche, V. (2023, 14 décembre). Bordeaux : venue en France pour soigner sa fille, cette famille géorgienne est sans domicile. SudOuest.fr. <https://www.sudouest.fr/gironde/bordeaux/venue-en-france-pour-soigner-sa-fille-cette-famille-georgienne-est-sans-domicile-10838694.php?csnt=190065d83c7>

b.2 Assisted voluntary return and medical rehabilitation

However, many Georgians who come to France for treatment remain in an irregular situation. An assisted voluntary return scheme has therefore been introduced, which was used by almost 1,656 Georgians in 2023, 91% more than in 2022.³⁰

This assistance is crucial, given that many of them came for medical assistance and that anyone applying for asylum (even if they are refused) will have their healthcare 100% reimbursed. This is one of the most generous systems in the world.

II. B - FRENCH DOCTORS: A PRECIOUS SOURCE OF SUPPORT

In 2023, Georgians accounted for 7% of applications for residence permits for sick foreign nationals in France, a third of which concerned cancer.²⁹ This situation highlights the shortcomings of the Georgian healthcare system, particularly in oncology, patient-doctor relations, transplantation and remission. The parents of sick children know that in Georgia they will not be able to receive the care they need, let alone benefit from adequate care after major surgery. Emigration has become an unavoidable choice for their survival.

In response to this situation, a programme of Assisted Voluntary Return and Medical Rehabilitation to Georgia, financed by the French Office for Immigration and Integration (OFII), was implemented and came to an end at the end of 2022. Over a period of 21 months, starting on 1 April 2021, this scheme provided assistance to almost 100 Georgian nationals requiring medical care during their return journey and/or after their arrival in Georgia. The beneficiaries of the project were repatriated, accompanied by their families, and received medical follow-up during the first few months following their return.³¹

28. Metz, L., & Barjon, I. (2022). *op.cit.* p.31.

29. Balzinger, C. (2023, 2 octobre). Juka, 25 ans : « En Géorgie, je n'aurais pas pu être soigné ». Rue89 Strasbourg. <https://www.rue89strasbourg.com/en-georgie-je-naurais-pas-pu-etre-soigne-juka-25-ans-est-venu-en-france-pour-survivre-279185>

30. *Enjeux de la lutte contre l'immigration irrégulière à destination de la France*. (2024, 3 janvier). Ambassade de France En Géorgie. <https://ge.ambafrance.org/Enjeux-de-la-lutte-contre-l-immigration-irreguliere-a-destination-de-la-France#:~:text=Les%20ressortissants%20g%C3%A9orgiens%20en%20situation,hausse%20de%2091%25%20des%20retours>

31. Retour volontaire médicalisé vers la Géorgie | L'OIM France | OIM France. (s. d.). <https://france.iom.int/fr/aide-au-retour-volontaire-medicalise-vers-la-georgie>

b.3 French aid to improve social protection systems

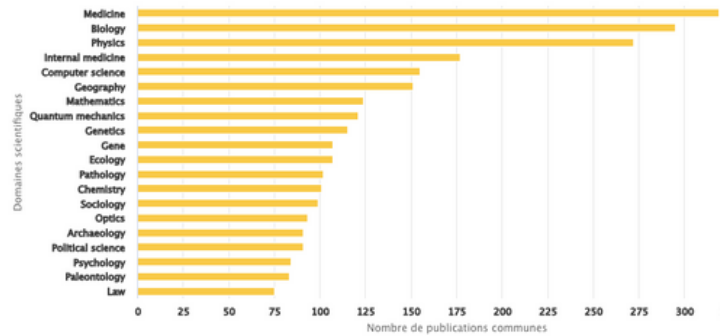
Given this situation, France has a real interest in helping Georgia to improve its healthcare system (see chart). The first step is to improve the country's social protection system. This is one of the main actions of Agence Française de Développement. In 2016, Proparco, which is part of the AFD Group, invested €22,646,175 to support Evex, the leading hospital player in Georgia. Owning 41 healthcare facilities with 2670 beds spread over ¾ of the territory, helping Evex in a 2-year programme to modernize the group's establishments is important.

AFD and Proparco have therefore invested in this plan which includes the renovation of the Deka and Sunstone hospitals, outpatient development and the construction of a network of outpatient and consultation clinics. Proparco's participation will thus have an impact on job creation, training for paramedical staff and improving access to quality healthcare for under-served and underserved regions.³²

b.4 French-Georgian hospital partnerships

However, France is also taking action on a smaller scale through various partnerships. These were presented on the 20th May during the World Alumni Day, organised by the French Institute and the French Embassy in Georgia. This gave Georgian doctors in France the opportunity to share their experience and continue to develop hospital cooperation between France and Georgia. This has been the case between the Sud Ile de France hospital group based in Melun and Georgia's Tbilisi Regional Hospital since 2019. The aim of this cooperation is to develop a programme to combat antibiotic resistance in Georgia using French expertise.

Principaux domaines scientifiques de travail commun entre le pays "Géorgie" et la France (2000-2023) VERSION (BÉTA)
Requête de recherche effectuée dans OpenAlex.rz



Then, in 2018, AFD made a three-year public policy loan of €140 million as part of the reform of social protection systems, providing technical assistance. The aim is to reduce the costs borne by patients while improving the quality of care. On the other hand, the project will focus on the treatment of mental illness by modernising services based on EU standards.

It will also put in place a reform of the benefit system to support vulnerable families who often have significant medical needs but cannot access them.³³



Two practitioners therefore travelled to Tbilisi to implement the free EPIINFO software developed by the CDC in Atlanta. This software will be used to monitor infections of vascular prostheses and bacteremia. They are also working with the microbiology laboratory to monitor bloodstream infections.

Finally, they are taking part in the scientific committee of a clinical research project on the use of bacteriophages to treat surgical site infections. In 2020, a Georgian delegation came to France thanks to funding from AFD.³⁴



32. EVEX MEDICAL | Proparco - Groupe Agence Française de développement. (s. d.). <https://www.proparco.fr/fr/carte-des-projets/evex-medical>

33. Appuyer les réformes en matière de protection sociale. (s. d.). AFD - Agence Française de Développement. <https://www.afd.fr/fr/carte-des-projets/appuyer-les-reformes-en-matiere-de-protection-sociale>

34. Coopérations internationales - Centre hospitalier de Melun. (s. d.). <https://www.ghsif.fr/cooperations-internationale/2/117>

b.5 Partnership for mental health

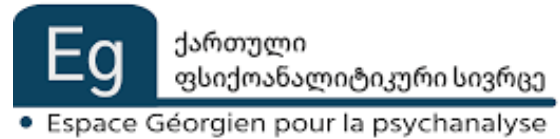
There has also been a great deal of cooperation in terms of psychoanalysis and psychopathology, an area which is still complicated in Georgia. In 2011, L'Espace Géorgien pour la Psychanalyse was created, a development group affiliated to the Association Française, founded by Giga Maminashvili, Marina Tarasashvili, and other Georgian and French colleagues. Since 1999, this group has been cooperating with the Maison Verte in Tbilisi and the Georgian group. The aim of this partnership is twofold. Firstly, the "Psychoanalytic Training Department" maintains a continuous and intensive connection between the candidates and the French psychoanalytic associations. As well as with the analysts who are members of the Espace Analytique.

b.6 Medical partnership in priority areas

In addition, a health centre was opened in Gurjaani in 2008 in collaboration with the region of Kakhetia and the departmental council of the Yonne. The aim of the centre is to offer comprehensive examinations to detect and treat diseases such as hepatitis B and C and tuberculosis. To offer even more services, an extension was created in 2012, opening the first dialysis centre in the region. In 2015, the centre also inaugurated an oncology and chemotherapy department. Thanks to its modern equipment and qualified doctors,



Source: Logo du centre médiacal Kakhétie - Yonne



who supervise the personal analysis and supervision of Georgian members in training. Secondly, the "Espace Psychanalytique Ouvert de Formation Continue" (Open Psychoanalytic Space for Continuing Education) is more extensive and open. It is aimed at clinical psychologists, psychotherapists of various theoretical orientations, students of clinical psychology, trainees at the Maison Verte in Tbilisi, and anyone interested in psychoanalysis, including representatives of the social sciences. The association, which is run by Georgians and French people, is fighting to spread psychoanalysis in Georgia, where the use of medication to treat psychological problems is still all too common.³⁵



Source: Rencontre avec Dr. Eric Smadja | Institut français de Géorgie. (s. d.). institutfrancais.ge. <https://institutfrancais.ge/fr/about-us/events/rencontre-avec-dr-eric-smadja/>

The centre participates in state programmes and is the only facility in the Kakhetia region to offer a programme to combat hepatitis C. The centre's doctors receive training from French specialists: since 2009, three doctors have been coming to Georgia regularly to share their expertise and see patients. Around 250 doctors from the region take part in this exchange. This collaboration is vital for the region.³⁶

35. ასოციაცია | ქართული ფსიქონალიტიკური სივრცე. (s. d.). EG Espace Géorgien. <https://www.espacegeorgien.com/fr>

36. CCI France Géorgie. (2018, 15 juin). Kakhetie-Yonne - 10ème anniversaire. <https://www.cci.fr/fr/actualites/n/news/kakhetie-yonne-10eme-anniversaire.html>

III- INTERVIEWS

TAMAR KANKASHVILI, DIRECTOR OF THE
KAKHETIA MEDICAL CENTRE - YONNE

How do you perceive the Georgian healthcare system?

The health system in Georgia is more or less developed, but there are certain services that need to be developed. For example, the primary and ambulatory health care system is in need of development, particularly the family doctor programme.



Which demographic is most present in the Centre?

As the Centre has an outpatient system, it receives patients of all ages. However, children in the paediatric system and the elderly are the most frequent visitors. What's more, as the Centre is part of the state insurance programme, all social classes come here for treatment.

1

How has the structure evolved since its creation?

I've been here since 2017 and I've seen real work being done on quality. Georgia has a good system, but now it's vital to focus on customer satisfaction. This means providing a good welcome, but also adding services requested by patients. A questionnaire is regularly distributed to patients.

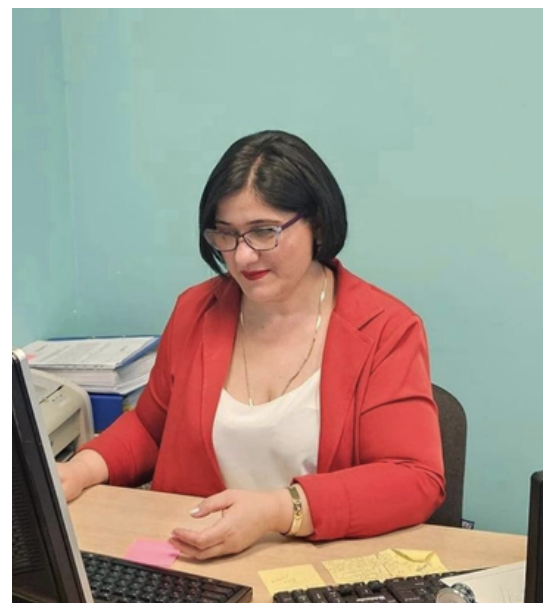
Is there anything you think needs improving?

We need to increase resources to develop pre-diagnosis so that we can better screen for diseases, especially oncological ones. The Centre must become an oncology hub, so that patients can be monitored from screening to chemotherapy, all with modern equipment. It would be the first centre outside Tbilisi to do this. Only surgical procedures would be carried out in the capital. Kakhetia would finally be properly equipped.

EKATERINE LIPARTASHVILI, HEAD DOCTOR AT THE KAKHETIE-YONNE MEDICAL CENTRE

Could you tell us about the Centre's reputation?

It is one of the best clinics in the region, and the first to open in a region like Kakhetia. Patients from all the municipalities in the region come to the Centre. When the border with Azerbaijan was still open, customers came from there too.



How do you see the development of the Georgian healthcare system?

The Georgian health system has made great strides in trying to take better account of the needs of the population, especially the poorest and the young. This improvement has become more accessible thanks to the State health programme. Recently, there has been a notable development in the oncology section. The development of this system has been supported by the government's budget, without really feeling any outside help.

What are the advantages of being a French-Georgian clinic ?

Being a Franco-Georgian clinic brings several significant advantages. Firstly, the foundation of the clinic represents a step forward for both countries, allowing for enhanced medical exchange and collaboration. The name of a French clinic is recognised and respected in Georgia, which reinforces the credibility and confidence of Georgian patients. What's more, Georgian doctors who have completed their training in France can bring valuable advice and advanced medical practices to the clinic. By combining the expertise of the two nations, the clinic can offer high-quality outpatient care, particularly in diagnostics and oncology, thereby enriching the local medical offering.

What are the current challenges facing medical staff and doctors?

Current problems concerning medical staff include inadequate remuneration and the departure of good doctors abroad. To improve the situation, medical staff salaries should be increased, and doctors should be allowed to take part in training courses abroad. This would encourage exchanges between the two parties and enable the medical system to evolve.

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