



World Health
Organization

European Region

The state of ear and hearing care in Georgia





**World Health
Organization**

European Region

The state of ear and hearing care in Georgia

Abstract

This report summarizes ear and hearing care in Georgia. It describes the current resources, needs, gaps and opportunities for intervention to comprehensively integrate people-centred ear and hearing care into the national health system. The situation review was conducted in partnership with the Ministry of Internally Displaced People from the Occupied Territories, Labour, Health and Social Affairs, with technical support from the WHO Regional Office for Europe and the WHO Country Office in Georgia. Data were collected through a policy dialogue, interviews and focus groups with Government ministries and State agencies, development partners, United Nations agencies, nongovernmental organizations, disabled people's organizations and rehabilitation users. The publication synthesises the findings using the WHO six building blocks of health systems: leadership and governance, service delivery, health workforce, medical products and health technology, health information systems and research, and health financing. The publication provides a snapshot in time with the aim to comprehensively integrate people-centred ear and hearing care into the national health system.

Keywords

HEARING LOSS, HEARING, DEAFNESS, EAR DISEASES, UNIVERSAL HEALTH CARE, WORLD HEALTH ORGANIZATION

Document number: WHO/EURO:2025-11990-51762-79256 (PDF)

© World Health Organization 2025

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition: The state of ear and hearing care in Georgia. Copenhagen: WHO Regional Office for Europe; 2025".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization. (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation: The state of ear and hearing care in Georgia. Copenhagen: WHO Regional Office for Europe; 2025. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Contents

Foreword.....	v
Acknowledgements	vi
Abbreviations	vii
Executive summary	viii
Introduction	1
Methodology.....	2
Demographics and health determinants	3
Key health indicators	5
Infectious diseases	5
Hearing loss	6
Health policies and strategies	8
Maternal and child health	8
Education.....	8
Ageing	8
Rehabilitation and assistive technology	8
People with disabilities	9
Assessment of health system capacity	10
Leadership and governance.....	10
Service delivery	11
Health workforce	20
Medical products and health technology	23
Health information systems and research	26
Health financing	27

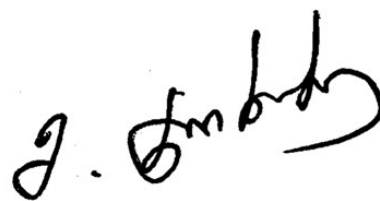
Key findings.....	29
Leadership and governance.....	29
Service delivery	29
Health workforce	29
Medical products and health technology	30
Health information systems and research	30
Health financing	30
Policy considerations.....	31
Leadership and governance.....	31
Service delivery	31
Health workforce	32
Medical products and health technology	33
Health information systems and research	33
Health financing	33
References.....	34
Annex 1. Country overview: Georgia	38
Annex 2. Consultations during the policy dialogue, interviews and focus groups	41

Foreword

Access to good health care is a basic human right that the Government of Georgia is committed to ensuring its citizens are able to enjoy. The Ministry of Internally Displaced People from the Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPOTLHSA) is deeply involved in the reform of the national health system towards universal health coverage. The MoIDPOTLHSA acknowledges that ear and hearing conditions may have important consequences for individuals, their families and society at large if left untreated. Cost-effective interventions are available to address ear and hearing conditions and to give individuals the opportunities they deserve; for example, while untreated hearing loss can be a barrier to education, work and social participation, interventions including hearing devices and rehabilitation are available to give all people the opportunity to participate in the activities that are important to them.

The MoIDPOTLHSA acknowledges the technical support provided by WHO to integrate people-centred ear and hearing care into its health system, as described in the 2021 *World report on hearing*. A policy dialogue that took place in Tbilisi in 2023 spearheaded a situation review to support the planning and delivery of integrated people-centred ear and hearing care under the leadership of the MoIDPOTLHSA. At the same time, the MoIDPOTLHSA is committed to taking the steps required to incorporate the key findings and recommendations from this situation review into its national action planning processes. With technical support from WHO, it is recommended that an interministerial working group is established to develop a national strategy that includes a clear vision and strategic goals for the future of ear and hearing care. Additionally, the working group will develop an action plan that will detail how this vision and its goals can be implemented through defined, measurable and time-bound activities.

The MoIDPOTLHSA emphasizes its commitment and willingness to advance the availability of integrated people-centred ear and hearing care in Georgia, ensuring healthy lives and promoting well-being for all people in Georgia.



Mzia Jokhidze

Chief Specialist

Ministry of Internally Displaced People
from the Occupied Territories, Labour,
Health and Social Affairs

Acknowledgements

This report was made possible through the combined efforts of the Ministry of Internally Displaced People from the Occupied Territories, Labour, Health and Social Affairs (MoIDPOTLHSA), the WHO Regional Office for Europe and the extensive network of stakeholders involved in ear and hearing care in Georgia.

This assessment would have been inconceivable without the leadership, vision and technical concept development provided by the former First Deputy Minister of the MoIDPOTLHSA Tamar Gabunia.

The report was written by Ariane Laplante-Lévesque (WHO Regional Office for Europe) and Ekaterina Tortladze (Aures Foundation) and finalized by Ariane Laplante-Lévesque. Contributions were made by Chitra Chander and Carolina Der (WHO), Salomea Guchmazashvili and Padmaja Kankipati (WHO Country Office in Georgia), Teona Gvalia (Hearing House), Mzia Jokhidze (MoIDPOTLHSA) and Shirin Kiani (WHO Regional Office for Europe).

The MoIDPOTLHSA extends thanks to the team from WHO for their technical support towards achieving these goals. The Government of Georgia looks forward to continued collaborations with WHO to strengthen the ear and hearing care sector, as well as other closely related sectors such as rehabilitation, assistive technology and eye care, for a cohesive and holistic approach to ensuring the highest obtainable standard of health for all citizens of Georgia.

Peer reviewers: Sue Archbold (Independent Consultant), Sue Eitel, Shirin Kiani and Weronika Krzepkowska (WHO Regional Office for Europe), Andrea Pupulin (WHO Country Office in Tajikistan) and George Tavartkiladze (WHO Collaborating Centre for Ear and Hearing Care, National Research Centre for Audiology and Hearing Rehabilitation, Moscow, Russian Federation).

This report was produced with the financial support of ATscale, the Global Partnership for Assistive Technology.

Abbreviations

COVID-19	coronavirus disease
LEPL	Legal entity of public law
LEPL NCDC	Legal Entity of Public Law Levan Sakvarelidze National Centre for Disease Control and Public Health of Georgia
MoES	Ministry of Education and Science of Georgia
MoIDPOTLHSA	Ministry of Internally Displaced People from the Occupied Territories, Labour, Health and Social Affairs
NE(NC)LP	non-entrepreneurial (non-commercial) legal entity

Executive summary

This publication summarizes the state of ear and hearing care in Georgia. It describes the current resources, needs, gaps and opportunities for intervention to comprehensively integrate people-centred ear and hearing care into the national health system.

The situation review was conducted in partnership with the Ministry of Internally Displaced People from the Occupied Territories, Labour, Health and Social Affairs, with technical support from the WHO Regional Office for Europe and the WHO Country Office in Georgia.

Data were collected through a policy dialogue, interviews and focus groups with Government ministries and State agencies, development partners, United Nations agencies, nongovernmental organizations, disabled people's organizations and rehabilitation users.

The publication synthesizes the findings using the six WHO health system building blocks: leadership and governance, service delivery, health workforce, medical products and health technology, health information systems and research, and health financing. The publication provides a snapshot in time with the aim of supporting the comprehensive integration of people-centred ear and hearing care into the national health system.

Georgia currently has a few newborn hearing screening activities, and a significant portion of diagnostic tests are available in the capital. The State is funding rehabilitation services for children after cochlear implantation. Some services for children with hearing aids or other hearing implants incur out-of-pocket expenses. Health workforce shortages in the area of ear and hearing care are currently reflected in the opportunities for the expansion of services. Health information systems for newborn hearing screening and for disability determination need improvement and would benefit from being better integrated into the national electronic information system. It is important to improve health financing mechanisms to further expand universal health coverage and deliver comprehensive services for people with ear and hearing conditions.



Introduction

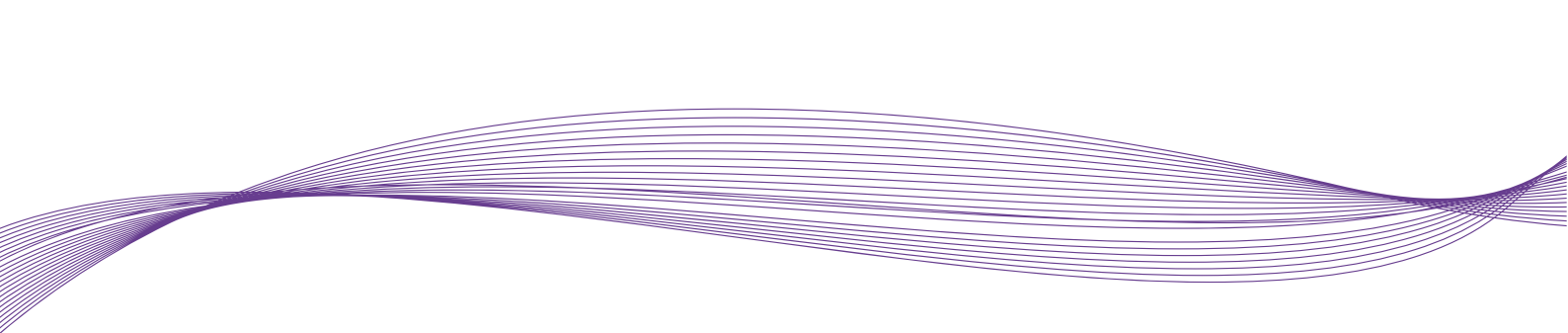
Over 5% of the world population – 430 million people – live with disabling hearing loss and most of these people live in low- and middle-income countries (1). The WHO European Region accounts for 21% of the total worldwide cases of hearing loss, with 6% of the population suffering disabling hearing loss (1). It is estimated that by 2050 the number of people experiencing disabling hearing loss will increase to over 700 million worldwide, or one in eight people (1).¹

Hearing loss, if not detected in a timely manner and managed appropriately, can have far-reaching negative consequences that affect language development, academic achievements, psychosocial well-being, quality of life and economic independence at different stages of life (1). Annually, the costs of unaddressed hearing loss amounted to almost US\$ 1 trillion globally (2019 purchasing power parity-adjusted international dollars) (2). Within the WHO European Region, the annual costs of unaddressed hearing loss amounted to US\$ 225 billion (2). In the era of modern digital health technology, diagnostics and telemedicine, effective and affordable interventions can greatly benefit people with ear disorders and hearing loss. Medical and surgical management, hearing aids, cochlear implants, rehabilitation, sign language and captioning are all solutions that can ensure that people with ear disorders and hearing loss have access to education and communication and so can fulfil their potential (1).

The WHO *World report on hearing* in 2021 recommended that people-centred ear and hearing services are integrated into national health systems and are available at primary, secondary and tertiary levels and across the life-course (1). The vision of integrated people-centred ear and hearing care services encompasses services that empower individuals and communities; strengthen governance and accountability; reorient the model of care by prioritizing ear and hearing care at primary and community levels; are coordinated within and across sectors; and create an enabling environment (1). Investing in ear and hearing care is cost-effective, with a return of about US\$ 31 for every dollar invested over 10 years in the WHO European Region (2). Unaddressed, the personal, societal and economic costs of hearing loss pose a risk to achieving the United Nations Sustainable Development Goals to end poverty and ensure that all enjoy peace and prosperity by 2030. Launched in 2021, the WHO *World report on hearing* also identified three targets for expanding coverage of ear and hearing services by 2030 (1): (i) a 20% relative increase in the effective coverage of newborn hearing screening services; (ii) a 20% relative reduction in the prevalence of chronic ear conditions and unaddressed hearing loss in children aged 5–9 years; and (iii) a 20% relative increase in the effective coverage of adults with hearing loss who use hearing technology such as hearing aids and implants.

On 11–12 April 2023, with the aim to strengthen ear and hearing care in Georgia, a national policy dialogue was held in Tbilisi (3). The multisectoral policy dialogue was coordinated by WHO headquarters, the WHO Regional Office for Europe and the WHO Country Office in Georgia. Key ear and hearing care

1 Disabling hearing loss is defined as hearing loss > 35 dB in the better-hearing ear. In this report, the terms “hearing loss” and “hearing impairment” are used interchangeably.



stakeholders in Georgia participated in the policy dialogue, including the Ministry of Internally Displaced People from the Occupied Territories, Labour, Health and Social Affairs (MoIDPOTLHSA), the Ministry of Education and Science (MoES), Tbilisi City Hall, civil society organizations, professional organizations, United Nations agencies and international experts. The objectives of the policy dialogue were to (i) discuss the current state of ear and hearing care in Georgia, considering the recommendations of the *World report on hearing*; (ii) identify basic needs and challenges; (iii) identify strategies and priorities; and (iv) plan the next steps.

The policy dialogue helped to describe the gap between the recommendations outlined in the 2021 *World report on hearing* (1) and current policies and their implementation in Georgia, as well as planning further strategic actions. The policy dialogue concluded that it was necessary to review the situation of ear and hearing care in Georgia.

Methodology

This report summarizes the results of the situation review of ear and hearing care in Georgia conducted in 2023–2024. An unofficial version of this report is available in Georgian through the WHO Country Office in Georgia (eurowhoge@who.int).

Annex 1 provides a profile of demographic data for Georgia.

Data collection process

The situation review was conducted using the WHO Ear and hearing care situation analysis tool (4). Methods for collecting information included a desk review of relevant documents and data sources, including recent situation reviews of rehabilitation and of assistive technology in Georgia (5,6); stakeholder engagement through the national policy dialogue held on 11–12 April 2023; and supplementary individual interviews and focus groups carried out in June and August 2023. In all, 10 interviews were conducted either in person or virtually with representatives of the MoES, MoIDPOTLHSA and its relevant agencies, Tbilisi City Hall, civil society organizations and service providers. Focus groups were held with young adults with hearing loss and parents of children with hearing loss. Annex 2 lists the organizations and individuals consulted during the situation review. It includes participants in the national policy dialogue as well as the supplementary individual interviews and focus groups.

All stakeholders interviewed, both from Government agencies and from the private sector, expressed readiness and openness to cooperation to improve ear and hearing care beyond the situation review.

This report summarizes the data collected. Illustrative quotes are also presented, and the report proposes policy considerations.

Validation

The validation process was conducted in several stages. After data collection, consultation with key stakeholders, including health professionals, local authorities and communities, took place to review the data collected. Feedback from these consultations was integrated into the review to ensure the accuracy and relevance of the data, and cross-referencing national reports further validated the information. This collaborative approach has ensured the quality and completeness of the data describing ear and hearing care services in Georgia.

Demographics and health determinants

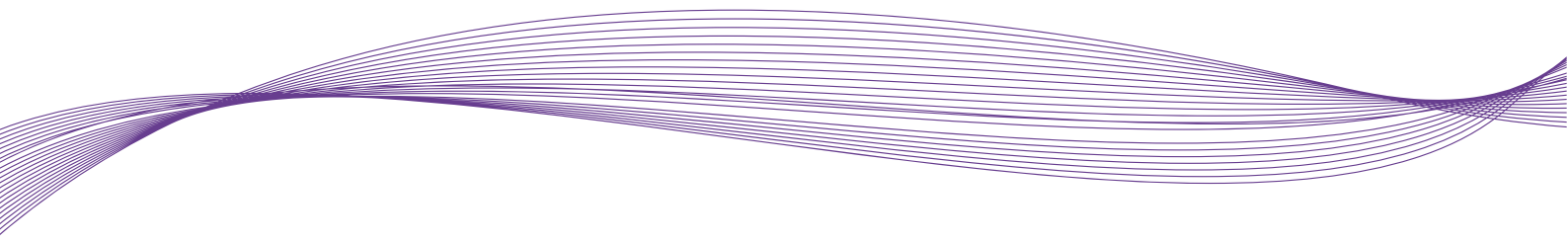


Fig. 1. Georgia and its neighbouring countries within the context of the WHO European Region

Georgia is located in the Caucasus, bordered on the west by the Black Sea, on the southeast by Azerbaijan, on the south by Armenia and Türkiye and to the north by the Russian Federation. The country covers an area of 69 700 km². Currently 20% of Georgia's internationally recognized territory is occupied by the Russian Federation (7). Georgia is governed as a parliamentary republic and includes the southwestern Autonomous Republic of Adjara and the northwestern Autonomous Republic of Abkhazia.

According to the National Statistics Office of Georgia, the population was 3 694 600 on 1 January 2024, comprising 52% women and 48% men (8). In Georgia, 61% of the population lives in urban areas and roughly a third lives in the capital and largest city Tbilisi. The demographic profile is 19.5% aged 0–14 years, 64.3% aged 15–64 years and 16.2% aged 65 years and older. According to World Bank estimates, if population ageing trends continue, 21.1% of the population will be aged 65 years and older by 2050 (9).

According to the 2023 World Bank classification, Georgia is an upper-middle-income country (10). The World Bank notes that Georgia has made notable gains in income growth and poverty reduction over the period 2014–2024 (11).



Life expectancy at birth in 2024 was 75.0 years (8). The percentage of births occurring in health facilities is high, at around 99.7% (12). In 2023 the number of live births was 40 214, representing 10.8 births for every 1000 inhabitants (13). In 2020 – the most recent year for which data are available – it was estimated that the prevalence of preterm births (before 37 weeks of pregnancy are completed) was 7.8% of live births (14). The prevalence of low birth-weight in newborns is increasing, reaching 8.2% in 2023 (12). Both preterm birth and low birth-weight are risk factors for hearing loss in newborns (1). Large gains have been made in child mortality, with the under-5 mortality rate per 1000 live births declining steadily from 35.4% in 1994 to 9.5% in 2023 (15).

The official language is Georgian, with 99.8% of the population literate in Georgian, but some ethnic minorities are not fluent in the State language. According to the 2014 census, the most recent national census at the time of writing, 13.2% of the Georgian population identified as an ethnic minority, mainly ethnic Azerbaijani (6.3%), Armenian (4.5%) and Russian (0.7%) (16).

The literacy rate in Georgia was 99.8% in 2019 according to data from the United Nations Educational, Scientific and Cultural Organization (17). Regarding access to technology, 97.6% of the population aged 15 years and older used mobile devices to access wireless Internet in 2021 (18).

Key health indicators

Infectious diseases

Vaccination

Georgia has a national childhood vaccination programme, which includes vaccination against measles, rubella and pertussis, among others (Table 1) (19). Timely immunization protects against many diseases, including rubella, meningitis, mumps and measles, where hearing loss can occur as a complication (1). Based on national data from the Legal Entity of Public Law Levan Sakvarelidze National Centre for Disease Control and Public Health of Georgia (LEPL NCDC), immunization coverage is high. For example, for the measles, mumps and rubella vaccine is 90% for the first dose and 78% for the second dose (20).

Table 1. National childhood vaccination programme in Georgia

Vaccine	Age for vaccination (purple)								
	0–12 hours	0–5 days	2 months	3 months	4 months	12 months	18 months	5 years	14 years
Hepatitis B									
Bacillus Calmette-Guérin (against tuberculosis)									
Hexavalent DTaP/ HepB /Hib/ IPV combination vaccine (DPT+) ^a									
Pneumococcal conjugate vaccine									
Rotavirus									
Measles, mumps and rubella									
Diphtheria, tetanus and pertussis (acellular), polio (inactivated) (DTaP/P)									
Tetanus–diphtheria									
Human papillomavirus vaccine	Girls aged 10–12 years: 2 doses at least 6 months apart								

DTaP: diphtheria, tetanus and acellular pertussis; **HepB:** hepatitis B; **Hib:** *Haemophilus influenzae* type b; **IPV:** inactivated poliovirus vaccine.

^a Covers diphtheria, tetanus, pertussis (whooping cough), hepatitis B, poliomyelitis and disease caused by *Haemophilus influenzae* type b.



Infectious diseases linked to hearing loss

Because hearing loss can occur as a complication of a number of infectious diseases, some of the vaccines in the Georgia programme protect against hearing loss either directly or indirectly. (1). For example, the pneumococcal conjugate vaccine protects against bacterial meningitis, which is associated with permanent hearing loss.

Rubella

Hearing loss is the most common manifestation of congenital rubella. Rubella vaccination provides lifelong protection and, therefore, protects girls and women of childbearing age from hearing loss in their infants. In 2017 WHO classified Georgia as having achieved rubella elimination (21). In 2023, the last year for which data were available at the time of writing, no cases of congenital rubella were reported in the country (22).

Mumps and measles

Mumps and measles can lead to ear infections or to complications such as encephalitis and meningitis. When these viruses reach the inner ear, this can also lead to permanent hearing loss.

Tuberculosis

Pharmacological treatment against multidrug-resistant tuberculosis can lead to hearing loss. The National Health Strategy of Georgia for 2022–2030 states that Georgia has made significant progress towards reducing cases of tuberculosis, and that registered cases of tuberculosis and real incidence in the population have been steadily decreasing (23). However, it is believed that the coronavirus disease (COVID-19) pandemic has had a negative impact on rates of tuberculosis detection (19) and 1444 tuberculosis cases were reported in 2023, of which 1141 were new cases (24).

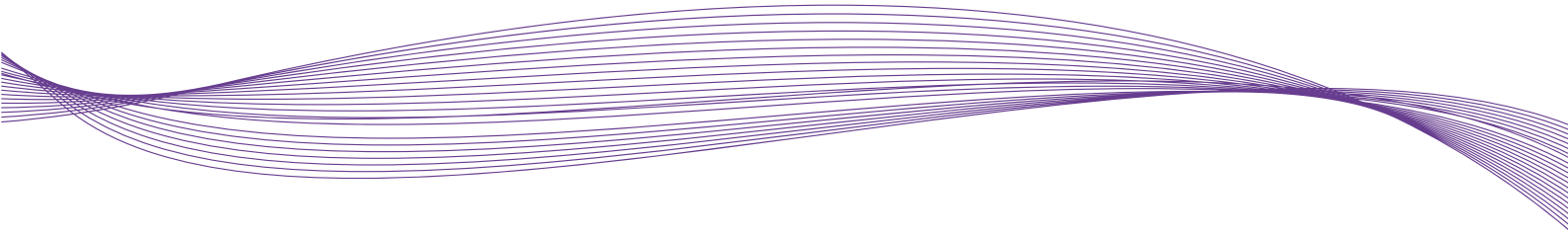
HIV

HIV infection is a risk factor for hearing loss. The National Health Strategy of Georgia for 2022–2030 describes Georgia as having a low prevalence of HIV infection (23). There has been a decrease in the occurrence of new HIV infections since 2015, with 19.2 per 100 000 inhabitants recorded in 2015 and 14.3 per 100 000 in 2020 (23). According to the Infectious Diseases, AIDS and Clinical Immunology Research Centre, by 15 July 2024 a total of 10 710 cases of HIV/AIDS had been registered, with the majority of those being in men (8069) and in those aged 29–40 years (25).

Hearing loss

The main source of statistical data on the national prevalence of hearing loss is the 2014 Population Census conducted by the National Statistics Office of Georgia. Respondents in the national census were asked whether they experienced hearing difficulties that interfered with their daily activities, and 6.5% of the respondents reported at least some hearing difficulties (26). The reported prevalence of hearing loss increased with age, with 80% of those aged 60 years and above reporting hearing difficulties (26).

Complimentary data sources show similar national prevalence rates of hearing loss. The population-based household survey conducted in Georgia with technical support from WHO in 2021 using the rapid Assessment of Assistive Technology instrument found that 8.1% of the Georgian population reported



hearing difficulties (5). In the Model Disability Survey conducted with technical support from WHO in 2022, 5.7% of the respondents reported hearing loss (27). According to the 2021 Global Burden of Disease study, 7.8% of the Georgian population has disabling hearing loss that requires intervention (28).

Beyond the national census that reported a prevalence of 6.5%, other data sources show similar prevalence rates of 5–10% of the population reporting hearing loss. Given the rapidly increasing life expectancy (8), the national prevalence of hearing loss is set to increase in the future.



Health policies and strategies

Georgia has developed a series of national health policies and strategies and those most relevant to ear and hearing care are summarized below. The areas of school health, elderly care, occupational health or eye health are covered in the general health and social care strategies (National Health Care Strategy 2022–2030 of Georgia (23)), and the national strategy for noncommunicable diseases (29). Strategies for specific communicable diseases include the 2023–2025 National HIV/AIDS Strategy and Action Plan (30) and the 2023–2025 National Tuberculosis Control Strategy and Action Plan (31).

Maternal and child health

The country has a National Strategy for Maternal and Newborn Health 2017–2030 and an action plan for its implementation for 2017–2019 (32). The action plan stated that the Government prioritizes the expansion of hearing screening to newborns (Article 2.2; paragraph 2), but no mechanisms for expansion of expected coverage or improvement of other features of national newborn hearing screening are yet to be developed.

Education

The Strategy of Education and Science for 2022–2030, with its 3-year action plan approved in 2022, focuses heavily on inclusive education at all levels (33). “Leave no child out”, a United Nations Children’s Fund programme financed by the Norwegian Ministry of Foreign Affairs supported, among other activities, the mainstreaming of diversity, equity and inclusion in the current strategy (34).

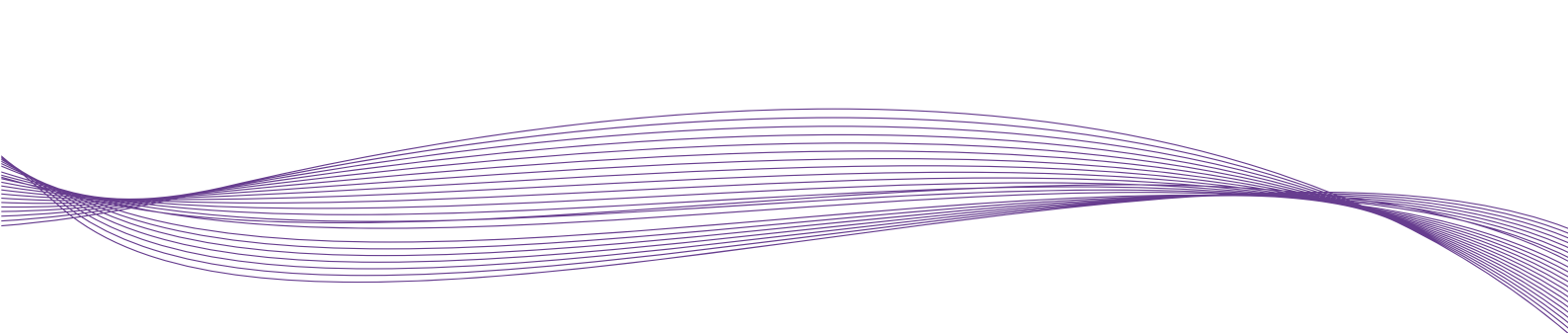
Ageing

Regarding care for elderly people, a State policy on ageing was approved for 2016–2018 (35). While an action plan for the same period was to be prepared, at the time of writing a new action plan had yet to be developed (36).

The National Strategy for the Protection of Human Rights for 2022–2030 (37) includes a chapter dedicated to the rights of older people. One of the tasks indicated is the development of a new action plan to support the State policy on ageing.

Rehabilitation and assistive technology

Although rehabilitation services are not new in Georgia, the first unified Strategy for Rehabilitation Services was approved in 2023 for 2023–2027 (38). The Strategy represents a vision anchored in internationally recognized principles of rehabilitation health system strengthening. The aims, objectives and outcome evaluation indicators comply with the indicators for rehabilitation services recommended by WHO. The Strategy identified four objectives for rehabilitation health system



strengthening: (i) integrating rehabilitation services into health care; (ii) promoting employees in the field of rehabilitation; (iii) strengthening rehabilitation services; and (iv) increasing access to data on rehabilitation.

The WHO Regional Office for Europe and the WHO Country Office in Georgia provided technical support to the rehabilitation situation assessment (5) and the development of the Strategy (39). Based on the Strategy, an action plan for the rehabilitation sector was approved for 2023–2024 and work towards an action plan for 2025–2027 was under way at the time of writing; this is planned to incorporate comprehensive activities on assistive technology.

The Government of Georgia approves the annual State Programme for Social Rehabilitation and Child Care, of which assistive technology is a subprogramme. In 2021, supported by WHO, the MoDPOTLHSA conducted two assessments related to assistive technology, a population-based household survey of 6865 respondents to describe assistive technology needs and a review of the country's capacity to provide assistive technology (supply side) (5). This work led to the development of a national Assistive Products List consisting of 30 priority products. The list was approved by ministerial order in December 2021 (40). Most relevant to hearing loss, beyond hearing aids and smartphones, which were already provided by the Government, the national Assistive Products List includes alarm signallers with light/sound/vibration and hearing loops/radio systems. Other devices relevant to people with hearing loss, such as cochlear implants and speech processors, were also included.

People with disabilities

Georgia ratified the United Nations Convention on the Rights of Persons with Disabilities in 2014 and its Optional Protocol in 2021. In 1995 the country adopted the Law of Georgia on Social Protection of Persons with Disabilities, and in 2020 this was replaced with the Law of Georgia on the Rights of Persons with Disabilities (41). The Law stipulates that the State shall promote the realization of the human rights and fundamental freedoms of people with disabilities and ensure the protection of their inherent dignity, which aligns with the Constitution of Georgia, the United Nations Convention on the Rights of Persons with Disabilities, universally recognized human rights (including the right to the highest attainable standard of health), the norms provided by international law and the legislative and subordinate normative acts of Georgia (41). Specific to hearing impairment, the Law stipulates that the State shall recognize Georgian sign language as a means of communication, as well as one of the means of education of students who are deaf or have a hearing impairment, and shall ensure the conditions necessary for the use and development of Georgian sign language (41). The strategic objectives of upholding the rights of people with disabilities are defined by the National Strategy for the Protection of Human Rights for 2022–2030 (37).



Assessment of health system capacity

The following section describes the capacity of the health system according to the six building blocks of health systems proposed by WHO: leadership and governance, service delivery, health workforce, medical products and health technology, health financing, and health information systems.

Leadership and governance

There is no single national committee for ear and hearing care in Georgia. However, some ministries and subordinate legal entities of public law (LEPLs) are collaborating in the area.

Health and social care programmes related to ear and hearing issues are developed by the MoDPOTLHSA and implemented by the MoDPOTLHSA through the LEPLs – these programmes are described later in the report. Existing programmes are revised, evaluated and monitored by the Ministry and approved by the Government and/or regulated by Ministry orders.

Based on the Law of Georgia on the Rights of Persons with Disabilities (41), councils, boards and committees focusing on the rights of people with disabilities have been formed in various agencies. By 2024 four committees focusing on the rights of people with disabilities were active within the MoDPOTLHSA and a further two have been added recently. The MoES plans to establish a council focusing on the rights of people with disabilities. The MoES has historically cooperated with relevant organizations and identified the needs of the community members through direct consultation.

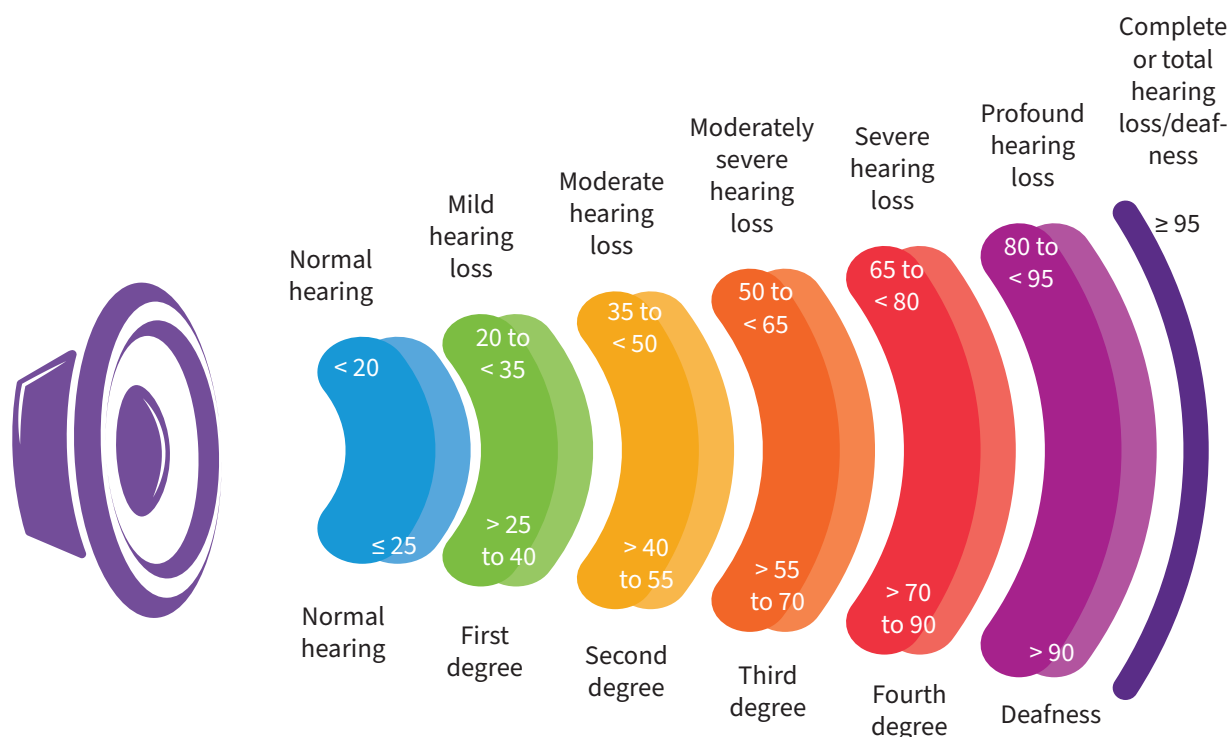
Hearing impairment terminology

The terminology related to hearing impairment used in official documents varies and would benefit from being standardized. In newer documents, for example the Georgian version of the International Classification of Diseases version 10 codes (42), “hearing loss” is translated correctly. In several documents the outdated term სმენაჩლუნგობა, similar to the phrase “deaf and dumb” in English, is used. Terminology would benefit from being updated to more modern and neutral terms in all official documents.

In Georgia, most State programmes and health facilities use the terminology first to fourth degree to describe the degree or grade of hearing loss. Fig. 2 describes the terminology typically used in Georgia and other former Soviet States as well as the terminology used by WHO (1).

Fig. 2 Terminology used to describe the degree of hearing loss

Terminology used by WHO and corresponding pure-tone average range (decibels)



Terminology used in Georgia and corresponding pure-tone average range (decibels)

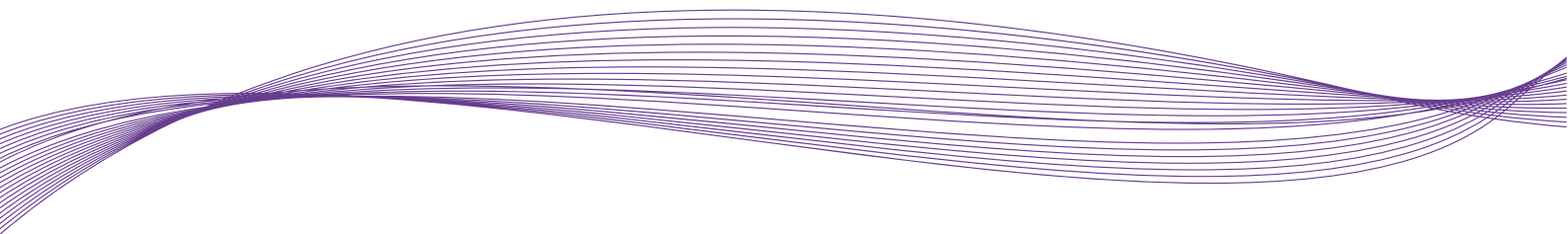
Service delivery

Overall, in recent years there have been improvements in the services available for people with ear and hearing conditions in Georgia, particularly children. Parents comment that, despite the challenges, services for children with hearing loss are increasingly available.

While Georgia has developed several policies supporting people with ear and hearing conditions, most have focused on babies and children, and services for adults are limited. As the 2014 national census data showed, hearing loss is particularly prevalent in adults and older adults. Yet adults and older adults with hearing loss report largely unmet needs for ear and hearing care services, which partly result from a lack of information. Greater public awareness and better care integration are required. Accessibility of venues and services can be improved for people with disabilities, including individuals with hearing loss.

Disability determination

A disability status determination is required for eligibility to State allowance and disability-related services, including hearing aids for people aged 6–64 years (43). Data on the number of people with registered disabilities in Georgia are gathered by the MoIDPOTLHSA Social Services Agency based on State allowances granted to people with disabilities, but these data do not allow the comprehensive description of the number of people with disabilities who have hearing loss. Only people with bilateral congenital or acquired third or fourth degree hearing loss (Fig. 2) are eligible for disability status.



The system for the determination of disability status in Georgia is based on a medical model of disability and on a specific diagnosis rather than a functioning assessment based on a biopsychosocial model of disability (43,44). To transition to a biopsychosocial model, a strategy and action plan to transition was approved in 2023 (resolution MOH 8 23 00000094). Status determination and related medical testing is funded through universal health insurance. However, if the health facility where the person receives services does not offer the tests required to determine disability, such as auditory brainstem response audiometry to determine hearing impairment in children, such tests are not funded by the State programme. Adults who can document a disability since childhood receive a State allowance (equivalent to 155 lari monthly in 2024).

People applying for the State allowance after the age of 18 years must document a hearing loss diagnosis from childhood. There is a recent precedent of a legal dispute where the Court of Appeal maintained that a person with disabilities should not be denied financial support due to shortcomings in the system of storing health-related documents and the possibility of submitting them (45). Before electronic health records were implemented, in accordance with the legislation, in-patient medical records were kept for 15 years, and outpatient medical records were kept for 5 years. The nongovernmental organization Coalition for Equality reported in 2022 that, given scarce employment opportunities for people with disabilities, the State allowance may often be their only source of income (46).

Clinical guidelines and protocols

National clinical guidelines and protocols are approved by the MoDPOTLHSA. These guidelines and protocols have been available on the MoDPOTLHSA website, but the website was not accessible at the time of writing. The section below describes the clinical guidelines and protocols most relevant to ear and hearing care.

The clinical guideline and protocol “Healthy full term newborn care in the maternity ward” (Order No 146/o) was approved in 2009. Newborn hearing screening, a mandatory service since 2018, is not mentioned in the guideline. The clinical guideline and protocol “Parent counselling on child care and development” noted that at every visit the doctor will consider the need to carry out screening of the child’s vision, hearing and dysplasia during all mandatory visits in children under-5 years of age. The same document mentions that frequent ear infections may cause a delay in the child’s speech development.

The 2021 protocol “Basic principles of supervision of the health and development of children aged 0–6 years in primary health care” (01.09.2021 No. 01-344/o) lists a number of diseases and symptoms associated with hearing loss and recommended intervals for hearing screening.

The protocol “Autism spectrum disorders identification, diagnostics and management” (09.03.2019 No. 1-65/o) notes that the test range for neurodevelopmental disorders diagnosis should consider a hearing assessment.

Also, the following clinical guidelines and protocols are related directly to ear and hearing:

- management of otosclerosis
- diagnosis and management of otalgia (earache) in general medical practice
- acute upper respiratory tract infections
- management of upper respiratory tract infections in children in primary care.



Newborn hearing screening

Newborn hearing screening began in Georgia in 2007. At that time, screening was only offered in Batumi and Tbilisi, the two cities with the largest populations. In 2016–2017 a project funded by the European Union was put in place to design a national universal hearing screening programme. The Welfare Foundation, a Georgian nongovernmental organization, implemented the project. The project produced a printed information guide (leaflet) that described screening methodology, registering and parental awareness. The information guide was distributed to all maternity facilities nationally in conjunction with first-stage newborn hearing screening becoming mandatory in 2018.

The MoDPOTLHSA mandated that from 1 March 2018 first-stage newborn hearing screening should be universal and offered by all maternity facilities with more than 100 births yearly (32,47). The State standard (protocol) “Basic principles of supervision of the health and development of children” describes the screening tests recommended for babies and children, including hearing screening.

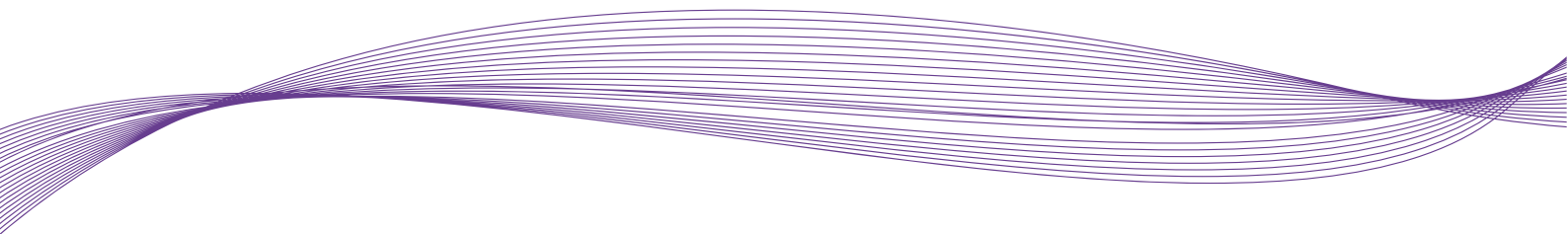
The LEPL NCDC is the implementing body for universal newborn hearing screening activities. Screening devices with otoacoustic emissions from the German manufacturer PATH MEDICAL are used for hearing screening tests. Testing is performed by nurses who are specially trained to conduct hearing screening in newborns.

Newborn hearing screening services are integrated into a single programme. First-stage screening is mandated by the State, while second-stage screening and diagnostic services are included in the same programme. The annual planned programme budget for second-stage screening and diagnostic services is 200 000 lari. However, according to the LEPL NCDC, the programme budget is not spent fully due to shortcomings such as a lack of information in parents, a shortage of hearing specialists, and other issues.

The 2022 LEPL NCDC report noted that, for several reasons, the effective implementation of hearing screening was not yet possible (20). Out of 42 319 live births in 2022, 31 058 underwent first-stage hearing screening, and hearing loss was confirmed in six newborns (20). The LEPL NCDC report does not specify whether these identified newborns presented with unilateral or bilateral hearing loss. Coverage of primary screening is 73.4% of live births. Based on six newborns identified for 42 319 live births, the rate of congenital hearing loss would be 0.14 per 1000 live births, which appears low compared with global figures. The coverage of second-stage screening (for infants who fail the first-stage screening) is not reported (20).

Currently, the first- and second-stage screenings are performed using otoacoustic emissions. If the newborn does not pass the second-stage screening, diagnostic tests are provided using a range of test approaches. Tympanometry is performed to exclude middle ear issues. If tympanometry results are normal, auditory brainstem response audiometry is performed to assess or diagnose hearing loss and estimate its severity in each ear.

The first-stage screening is a service outlined in the requirements for maternity facilities as described in the MoDPOTLHSA’s Maternity and Child Health Programme (48), rather than a programme with its own budget. The document (48) states that “newborn hearing screening includes detection of hearing impairment in the newborn through primary and secondary screening, as well as secondary screening of the newborn with hearing impairment detected by primary screening and, if necessary, their in-depth examination” and “all services defined by the programme are fully reimbursed by the State and do not include co-payment by the beneficiary”.



The coverage of second-stage screening is suboptimal because of limited awareness in parents and limited geographical accessibility of the service. The LEPL NCDC has reported that approximately 30% of infants referred from first-stage screening to second-stage screening are not screened and are lost to follow-up (49). Until 2024 five locations offered second-stage hearing screening within Georgia but from early 2024 second-stage screening services were available only in Batumi and Tbilisi. The facility in Batumi implements both the local Autonomous Republic of Adjara programme and the central programme for western Georgia. Despite this, most of the population of western Georgia still prefer to travel to the National Centre of Audiology in Tbilisi for second-stage screening and, in 2022, 909 newborns underwent second-stage screening in Tbilisi. Offering first- and second-stage screening in the same health facilities would improve access to services; however, programmatic barriers prevent many maternity facilities from being able to provide second-stage screening.

Some research studies have investigated newborn hearing screening in Georgia. A study in 2023 examined the knowledge of and attitudes towards childhood hearing loss in health workers performing newborn hearing screening in Georgia (49).

Another study conducted in 2023 by Tinatin Eristavi as part of a master's degree in communication and speech-language therapy at Ilia State University in Georgia² considered the training provided to health workers responsible for hearing screening tests.

Since 2018 when newborn hearing screening was made universal in Georgia, no large-scale information campaign has been carried out to raise awareness of newborn hearing screening among parents and the overall population, and of the vital role of early detection and intervention. Parents reported that they have been unaware when their child had presented a risk factor for hearing impairment such as preterm birth, and also unaware that hearing screening was especially important in such cases.

WHO has published considerations for the implementation of newborn hearing screening (50). These may be used in the monitoring and evaluation and ongoing improvement of services in Georgia. This includes increasing awareness of hearing screening in parents of newborns; increasing the coverage of first-stage screening, including in infants at risk for hearing loss; increasing the geographical coverage of second-stage screening; ensuring closer collaboration with primary care services to manage children with risk factors; and ensuring no out-of-pocket payments for hearing screening in newborns.

Hearing screening for school-aged children

A programme of systematic hearing screening for school-aged children has not been adequately introduced in Georgia. There are no accurate data on how many children with special educational needs and/or disabilities (including those with hearing problems) are currently of school age. Rudimentary data on the prevalence of children with impairments are provided by schools but are of limited quality.

Hearing screening of preschool-aged children is also important, especially given that newborns and babies with hearing loss are currently identified late.

2 T Eristavi, Ilia State University. Importance and challenges of early and timely diagnosis of hearing loss in Georgia, unpublished masters thesis, 2023.



Hearing screening for adults and older adults

The Universal Healthcare Programme includes compensation for a visit to an otorhinolaryngologist (also referred to as an otolaryngologist or ear, nose and throat specialist) following primary care referral. However, this requires that people seek care as there is no programme of systemic hearing screening.

Diagnosis of hearing loss

Diagnostic examinations available in Georgia include otoscopy, acoustic immittance, behavioural pure-tone audiometry, auditory brainstem response audiometry and otoacoustic emissions. Behavioural pure-tone audiometry, suitable for the identification of most hearing loss in adults, is available in several health facilities throughout the country, as well as in centres providing hearing aids. Auditory brainstem response audiometry, required for the identification of most instances of hearing loss in babies and young children, is performed in Batumi and Tbilisi. National clinical guidelines for auditory brainstem response audiometry would be welcomed. Clinicians reported that auditory brainstem response audiometry in babies and young children aged 0–7 years is performed under sedation, as this is believed to yield more accurate results. A range of other age-appropriate hearing screening tests including acoustic immittance, Ling sounds, behavioural observation audiometry, visual reinforcement audiometry, conditioned play audiometry and speech perception tests exist, even though they are not routinely used.

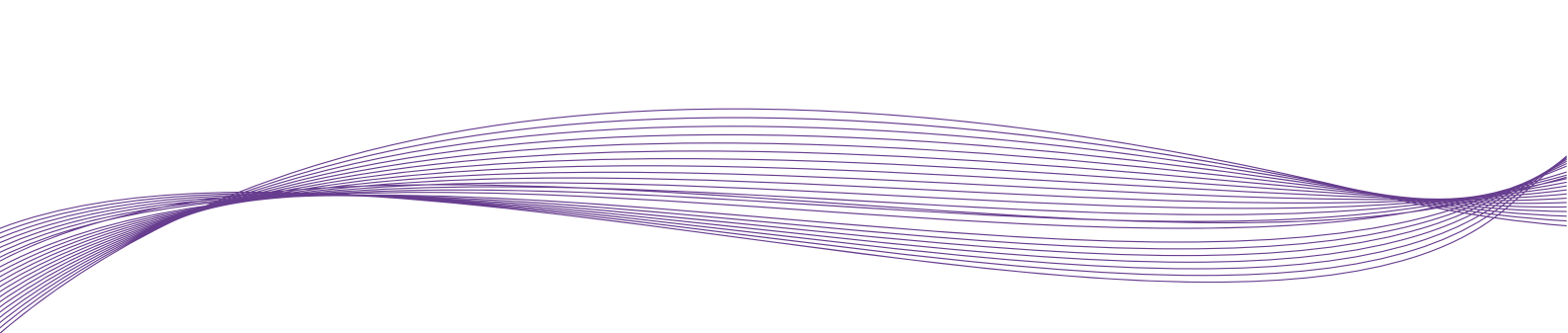
Early detection of hearing impairment in children has increased after the implementation of universal newborn hearing screening. However, issues in this regard still limit opportunities for early identification and intervention. Overall, prevention and referral pathways for childhood hearing loss could be strengthened. Although almost half of cases of hearing impairment from the prenatal period may be hereditary, genetic or due to genetic syndromes, genetic counselling and testing services are not always routinely offered.

Children and adults with hearing loss and other comorbidities (such as impairment of hearing and vision) are seldom referred to detect or rule out genetic syndromes. Protocols and guidelines for managing the risks of ear diseases and hearing loss and referral for people with Down syndrome need to be prepared. Parents who report delays in their child's speech and language development should be recommended to consider hearing loss as a possible cause. When children are diagnosed with autism spectrum disorder it is important to complete a hearing test as suggested by the clinical guidelines. Some families of children travel outside Georgia, mainly to Türkiye, to receive a second opinion after a hearing loss diagnosis in Georgia. Although these diagnoses are typically confirmed to be correct, some parents still put greater trust in health services received abroad.

Parents of children with hearing loss reported a lack of information and psychosocial support. For them it is important to have guidance in understanding intervention options provided by the State, including a description of the benefits and limitations of hearing devices and financing options for hearing devices other than those provided by the State.

Therapy and rehabilitation

Access to therapeutic and rehabilitation services is a challenge for people with hearing loss. Therapy and rehabilitation are funded for children and adults with cochlear implants. Rehabilitation services for hearing aid users are not provided for by the State programme.



Access to rehabilitation services in the country for children and families who choose Georgian sign language as a mode of communication is limited. Sign-supported Georgian or total communication, where both spoken (oral) and sign language are made accessible to best support the child in acquiring language, is not commonly promoted. The quality of rehabilitation services is not systematically monitored, and qualified personnel and research and education opportunities are scarce. Rehabilitation centres are mostly concentrated in cities.

Post-cochlear implantation therapy and rehabilitation services funded from the State are available for both children and adults. The programme includes the services of a speech therapist. Each patient is eligible for 144 hours of speech and language therapy in the first 18 months following implantation.

The following providers offer rehabilitation services in Tbilisi and several regions:

- National Centre of Audiology (limited liability company) (Tbilisi)
- Charity Foundation AI IA (non-entrepreneurial (non-commercial) legal entity (NE(NC)LP)) (Tbilisi)
- Hearing House (limited liability company) (Tbilisi)
- Tairisi (NE(NC)LP) (Kutaisi, Imereti Region)
- Smenadi (NE(NC)LP) (Marneuli, Kvemo Kartli Region)
- Step Forward (NE(NC)LP) (Batumi, Autonomous Republic of Adjara)
- Listen to the World (NE(NC)LP) (Telavi, Kakheti Region).

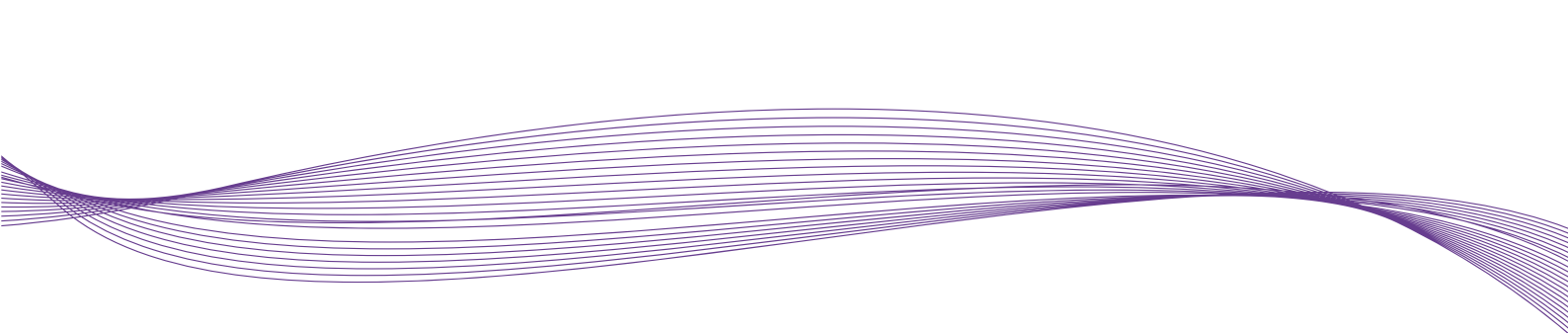
The Autonomous Republic of Adjara, through the local programmes, provides rehabilitation services to children with hearing impairment, and as of 2023 10 children were receiving post-cochlear implantation rehabilitation. Rehabilitation centres are concentrated in large cities, and so geographical accessibility is an issue. For this reason, some families make the decision to move to a city where rehabilitation services are available.

Currently, we have 30 children involved in rehabilitation services and 50% of them are from regions. Among them are those who have migrated from the region for several years just to receive this service. Some make a 2–3-hour trip twice a week to receive the service.

Head of the Therapy Department of hearing rehabilitation
centre Hearing House

Some of the children using hearing aids access therapy or rehabilitation through the State habilitation/rehabilitation programme, based on an International Classification of Diseases-10 diagnosis code R62.0 for delayed milestones in childhood. Additionally, there is an “early development” State programme that may cover children with cochlear implants and those who have parents with congenital deafness (51).

The main challenge towards better therapy and rehabilitation services appears to be the lack of a professional workforce. The work is not attractive due to low pay and recognition but also because of limited training and continuing education opportunities. Other challenges include a scarcity of materials available in the Georgian language.



Instruments developed in other languages cannot simply be translated to Georgian. All instruments should be developed in the Georgian language. This requires scientific work of a multidisciplinary team consisting of an audiologist, a linguist, a speech and language therapist, etc. Developing instruments requires time and money. The absence of such instruments is the biggest problem. If the progress of the child receiving rehabilitation cannot be properly evaluated and recorded, their therapy cannot be planned accordingly. This hinders any progress. Obviously, we have been working in this field for several years, so we have translated several internationally recognized instruments that we actively use in our work. But this has not been done at the scientific level. All these instruments need to be reviewed and adjusted to the Georgian language.

Head of the Therapy Department of hearing rehabilitation
centre Hearing House

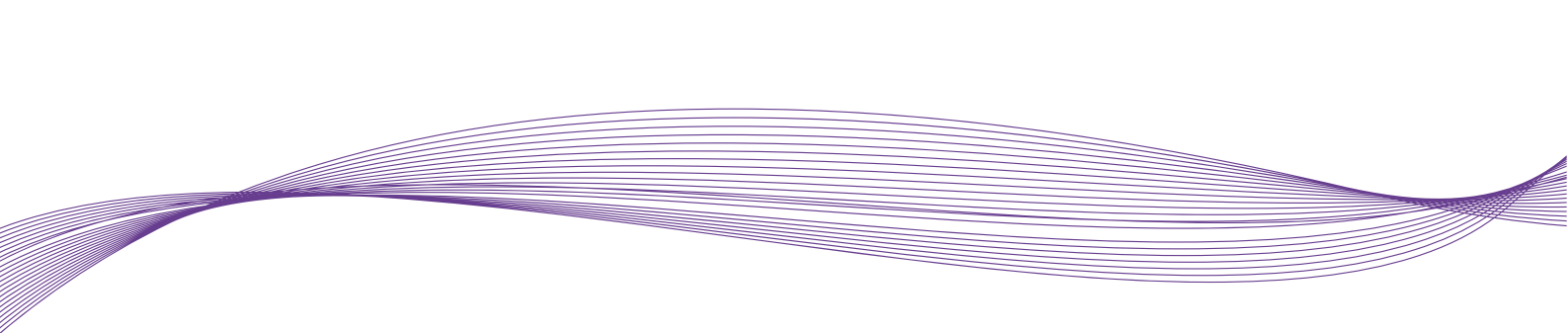
Another challenge is the collaborative work between the different professionals. For instance, there should be close communication between therapist, audiologist, ear, nose, and throat doctor, parent, school, and kindergarten working with a child. The readiness for this is low.

Head of the Therapy Department of hearing rehabilitation
centre Hearing House

People with hearing loss, particularly when congenital or acquired before language acquisition, can select from a variety of modes of communication from speech to sign language, and on occasion using a combination of several modes. After choosing a communication method that best meets their needs, families must have access to appropriate rehabilitation services. For example, when a family chooses sign language as their child's mode of communication, it is important to introduce sign language to both the child and their families as early as possible so that strong language skills are developed and they can communicate successfully. Currently there is no rehabilitation service for such families.

Sign language interpretation

Overall, State-funded sign language interpretation operates with one single provider – the Union of the Deaf of Georgia. Representatives of this organization and the interpreters it employs were invited to participate in this review but declined. Various forms of Georgian sign language are used, and the quality of sign language interpretation is unequal. Deaf people pick from the Union Registry. Deaf people who use sign language are eligible to sign language interpretation services under the subprogramme “Promoting communication of the deaf” within the Programme of Social Rehabilitation and Child Care (51). The subprogramme aims to facilitate social integration by ensuring that information about State services is accessible to sign language users. The annual programme budget for 2024 is 80 000 lari, and the programme provides 10 interpreters for rural regions and at least four interpreters within Tbilisi. The selection of interpreters and service monitoring must be carried out by the organization providing the sign language interpretation services. Services in public institutions are covered by this programme, but only urgent cases are covered in other (household, educational, medical or religious) institutions.



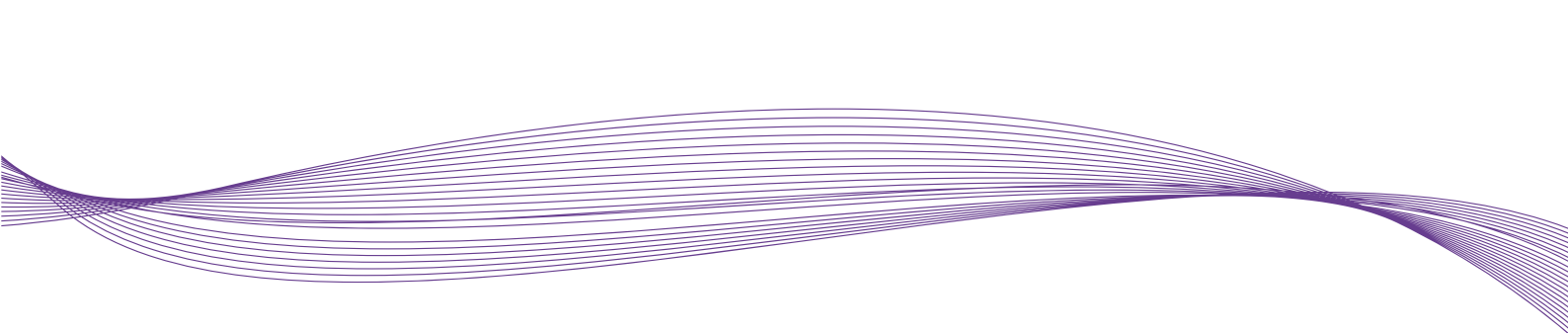
Demand for sign language has increased. The Ministry is trying to popularize the language in general education schools. There is a shortage of workforce here too. There are cases when interpreters assist in schools the students having the need. The Ministry has a standard for teaching sign language at the primary education level, but it is beyond the competence of the Ministry that the country does not have a general standard for sign language. We say the language exists, but the standard or the model by which it should be taught does not exist. This needs to be done by the community organization in conjunction with the Language Chamber. Thus, what the Teachers House does is the only alternative. The Teachers House has initiated a basic course of sign language offering a certificate programme to the interested parties. This course is at the elementary communication level for teachers and parents to communicate with children. This is being held for the first time; earlier the courses were offered only for interpreters.

MoES representative

Historically, the profession of a sign language interpreter has been a choice taken up only by family members or the children of deaf individuals. The form of sign language used in Georgia was based on Russian sign language, as in other former Soviet countries. In 2013–2015 the MoES, with the support of the Norwegian Ministry of Education and Research, laid the foundation for the development of academic sign language and its professional education (52). In 2021 the MoES, with the support of the United Nations Development Programme and the European Union, prepared guidelines for the certification of Georgian sign language interpreters and profession development in Georgia and reviewed the development of sign language interpreters and the profession in the country.³ At the time, it was estimated that approximately 50 Georgian sign language interpreters worked in Georgia. Up to 20 currently active Georgian sign language interpreters did not hold a certification and required further professional enhancement, while 32 had received a certificate from the programme approved by the MoES in 2021 and offered by the National Centre for Teachers Professional Development, the Union of the Deaf (evaluation-based certificate) or the Ilia State University (which provides only a certificate of participation that does not imply an evaluation of learning outcomes). The Union of the Deaf also reported that not all interpreters had the same level of competency. The guidelines recommended the following actions: (i) formation of a working group; (ii) study of the needs of the deaf community in connection with the services of the Georgian sign language interpreters; (iii) development of the standard of teaching for Georgian sign language and determination of the level of language proficiency; (iv) development of the professional standard for Georgian sign language interpreters; (v) formal recognition of the profession; (vi) development of vocational training programmes for interpreters; (vii) development of a continuous professional development system for the vocation including a registry and certification system; (viii) formation of a national trade union/union of Georgian sign language interpreters; and (ix) support for the inclusion of the relevant professional term Georgian sign language interpreter in legislative documents.

The entry into force of the Law of Georgia on the Rights of Persons with Disabilities (41) established a requirement for municipalities to have certified interpreters. However, since the certification has not yet been launched, this requirement has been suspended.

3 Ministry of Education and Science of Georgia. Guidelines for the development of sign language interpreter certification and profession, internal document 2021.



The Central Election Committee, for example, has hired an interpreter as a full-time employee. Every organization should have an independent certified interpreter and a requirement may be set for that person to train several employees in the agency. The person has relevant knowledge and experience.

Representative of Tbilisi City Hall

Some public agencies such as Tbilisi City Hall and the Central Election Committee currently employ sign language interpreters. This is a good solution for increasing the number of qualified interpreters. One of the recommendations prepared by the State Audit Office was the emergence of alternative service providers. According to the Tbilisi City Hall representative, if there was a register of independent sign language interpreters and a person could choose an interpreter, it would be healthier.

Access to education

The education system in Georgia includes early childhood (0–2 years), preschool (2–6 years), elementary (6–12 years), basic (12–16 years) and secondary (16–18 years) education, all of which are fully funded by the State. Preschool education is voluntary, while elementary and basic education are compulsory. Vocational and higher education (bachelor, master and doctoral levels) are also available.

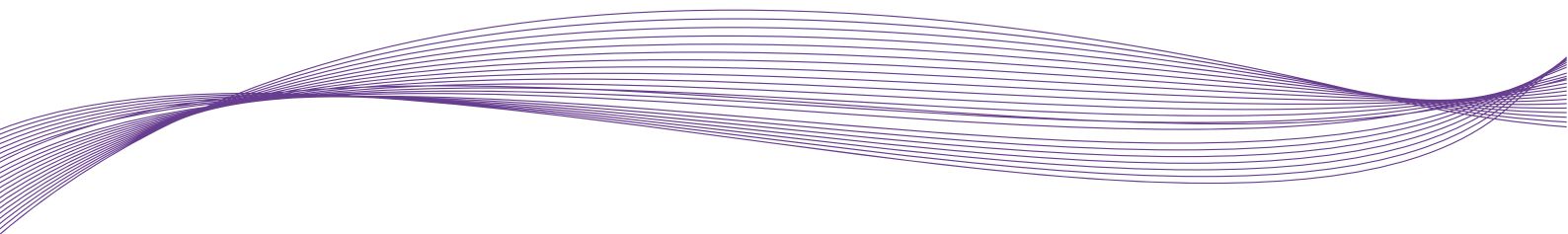
Early childhood and preschool education

Early childhood and preschool education is regulated by the Law of Georgia on Early and Preschool Education and Upbringing. Standards for early childhood and preschool education were adopted in 2017 and updated in 2023. These standards are mandatory for all early childhood and preschool education institutions. The standards are presented as development areas and thematic directions for four age groups: children aged 0–18 months, 12–36 months, 30–60 months and 54–72 months (53).

Municipalities are responsible for public preschool educational institutions for children aged 2–7 years, while resources and methodologies are developed by the MoES. Inclusion is increasingly being considered in preschool education. Public kindergartens typically have large groups of children, which presents communication challenges for children with hearing impairment given the acoustic environment. Kindergartens are mandated to provide the services of both a special educator and psychologist. Parents have the right to request the support of a personal assistant; however, not all parents are aware of this and the knowledge of personal assistants and kindergarten staff regarding hearing loss and how to facilitate the inclusion of children with hearing loss is understood to be limited. Additionally, the process of transition is important. The transition from family life and therapy and rehabilitation to kindergarten and socialization must be carefully managed for children with hearing impairment. The MoES representative reported having a greater focus on integration and successful transition but mentioned a shortage of workforce and a lack of awareness as barriers. The MoES reported having several initiatives in place to address these barriers.

Primary and secondary education

Most students with hearing impairment are educated in the mainstream in their local school. When taking national examinations, applicants can disclose their hearing impairment and, based on the assessment of the multidisciplinary team, some support is offered. Most students appear to receive additional time to complete the examination, the option to sit closer to the speech source, the option to take oral



examinations in written form, and support from a sign language interpreter. Students report that the listening section of foreign language examinations is particularly problematic.

Children with disabilities and/or special needs, including children with hearing impairments, can attend any school in Georgia. Georgia has three schools offering services specific for children with hearing disabilities. The share of children with hearing impairment educated in the mainstream schools or in special schools is not known. In terms of special schools, Tbilisi school No. 203 and Kutaisi school No. 45 are boarding schools, and both offer on-site services such as speech therapy and psychology. The schools are attended by children with different health conditions. Education in both schools takes place in Georgian sign language and written Georgian. Tbilisi school No. 64 has an integrated class, and according to the MoES, hearing impairment is the most prevalent condition in students attending this school.

Vocational education

The MoES offers support to students with special needs in vocational education. Vocational educational institutions mainly offer sign language interpreter support to students in need. How accessible are other types of support, such as lip reading or note taking, is not known.

Higher education

University students with hearing impairment report limited accommodation available to meet their needs. No sign language interpretation or support for students who use hearing technology is currently widely available.

Environment and infrastructure in educational institutions

A favourable acoustic environment is important for the inclusion of people with hearing impairment, including in educational institutions. The 2020 National Accessibility Standard includes a chapter dedicated to classroom acoustics (54). The MoES can use this standard when building or refurbishing educational institutions; however, at the time of writing only a few classrooms had noise attenuation features or classroom amplification systems.

Initiatives from other United Nations agencies

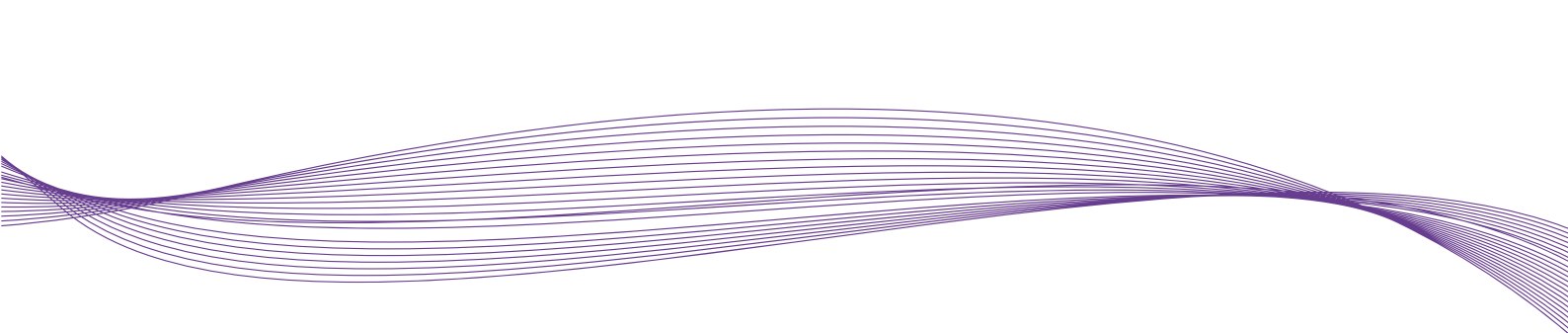
Through the programme “Leave no child out” financed by the Norwegian Ministry of Foreign Affairs, the United Nations Children’s Fund built capacity in Georgia towards better support for children with special educational needs (34,55). Activities included both the development of tools, protocols and other resources and training of specialists and managers.

Public awareness

Representatives of parent organizations and organizations for people with hearing loss noted the lack of available information and the low level of awareness of the public, including parents, as well as associated stigma: parents often avoid discussing or hide their children’s hearing impairment.

Health workforce

The density of health workers per inhabitant is low in Georgia compared with many other countries in the Region (56). Workforce retention is an issue. Even though some people provide services such as



audiology, speech therapy and sign language interpretation, their professional qualifications are not recorded. Challenges are associated with a lack of local experts to train new personnel. Currently some experts from abroad are invited to support training programmes.

There is no audiology training programme in Georgia and the profession is not defined in the qualification framework. Mid-level health personnel such as nurses can perform audiograms, but it is the otorhinolaryngologist's responsibility to interpret the results and prescribe treatment. Although audiology topics are part of otorhinolaryngology medical residency programmes, experts believe this level of education is insufficient. Audiology is primarily a medical field, not limited to physicians.

It is important to enhance the knowledge of general practitioners and paediatricians towards the identification of ear, nose and throat conditions, the management of uncomplicated cases and referral where indicated.

Otorhinolaryngologists

According to data from the National Statistics Office, in 2023 Georgia had 410 otorhinolaryngologists (24). This equates to approximately 11 per 100 000 inhabitants. It is not known how many of these focus their practice on ear and hearing conditions. No information is available regarding places of employment, so their relative density in urban and rural areas is also unknown. However, the National Health Strategy 2022–2030 states that most medical personnel are employed in cities (23); therefore, this is likely to be the case for otorhinolaryngologists too.

The otorhinolaryngology profession is regulated. After completing the university medical programme, students must pass an examination and then complete a 4-year residency programme.

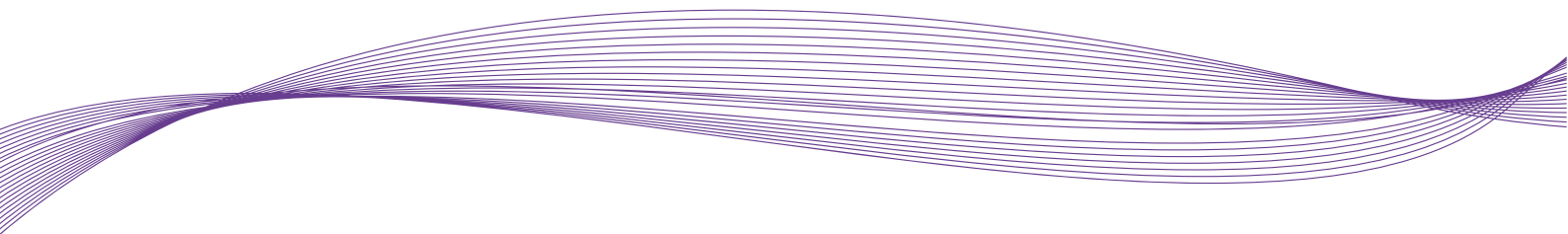
Every year four Georgian universities, all located in Tbilisi, can train up to 20 otorhinolaryngologists. According to the Regulatory Agency of Medical and Pharmaceutical Activities of the MoDPOTLHSA, these are (i) Tbilisi State Medical University (six places); (ii) National Centre of Otorhinolaryngology, Japaridze–Kevanishvili Clinic (eight places); (iii) French–German Khujadze–Gogniashvili Otorhinolaryngology Clinic (two places); and (iv) S. Khechinashvili University Clinic (four places).

Otorhinolaryngologists are paid by the State on a fee-for-service basis.

Speech and language therapists

There are approximately 1000 speech and language therapists in Georgia (5) and the occupation is not regulated. The Georgian Speech and Language Therapists Association was founded in 2017. It is estimated that only a very small number of all speech and language therapists in Georgia have both comprehensive speech and language therapy training and the skills and competencies required for the provision of rehabilitation services for people with hearing impairment.

Iliia State University has offered a 2-year Master's Programme in Language, Speech and Communication since 2017. While focusing on speech and language conditions, the programme also partly covers hearing conditions and their rehabilitation. The programme enrolls up to 15 students per annual cohort (6). Almost all graduates of the Master's Programme become members of the Georgian Speech and Language Therapist Association. This represents approximately 75 speech and language therapists.



Most members of the Georgian Speech and Language Therapists Association and people who work as speech and language therapists in Georgia have a short education, such as a 1-month online course that leads to a certificate. The quality of care provided remains questionable as a formal curriculum exists only for the Ilia State University's Master's Programme.

In 2017 the MoES, in cooperation with Ilia State University, delivered a 1-month 16-credit course focusing on hearing loss for practising speech and language therapists. The course was in part facilitated by international specialists. Upon course completion, participants who passed the examination were awarded a certificate. Course participants reported the course as being highly relevant and welcomed the opportunity of repeating such training opportunities.

Rehabilitation centres that offer speech and language therapy services on occasion provide in-house training. Specialists employed in these centres possess some competencies and skills to work with children using hearing devices and their families. However, most have not received standardized initial training, and no standardized continuing education programme exists. In the absence of formal training opportunities, some private rehabilitation centres offer in-house training courses focusing on hearing loss for their speech and language therapists.

Hearing rehabilitation services can be provided by professionals trained as speech therapists, psychologists, early intervention specialists, and so on without any licence or certification. Often, these professionals lack knowledge of hearing and hearing impairment, its management and hearing technology. Addressing the needs of people with comorbidity (such as hearing plus vision impairment or hearing impairment in autism spectrum disorder) is complex and requires specific skills, which not all speech and language therapists have.

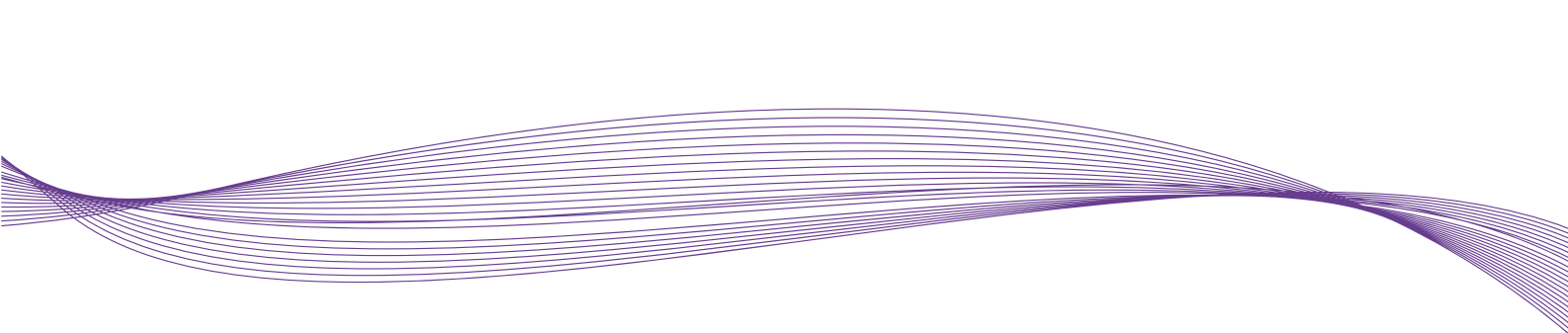
Beyond individual initiatives, education and advanced training opportunities for speech and language therapists focusing on hearing loss are scarce. There is a need for more standardized training opportunities for speech and language therapists and for curricula that include the management of adults with hearing loss and of people with complex needs.

I have worked in this field since 2016. Back then, some educational activities were available through nongovernmental organizations or private rehabilitation centres, e.g. trainings, seminars, and conferences organized by international specialists and experts that provided opportunities for professional development. At that time there were no specialists working specifically with children using hearing technology in Georgia. This field was completely terra incognita, so we had to learn everything from scratch. Among us were specialists who had academic degrees, e.g. in speech and language therapy, special education, combined with several years of experience working with children with hearing loss. But they had no knowledge of modern hearing devices and what they could achieve.

Speech and language therapist focusing on hearing loss

Teachers specializing in hearing impairment

While this section focuses on the health workforce, teachers specializing in children with hearing impairment can play an important role. Specialist teachers can ensure access to education and beyond by supporting successful communication and social interactions and by managing and advising on



hearing technology, Teachers specializing in deaf and hard-of-hearing children do not exist in Georgia as an occupation.

There is a need. It would be good to have specialists with the academic degree. Inclusive education has been in the process of introduction for 18 years. The main achievement is the presence of special teachers. Since 2020 their career development scheme has been launched. In 2021 the first exam for special teachers was held. Until now, we only had positions of “the Head” and “the Facilitator”, but in March was added the position of “the Mentor Special Teacher” and their exams should be held next year. There are no teaching personnel trained at the academic level. Among other occupations, the country does not have the following specialists: special teacher, speech therapist, hearing specialist, etc. Tbilisi State University has coordinated a 3-year project through the Erasmus project. Four universities have been involved: TSU [Tbilisi State University], Kutaisi, Batumi and Telavi State Universities. It has been implemented with the support of international partners and the main goal is to organize credit-based programmes for special teachers to address the challenge with workforce. In parallel, modules are intended to be developed and integrated into the undergraduate programme, which higher educational institutions will be able to implement. Within this project, one of the focus areas is to teach children with sensory processing disorders. We are relatively more experienced in teaching deaf children than children with hearing impairment. As a mandatory requirement, in the Special Teacher Scheme has been included a provision for the special teacher working with children with sensory processing disorders to have training in this field. This will be implemented by the Teachers House (National Centre for Teachers Professional Development).

Representative of the MoES

Medical products and health technology

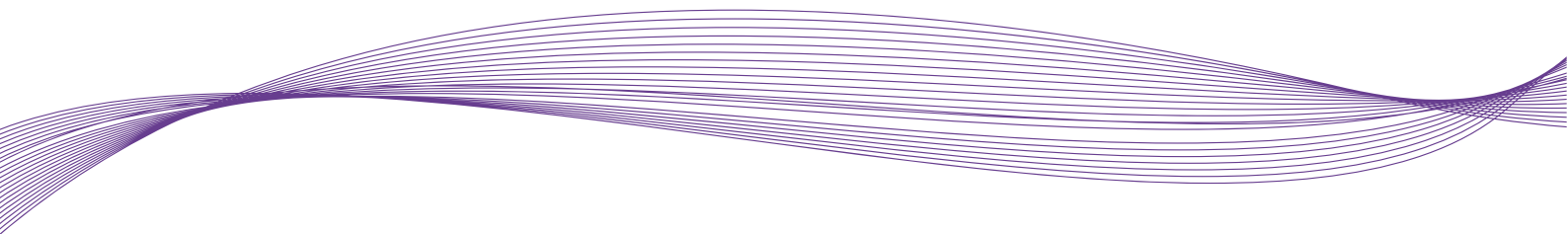
Medical products and technology for hearing loss are available in the country. Hearing devices from the following manufacturers are available in Georgia: Cochlear, MED-EL, Oticon, Phonak, Siser and Starkey.

Attitudes of some communities towards assistive technology, particularly towards cochlear implants, are ambivalent and most likely rooted in a lack of information regarding these devices.

Hearing aids

Hearing aids are provided through both public and private channels, predominantly in Tbilisi. Hearing aid imports do not require prior registration in Georgia. This facilitates the importation of modern hearing aids as well as low-cost and low-quality sound amplifiers that are sold as hearing aids. The work on preparing for the registration of medical products and equipment is underway in Georgia.

As part of the State Programme for Social Rehabilitation and Child Care (51), hearing aids are provided to any person in need throughout the country, apart from in the occupied territories. In practice, it is easier for children under the age of 5 years and adults aged 65 years and over to access hearing aids through the State Programme than for other age groups. For these two groups, a health certificate (known as form 100) issued by a medical facility is sufficient. For all other age groups, a certificate of disability status is required to receive a hearing aid.



The Programme is implemented by the LEPL State Care Agency, and the Social Policy Department of the MoDPOTLHSA is responsible for overseeing implementation. Programme budgeting considers the number of devices issued in the previous year, the number of applications and the projected needs. This means that those who purchase hearing aids without State support are not reflected in the assessment of needs or in future programme planning. The Programme issues voucher to cover the costs of hearing aids and fitting services. In 2024 the value of the vouchers was 330 lari for adults and 950 lari for children. The 2024 programme budgeted for a total of 3320 hearing aids, including 225 paediatric hearing aids. The 2023 programme budgeted for 2300 hearing aids (57) and the 2022 programme budget for 1580 hearing aids (40).

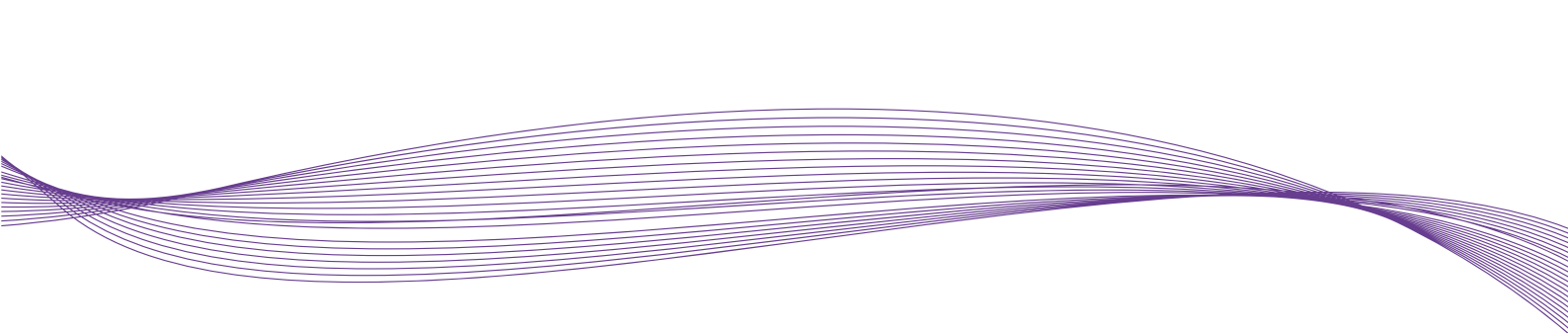
A MoDPOTLHSA representative noted that the demand for hearing aids is increasing and that the number of people on the waiting list is also increasing. Since 2023 the Programme has funded two hearing aids for people under the age of 18 years, while older individuals can receive only one hearing aid at a time, regardless of need. However, no bilateral hearing aids were issued during 2023. The reason may be lack of information and/or the attitude of medical facility personnel who, notwithstanding need, indicate only one hearing aid in the recommendation part of the medical notice.

In addition, the Government of the Autonomous Republic of Adjara, independently from the central programme, is implementing a subprogramme providing hearing aids and cochlear implant processors with an annual budget for 2024 of 387 000 lari. Beneficiaries are financed through social vouchers. If the cost of a hearing aid exceeds the amount covered by the voucher, the difference is paid by the beneficiary. No more than one hearing aid is issued per beneficiary per budget year, except for children under the age of 18 years and students aged 18 years and over, who are eligible for two hearing aids. In Adjara in 2024 the vouchers had a value of 350 lari per hearing aid, 1000 lari for children and 1400 lari for students with severe hearing loss (58).

Any interested legal entity operating in the field can register as a supplier; however, the programme has only one supplier to date. The service provider for both the central programme and the Ajara Autonomous Republic programme is Kind Smena, which has been operating in Georgia since 1996. Providers must be registered as supplier in the MoDPOTLHSA system to provide services as defined by the Standards. Services include personal adjustment of hearing aids based on audiometric data and functional needs. The Standards outline that such services must be available in Tbilisi, in at least two locations in western Georgia and in at least two locations in eastern Georgia. The provider should offer auditory brainstem response audiometry and sedation in younger children as needed. With the need for services to be available in at least five locations, the Standards have improved geographical accessibility. However, it appears that services continue to be limited in outlying regions and do not include diagnostics and adjustments services. In addition, after the approval of the Standards, the lack of specialists such as audiologists and hearing aid specialists has become particularly acute in rural and remote areas.

WHO has published global hearing aid specifications, which are minimum requirements related to the technical performance and function standards that hearing aids should meet for safe and effective use (59). National standards for assistive technology provision, including hearing aids, were approved in 2021 (60).

Clinical outcomes and user satisfaction arising from the hearing aid State programme require systematic evaluation. It is also important to improve programme monitoring. User reports appear mixed. Some families pay out of pocket to obtain more advanced hearing aids than those available from the hearing



aid State programme. Most users have hearing loss in both ears but receive only one hearing aid, while two hearing aids can be received through the programme.

Hearing aids typically require new batteries every week or two and the cost of a pack of six batteries ranges from 10 to 24 lari. Disposable batteries are not covered by the State programme and this out-of-pocket expense is significant for many users. Hearing aid batteries are not sold in regular stores.

Early identification of hearing issues, particularly in older adults, is rare. In many cases, users note that they do not feel they have a hearing problem, and it is the insistence of their family members that leads them to request a hearing aid. Older adults who engage in community services often avoid the bureaucracy process associated with receiving hearing aids. Transportation to service locations is also complex and the costs associated with this can become a barrier to accessing care. As described by a MoDPOTLHSA representative, the procedure for receiving a hearing aid is the same for everyone. Initially, beneficiaries need to apply electronically for a voucher. For older adults who experience barriers in doing this, the application can be facilitated by a social worker and/or legal representative.

The reticence to acknowledge hearing loss and its associated stigma appear to be additional barriers to accessing care. Additionally, myths and stereotypes abound. Some users think that using hearing aids will worsen hearing or that sensorineural hearing loss can be cured by medication.

Other assistive technology

Other devices envisaged by the recommendation list of assistive products (audio loop, radio systems, subtitles/captioning) are not funded by central or local programmes. Such devices are not well known, nor are they readily available in Georgia. There is often a misconception that if a person has a cochlear implant and/or hearing aid, they no longer need additional assistive technology or that if they need additional assistive technology it is because their cochlear implant or hearing aid is malfunctioning.

In addition, the development of subtitles (captioning) services is hampered by the absence of relevant devices and specialists working with the Georgian language. The MoES representative reported a recent surge of interest in frequency-modulated systems (that help with hearing in noisy places).

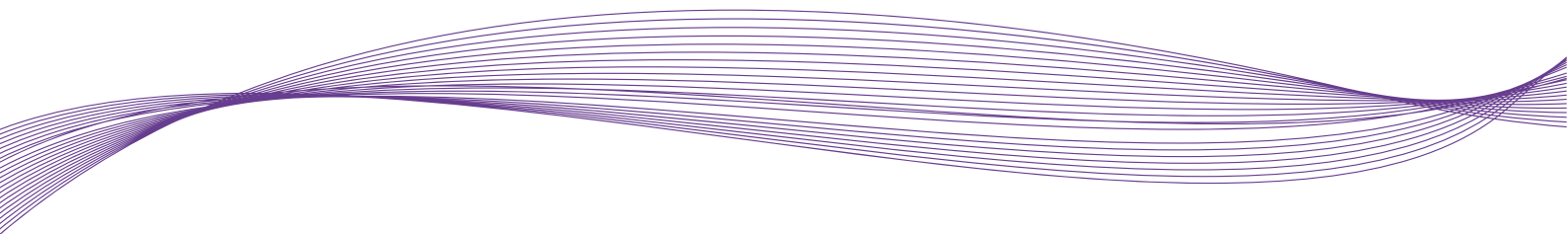
User organizations have advocated for the availability of hearing loops in all agencies providing public services.

Smartphones

The State Programme for Social Rehabilitation and Child Care includes a component to purchase and provide at least 70 smartphones with videoconferencing function yearly (51). Eligible people have bilateral congenital deafness or hearing loss of the fourth degree. Priority is given to those who are registered in the Unified Database of Socially Vulnerable Families, were evaluated at less than 120 000 rating points and had not received a smartphone in the past 3 years (51). The average cost of such a smartphone is 300 lari.

Cochlear implants

Cochlear implants have been available in Georgia since 1998. The State has co-financed cochlear implants and implantation surgery since 2006. Up to 2020 the programme was managed by the MoDPOTLHSA Social Service but in 2021 it was fully transferred to the National Health Agency (which was formed in



2020). The cochlear implantation programme is part of the Universal Health Care Package and, therefore, this service is funded by the State for cochlear implant recipients and their families.

The programme is accompanied by a post-implantation therapy and rehabilitation component (described under Therapy and rehabilitation, above). The Japharidze–Kevanishvili Clinic, one of the main cochlear implant providers, reported that in 2023 they performed 57 cochlear implantations: 31 for patients under 18 years (13 aged 0–3 years, nine aged 4–5 years and nine aged 6 years and over) and 26 for patients aged 18 years and older. In the period January to 15 November 2024, they provided 24 cochlear implantations, eight for patients under 18 years (three aged 0–3 years, two aged 4–5 years and three aged 6 years and over) and 16 for patients 18 years and older. It is encouraging that some babies receive cochlear implantation early, and efforts should be made to increase the share of children receiving intervention early in life.

At this stage the programme evaluation was completed and the number of implants to be purchased annually was determined based on the experience of previous years and statistics from the newborn hearing screening programme. Sound processor adjustment and therapeutic rehabilitation components are carried out by registered service providers. The components management is carried out in the Unified Healthcare Information System.

Since March 2023, a change has been made to the health programme to cover the replacement (upgrade) costs of the cochlear implant sound processor every 5 years, and 60 sound processors were replaced during 2023.

Funding of cochlear implantation including surgery is managed by the State Programme of Universal Health Protection (61). Cochlear implantation is a planned surgery, and different co-payments are required for different groups of patients. According to current health policies, medical services provided to beneficiaries aged 0–5 years, children with disabilities, veterans of retirement age and severely disabled veterans are fully funded by the State. For other population groups, co-payment is 20% and is capped at 1000 lari, and for people who are retired, co-payment is 10% and is capped at 500 lari.

Currently cochlear implantation surgery, as well as programming sessions, is only performed in Tbilisi. There is a lack of awareness of the availability of cochlear implants in people with hearing impairment including families of children.

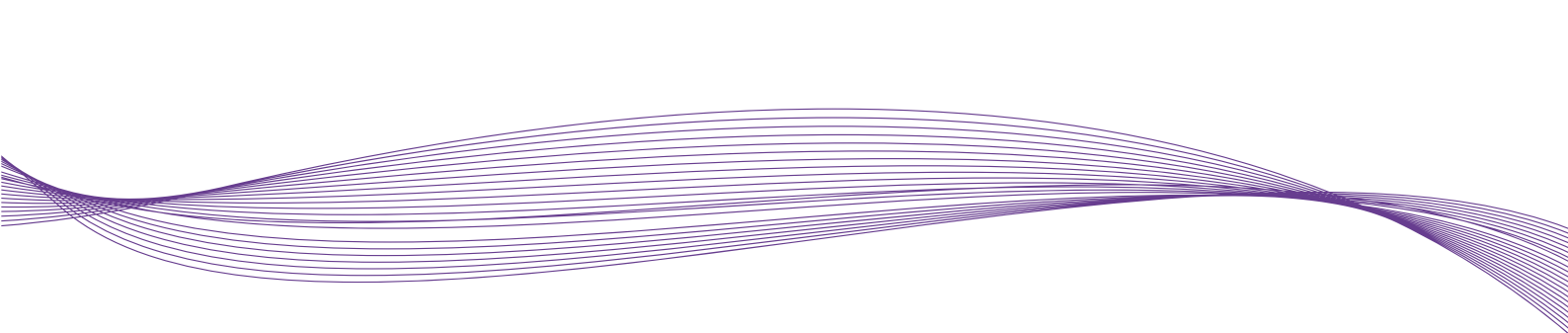
Bone conduction implants

Bone conduction implants and follow-up services are available. Services are not carried out within the framework of any State programme, but people may apply to the so-called referral programme and receive either full or partial funding.

Health information systems and research

Health information systems

In an order approved by MoDPOTLHSA in 2019 on the determination of the procedure for the functioning and maintenance of the electronic health records system, all health facilities are required to transmit information about the health status of all identified patients to the electronic health records system.



This requirement does not apply to the provision of antenatal and perinatal services, but these service providers are required to reflect relevant information in the Electronic Module for Pregnant and Newborn Health Surveillance.

The Information Technology Agency is responsible for the management and functioning of electronic modules. There is only general quantitative information about ear and hearing disorders in the health information system regarding ear disease and mastoiditis.

Specific to newborn hearing screening, an order of the Minister (26/N) mandates that first- and second-stage newborn hearing screening is registered within 48 hours after screening, with exception of holidays and weekends. The newborn hearing screening registration module (F.IV-078) is not currently fully functional. The LEPL NCDC is currently responsible for the health information system established to ensure family attendance to second-stage screening and follow-up to ensure high coverage of newborn hearing screening. Limitations with the current health information system have been reported; for example stakeholders have mentioned that the lack of real-time updates to the database results in the inclusion of deceased newborns on the follow-up list. According to the LEPL NCDC, the integration of the newborn hearing screening health information system with the Birth Registry (Electronic Module for Pregnant and Newborn Health Surveillance) is problematic. Additionally, the LEPL NCDC reports that annual software licence fees are a barrier to transferring the health information system to the State.

A project aiming to integrate the newborn hearing screening health information system into the Electronic Module for Pregnant and Newborn Health Surveillance was started in 2019. However, despite the involvement of private and nongovernmental sectors, lengthy communication with the German manufacturer PATH MEDICAL and a series of assistance funding, integration has not yet been possible. One of the reasons identified for the delays has been the COVID-19 pandemic.

Health research

Ear and hearing care research capacity in Georgian research institutions is very limited. In 2021–2022 WHO provided technical support to the MoDPOTLHSA to conduct population-based surveys to examine the reported prevalence of hearing impairment in the population of Georgia (5,27). Currently available national health information systems cannot provide a full picture of ear and hearing conditions.

Health financing

Since 2013 when the Universal Health Care Package was implemented, Georgia has been adopting health reforms to improve access to publicly funded health services (62). The Universal Health Care Package covers approximately 95% of the population. As a result, out-of-pocket spending is decreasing, but it still represented 47% of all health expenditure in 2019 (62). In 2019 approximately 9% of the population was covered by private health insurance, either voluntary health insurance, which is encouraged for high-income households, or coverage provided by employers as part of remuneration packages (62).

In addition to the Universal Health Care Package, vertical programmes for priority diseases and conditions are financed from the State budget. Table 2 details the combined State budget for ear and hearing care in 2024, which is approximately 4 657 350 lari (51).

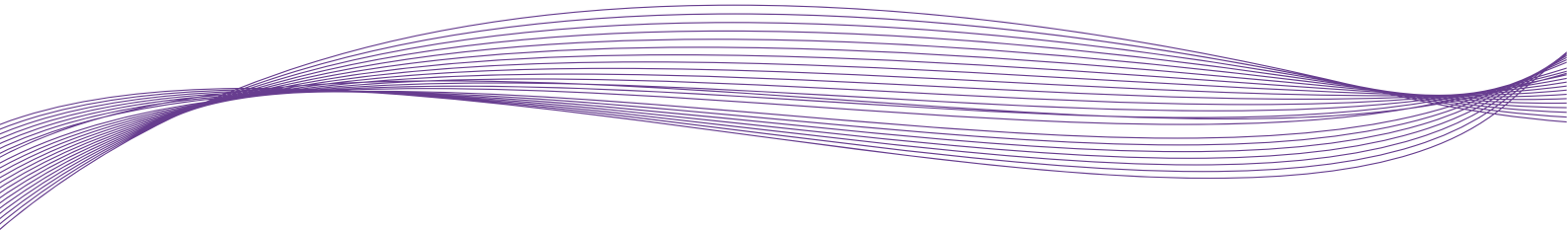


Table 2. State budget for ear and hearing care in 2024

Care item	Budget (lari)
Newborn hearing screening	100 000
Hearing aids	1 309 350
Smartphones	21 000
Cochlear implants	3 000 000
Therapy, rehabilitation and cochlear implant adjustments	147 000
Sign language interpretation	80 000
Total	4 657 350



Key findings

The key findings are summarized under the WHO six building blocks of health systems.

Leadership and governance

- Issues of relevance to ear and hearing care are covered by general State strategies and documents. Representatives of different units of the MoDPOTLHSA work on these issues, but there is no focal point nor coordinator designated.
- While the MoES has inclusion as a core component of its strategy, leadership dedicated specifically towards children and young people with hearing loss would favour their educational attainment.

Service delivery

- Ear and hearing care services are available, including newborn hearing screening, otorhinolaryngology, audiology, rehabilitation and hearing technology.
- Most of ear and hearing care services are provided by the private sector, including within the framework of State programmes, and these services lack comprehensiveness, integration into the existing health systems and effective coordination.
- Existing services are mainly concentrated in large cities.
- Current services do not adopt integrated, people-centred and rights-based approaches.
- Environments such as public spaces are not systematically designed to enable the participation of people with hearing loss.
- Some services to enable access such as captioning (subtitles) and hearing loop systems are unavailable.

Health workforce

- Otorhinolaryngology services are available in cities.
- There is a shortage of audiologists, speech and language therapists and teachers specialized in hearing impairment.
- Some professions such as audiology, speech and language therapy, sign language interpretation and special education do not have qualification requirements and/or are not formally acknowledged.
- For the further development of ear and hearing care workers, modern educational programmes are needed.



Medical products and health technology

- Hearing aids, cochlear implants and bone-anchored hearing implants are available, with most large global manufacturers represented in the market.
- Hearing aids under the State programme are available to both urban and rural residents and delivered by a single provider. The associated service is available in five regions according to the programme, but currently it operates only in Tbilisi and some major cities.
- Cochlear implants under the State programme are available to both urban and rural residents. However, after-care is available exclusively in Tbilisi.

Health information systems and research

- Health information systems related to newborn hearing screening and disability status exist but have limitations and are not integrated into the larger national health information systems.
- There is no sophisticated data collection system, nor service evaluation and monitoring instruments.

Health financing

- A share of ear and hearing care costs is covered by the State budget, but out-of-pocket expenses are required for some services.



Policy considerations

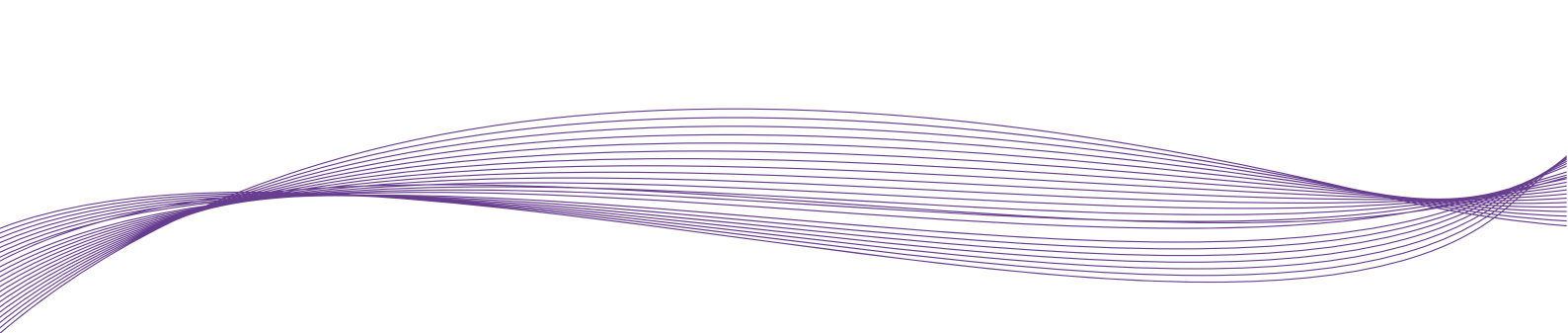
Considering the current situation of ear and hearing care in Georgia presented in this report and the recommendations of the *World report on hearing (1)*, the following are proposed for consideration grouped within the WHO building blocks for health systems.

Leadership and governance

- It is recommended that a multidisciplinary national committee for ear and hearing care is formed tasked with coordinating the comprehensive integration of people-centred ear and hearing care into the national health system.
- It is recommended that a national strategy and action plan for ear and hearing care is established to translate the present situation review and recommendations into a concrete, time-bound action plan to advance ear and hearing care for the benefits of Georgia and its citizens.
- It is important to involve patient and parent advocacy groups in coordinating multisectoral work.
- It is important to organize and implement awareness campaigns aimed at ear and hearing care. Goals include increasing awareness of the importance of early detection and intervention to improve coverage of newborn hearing screening and to reduce existing attitudes and stigma associated with ear and hearing conditions.
- It is important to involve Government bodies, United Nations agencies and civil society in the planning and implementation process to develop comprehensive, collaboration-based approaches.
- It is important to consider aspects of ear and hearing care in future relevant strategies such as any strategy on healthy ageing and the rights of people with disabilities.

Service delivery

- The disability determination process for people with hearing loss is sensitive and requires enhancement. It is relevant to consider broadening the range of hearing conditions eligible for disability status, including adults with a significant acquired hearing loss.
- Clinical guidelines need to be prepared regarding risk factors for hearing loss in children aged 0–6 years, the ongoing surveillance required and the role of primary health care in identifying babies and children with hearing loss, both those with hearing loss present at birth and those where hearing loss is an acquired condition during the first years of life.
- It is recommended that newborn hearing screening services are monitored and evaluated and that actions are implemented to improve coverage and effectiveness. This includes increasing first-stage screening coverage for infants at risk for hearing loss and increasing the geographical coverage of second-stage screening. It is important to consider decentralizing second-stage screening so services are available closer to the families who need them.

- 
- It is recommended to consider the possibility of establishing hearing screening for school-aged children and older adults.
 - It is desirable to consider setting up local demonstration sites for hearing screening, potentially in conjunction with vision screening for an integrated sensory health approach or in conjunction with screening for other health conditions.
 - It is desirable to expand the availability of quality and affordable ear and hearing care services for adults and older adults.
 - It is recommended that ear and hearing care programmes are comprehensively integrated into health services available across the life-course, including child health programmes, healthy ageing, occupational health services, environmental health and health promotion activities.
 - It is desirable to consider offering children with hearing impairment and their families a range of modes of communication, including Georgian sign language, sign-supported Georgian and total communication.
 - It is important to provide early exposure to Georgian sign language for both children with hearing impairment and their families who select this mode of communication so that they develop strong language skills and successful communication.
 - It is important to encourage universal design and enabling environments for all, including for people with hearing loss, for example by mandating captioning (subtitles) and hearing loop systems for accessing all public services.
 - It is important to modernize State-funded sign language interpretation services by opening to several service providers and/or letting users select interpreters from a list of accredited interpreters.

Health workforce

- It is recommended that the regulation framework should be defined and that educational programmes should be implemented and expanded for the development of the specialist health workforce, such as audiologists and speech and language therapists who focus on rehabilitation services for people with hearing loss. This can include starting new educational programmes as well as strengthening current programmes in their coverage of ear and hearing conditions.
- It is important to implement measures to attract and retain the specialist health workforce.
- It is desirable to establish a system of formal training and accreditation for sign language interpreters.
- Based on principles of task sharing, it is recommended that the primary health workforce, such as nurses and general practitioners, is trained in the provision of simple ear and hearing care services, such as early identification, hearing aid provision and referral of those with complex needs.
- It is important to build awareness in other health providers and professionals such as teachers and social workers about hearing loss, its impact and their roles in ensuring equitable access to services.
- It is important to implement measures to standardize for the activities of health workers involved in newborn hearing screening.



Medical products and health technology

- It is recommended that measures are implemented to improve access to high-quality, affordable hearing technology (hearing aids, cochlear implants and other assistive devices) and related services.
- It is desirable to consider market-shaping strategies to stimulate the hearing aid market, for example through mapping national hearing aid import data.
- It is recommended that current barriers to the entry of new hearing aid suppliers/service providers in the Georgian market are evaluated in order to increase competition and, thus, apply upward pressure on product and service quality and downward pressure on costs while optimizing the number of people who access this service.
- It is desirable to consider the possibility of putting in place a co-payment model for access to more advanced hearing aids than those currently available in the State-funded programme.
- It is recommended that a programme of quality assurance and evaluation of the hearing aid and cochlear implant programmes is put in place, including systematic recording of adverse events and clinical effectiveness.

Health information systems and research

- It is recommended that the health information system collecting information on granting disability status is reviewed and that consideration is given to making the data widely available.
- It is recommended that the newborn hearing screening health information system should be integrated into the national electronic health system. The effective coverage of newborn hearing screening should be closely monitored.
- It is desirable to develop monitoring and evaluation frameworks around existing and any new ear and hearing care services.

Health financing

- It is recommended that the health facilities that request out-of-pocket payment for first-stage newborn hearing screening are identified to ensure that the policy mandating free-of-charge newborn hearing screening is implemented as intended.
- It is recommended that consideration should be given to implementing mechanisms to avoid out-of-pocket payments for the medical testing required for disability status determination. It is important to include coverage for all advanced tests required to document a disability status in the universal health care programme, such as auditory brainstem response audiometry in children.
- It is recommended that the health facilities that have medical-social expertise for disability status determination should be publicized for the population.
- It is desirable to consider financing mechanisms to reduce out-of-pocket payments for ear and hearing care services, including diagnostic services, access to hearing technology (hearing aids, cochlear implants and other assistive devices) and services necessary for their effective use and therapy and rehabilitation in people not currently covered such as children with hearing aids and adults.

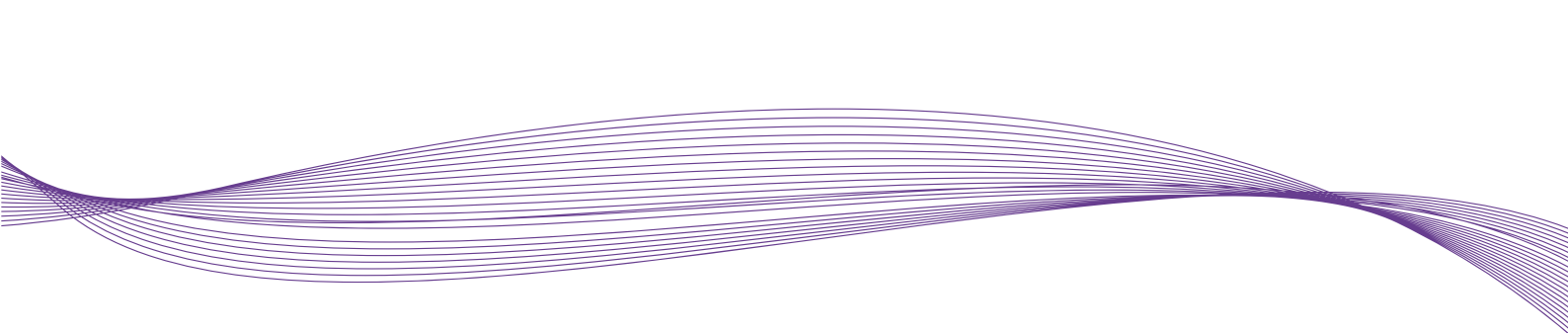
References⁴

1. World report on hearing. Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/339913>). Licence: CC BY-NC-SA 3.0 IGO.
2. McDaid D, Park AL, Chadha S. Estimating the global costs of hearing loss. *Int J Audiol*. 2021;60(3):162–70 (<https://doi.org/10.1080/14992027.2021.1883197>).
3. WHO strengthens ear and hearing care in Georgia [news release]. World Health Organization; 10 May 2023. <https://www.who.int/europe/news/item/10-05-2023-who-strengthens-ear-and-hearing-care-in-georgia>
4. Ear and hearing care: situation analysis tool. Geneva: World Health Organization; 2019 (<https://iris.who.int/handle/10665/206141>). Licence: CC BY-NC-SA 3.0 IGO.
5. A situation assessment of assistive technology in Georgia. Copenhagen: WHO Regional Office for Europe; 2023 (<https://iris.who.int/handle/10665/367612>). Licence: CC BY-NC-SA 3.0 IGO.
6. Situation assessment of rehabilitation in Georgia: February 2020. Copenhagen: WHO Regional Office for Europe; 2021 (<https://iris.who.int/handle/10665/341324>). Licence: CC BY-NC-SA 3.0 IGO.
7. Joint statement on the 15th anniversary of the Russian aggression against Georgia of August 2008 [joint statement]. Strasbourg: European Parliament Delegations; 2023 (<https://www.europarl.europa.eu/delegations/en/product/product-details/20230807DPU37082>).
8. Number of population as of January 1 2024. Tbilisi: National Statistics Office of Georgia; 2024 (<https://www.geostat.ge/media/61879/Number-of-Population-as-of-January-1%2C-2024.pdf>).
9. DataBank: population estimates and projections [online database]. Washington, DC: World Bank; 2024 (<https://databank.worldbank.org/source/population-estimates-and-projections>). Licence: CC-BY 4.0.
10. The world by income and region [online database]. Washington, DC: World Bank; 2024 (<https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html>). Licence: CC-BY 4.0.
11. Macro poverty outlook [online database]. Washington, DC: World Bank; 2024 (https://www.worldbank.org/en/publication/macro-poverty-outlook/mpo_eca). Licence: CC-BY 4.0.
12. Health care. In: GeoStat statistical portal on children and youth [online database]. Tbilisi: National Statistics Office of Georgia; 2024 (<https://youth.geostat.ge/healthcare.php?lang=en>).
13. Population and demography: births. In: GeoStat [online database]. Tbilisi: National Statistics Office of Georgia; 2024 (<https://www.geostat.ge/en/modules/categories/319/births>).
14. Preterm birth rate (per 100 live births). In: Global health observatory [online database]. Geneva: World Health Organization; 2024 (<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/preterm-birth-rate-per-100-live-births>). Licence: CC BY-NC-SA 3.0 IGO.
15. Population: deaths. In: Geostat [online database]. Tbilisi: National Statistics Office of Georgia; 2024 (<https://www.geostat.ge/en/modules/categories/320/deaths>).
16. 2014 general population census main results [online database]. Tbilisi: National Statistics Office of Georgia; 2016 (<https://www.geostat.ge/en/modules/categories/737/2014-general-population-census-results>).
17. Georgia [online database]. Montreal: Institute for Statistics, United Nations Educational, Scientific and Cultural Organization; 2024 (<https://uis.unesco.org/en/country/ge?theme=education-and-literacy>).
18. Indicators of using information and communication technologies (ICT) in households 2021. In: GeoStat [online database]. Tbilisi: National Statistics Office of Georgia; 2021 (<https://www.geostat.ge/en/single-news/2324/indicators-of-using-information-and-communication-technologies-ict-in-households-2021>).

4 All references were accessed on 10 March 2025.

19. პროფილაქტიკური აცრების ეროვნული კალენდრის, იმ ინფექციური დაავადებების სიის, რომელთათვისაც სავალდებულოა პროფილაქტიკური აცრები და პროფილაქტიკური აცრების ჩატარების ასაკობრივი მაჩვენებლების, ვადებისა და იმუნიზაციის მართვის წესების დამტკიცების შესახებ“ საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის მინისტრის 2019 წლის 16 სექტემბრის №01-60/ნ ბრძანებაში ცვლილების შეტანის შესახებ [On the approval of the national calendar of preventive vaccinations, the list of infectious diseases for which preventive vaccinations are mandatory, the age indicators for conducting preventive vaccinations, deadlines and rules for managing immunization]. Tbilisi: Ministry of Health of Georgia; 2020 (No. 01-51/N; <https://www.matsne.gov.ge/ka/document/view/4869455>) (in Georgian).
20. 2022 წელს შესრულებული სამუშაოს ანგარიში [Report on the work completed in 2022 by the NCDC]. Tbilisi: National Centre for Disease Control and Public Health of Georgia; 2023 (<https://ncdc.ge/#/pages/file/a8a7cdaa-beec-4798-b1c4-a84d7c7d481d>) (in Georgian).
21. Measles and rubella elimination country profile Georgia. Copenhagen: WHO Regional Office for Europe; 2020 (<https://iris.who.int/handle/10665/337776>). Licence: CC BY-NC-SA 3.0 IGO.
22. Rubella reported cases and incidence [online database]. Geneva: World Health Organization; 2024 (<https://immunizationdata.who.int/global/wiise-detail-page/rubella-reported-cases-and-incidence?CODE=GEO&YEAR=>). Licence: CC BY-NC-SA 3.0 IGO.
23. საქართველოს 2022–2030 წლების ჯანმრთელობის დაცვის ეროვნული სტრატეგიის დამტკიცების შესახებ [Georgia 2022–2030 national health strategy]. Tbilisi: Government of Georgia; 2022 (No. 230; <https://matsne.gov.ge/en/document/view/5453716>) (in Georgian).
24. Healthcare. In: Geostat [online database]. Tbilisi: National Statistics Office of Georgia; 2024 (<https://www.geostat.ge/en/modules/categories/54/healthcare>).
25. Epid situation [website]. Tbilisi: Infectious Diseases, AIDS and Clinical Immunology Research Centre of Georgia; 2024 (https://aidscenter.ge/epidsituation_en.php).
26. Disability. In: 2014 general population census main results [online database]. Tbilisi: National Statistics Office of Georgia; 2024 (<https://www.geostat.ge/en/modules/categories/742/disability>).
27. Model disability survey: results for Georgia 2022. Copenhagen: WHO Regional Office for Europe; 2023 (<https://iris.who.int/handle/10665/373589>). Licence: CC BY-NC-SA 3.0 IGO.
28. DALYs, global, both sexes, all ages. In: GBD compare [online database]. Seattle, WA: Institute for Health Metrics and Evaluation; 2024 (<https://vizhub.healthdata.org/gbd-compare>).
29. საქართველოში არაგადამდებ დაავადებათა პრევენციისა და კონტროლის ეროვნული სტრატეგია 2023–2030-ისა და 2023–2025 წლების სამოქმედო გეგმის დამტკიცების შესახებ [National strategy for prevention and control of noncommunicable diseases in Georgia 2023–2030]. Tbilisi: Government of Georgia; 2023 (No. 152; <https://matsne.gov.ge/ka/document/view/5782808>) (in Georgian).
30. საქართველოს 2023–2025 წლების აივ/შიდსის ეროვნული სტრატეგიისა და სამოქმედო გეგმის დამტკიცების შესახებ [On the approval of the 2023–2025 HIV/AIDS national strategy and action plan of Georgia]. Tbilisi: Government of Georgia; 2023 (No. 65/ნ; <https://www.matsne.gov.ge/en/document/view/5909178>) (in Georgian).
31. საქართველოს 2023–2025 წლების ტუბერკულოზის კონტროლის ეროვნული სტრატეგიისა და სამოქმედო გეგმის დამტკიცების შესახებ [On the approval of the 2023–2025 national tuberculosis control strategy and action plan of Georgia]. Tbilisi: Government of Georgia; 2023 (No. 54/ნ; <https://matsne.gov.ge/ka/document/view/5863955>) (in Georgian).
32. საქართველოს დედათა და ახალშობილთა ჯანმრთელობის ხელშეწყობის 2017–2030 წლების ეროვნული სტრატეგიისა და მისი განხორციელების 2017–2019 წლების სამოქმედო გეგმის დამტკიცების თაობაზე [On the approval of the 2017–2030 national strategy for the promotion of maternal and newborn health of Georgia and the 2017–2019 action plan for its implementation]. Tbilisi: Government of Georgia; 2017 (No. 459; <https://matsne.gov.ge/ka/document/view/3825285>) (in Georgian).
33. საქართველოს განათლებისა და მეცნიერების ერთიანი ეროვნული სტრატეგიის 2022–2030 და მისი 2022–2024 წლების სამოქმედო გეგმის დამტკიცების შესახებ [On the approval of the unified national strategy of education and science of Georgia for 2022–2030 and its action plan for 2022–2024]. Tbilisi: Government of Georgia; 2022 (No. 446; <https://matsne.gov.ge/ka/document/view/5557675>) (in Georgian).

34. Leave no child out: inclusive, equitable and quality preschool and general education for children in Georgia. Tbilisi: United Nations Children's Fund in Georgia; 2023 (<https://www.unicef.org/georgia/leave-no-child-out>).
35. საქართველოში მოსახლეობის დაბერების საკითხზე სახელმწიფო პოლიტიკის [State policy on the aging of the population in Georgia]. Tbilisi: Government of Georgia; 2016 (<https://matsne.gov.ge/ka/document/download/3297267/0/ge/pdf>) (in Georgian).
36. The legal status of older persons in Georgia. Tbilisi: Georgian Young Lawyers' Association; 2022 (<https://www.gyla.ge/files/2020/%E1%83%99%E1%83%95%E1%83%9A%E1%83%94%E1%83%95%E1%83%94%E1%83%91%E1%83%98/untitled%20folder/THE%20LEGAL%20STATUS%20OF%20OLDER%20PERSONS%20IN%20GEORGIA.pdf>).
37. საქართველოს ადამიანის უფლებათა დაცვის ეროვნული სტრატეგია 2022–2030 წლებისთვის [National strategy for the protection of human rights in Georgia 2022–2030]. Tbilisi: Human Rights Secretariat of Georgia; 2022 (<https://myrights.gov.ge/uploads/files/docs/3906%E1%83%90%E1%83%93%E1%83%90%E1%83%9B%E1%83%98%E1%83%90%E1%83%9C%E1%83%98%E1%83%A1%E1%83%A3%E1%83%A4%E1%83%9A%E1%83%94%E1%83%91%E1%83%90%E1%83%97%E1%83%90%E1%83%93%E1%83%90%E1%83%AA%E1%83%95%E1%83%98%E1%83%A1%E1%83%94%E1%83%A0%E1%83%9D%E1%83%95%E1%83%9C%E1%83%A3%E1%83%9A%E1%83%98%E1%83%A1%E1%83%A2%E1%83%A0%E1%83%90%E1%83%A2%E1%83%94%E1%83%92%E1%83%98%E1%83%90.pdf>) (in Georgian).
38. საქართველოში სარეაბილიტაციო მომსახურების განვითარების სტრატეგიის (2023–2027) დამტკიცების შესახებ [On the approval of the rehabilitation service development strategy in Georgia (2023–2027)]. Tbilisi: Government of Georgia; 2023 (No. 45; <https://matsne.gov.ge/en/document/view/5707605>) (in Georgian).
39. Georgia adopts its first national rehabilitation strategy [news release]. WHO Regional Office for Europe; 26 April 2023 (<https://www.who.int/europe/news/item/26-04-2023-georgia-adopts-its-first-national-rehabilitation-strategy>).
40. სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2022 წლის სახელმწიფო პროგრამის დამტკიცების შესახებ [On the approval of the 2022 state program of social rehabilitation and child care]. Tbilisi: Government of Georgia; 2021 (No. 634; <https://matsne.gov.ge/en/document/view/5343874>) (in Georgian).
41. Law of Georgia on the rights of persons with disabilities. Tbilisi: Government of Georgia; 2020 (No. 6823; <https://www.matsne.gov.ge/en/document/view/4923984>) (English, definitive version in Georgian).
42. ყურისა და დვრილისებრი მორჩის დაავადებები [Class 8: disease of the ear and mastoid process]. Tbilisi: Ministry of Health of Georgia; 2011 (<https://classifications.moh.gov.ge/Classifications/Pages/ViewICD10.aspx>) (in Georgian).
43. შესაძლებლობის შეზღუდვის სტატუსის განსაზღვრის წესის შესახებ ინსტრუქციის დამტკიცების თაობაზე" საქართველოს შრომის, ჯანმრთელობისა და სოციალური დაცვის მინისტრის 2003 წლის 13 იანვრის N1/6 ბრძანებაში ცვლილების შეტანის თაობაზე [Regarding the approval of the instruction on the procedure for determining the status of disability on amending the order N1/N of the Ministry of Labour, Health and Social Protection of Georgia, dated 13 January 2003]. Tbilisi: Government of Georgia; 2022 (No. 01-98; <https://matsne.gov.ge/en/document/view/4682612>) (in Georgian).
44. "შეზღუდული შესაძლებლობის სტატუსის მქონე ბავშვი" დადგენის წესის შესახებ ინსტრუქციის დამტკიცების თაობაზე ["A child with disability status": on approval of the instruction on the rule of determination]. Tbilisi: Minister of Labour, Health, Social Affairs of Georgia; 2003 (No. 62/6; <https://www.matsne.gov.ge/en/document/view/55312>) (in Georgian).
45. შორენა ფხალაძე თავისი სიმართლე სააპელაციო სასამართლოშიც დაამტკიცა [Shorena Pkhaladze proves her truth at the Court of Appeal] [news release]. Partnership for Human Rights; 2 February 2022 (<https://phr.ge/publication/news/462>) (in Georgian).
46. The main challenges of the social protection system for various vulnerable groups in Georgia. Tbilisi: Coalition for Equality, 2022 (<https://gyla.ge/files/2020/THE%20MAIN%20CHALLENGES%20OF%20THE%20SOCIAL%20PROTECTION%20SYSTEM.pdf>).
47. ახალშობილთა სმენის საყოველთაო სკრინინგი საქართველოში - კონფერენცია 15.11.2017 [Conference on the universal screening of newborns in Georgia, 15 November 2017]. Tbilisi: National Centre for Disease Control and Public Health; 2018 (<https://www.ncdc.ge/#/pages/content/1f351ef0-ba23-4c62-b447-38828a7b5d2d>) (in Georgian).

- 
48. ანტენატალური და პერინატალური სამსახურების რეგიონალიზაციის დონეებისა და პაციენტის რეფერალის კრიტერიუმების დამტკიცების შესახებ [On approval of the regionalization of antenatal and perinatal services levels and patient referral criteria]. Tbilisi: Minister of Labour, Health, Social Affairs of Georgia; 2015 (No. 01-2/6; <https://matsne.gov.ge/document/view/2673636>) (in Georgian).
 49. Muntrakis S, Ghaab L. Relationship between knowledge and attitudes toward childhood hearing loss among personnel who practice neonatal hearing screening in Georgia [bachelor degree theses]. Stockholm: Karolinska Institute; 2023 (<https://doi.org/10.13140/RG.2.2.32306.11208>).
 50. Hearing screening: considerations for implementation. Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/344797>). Licence: CC BY-NC-SA 3.0 IGO.
 51. სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2024 წლის სახელმწიფო პროგრამის დამტკიცების შესახებ [On the approval of the 2024 state programme of social rehabilitation and child care]. Tbilisi: Government of Georgia; 2023 (No. 558; <https://matsne.gov.ge/en/document/view/6060396>) (in Georgian).
 52. Academic sign language [news release]. Ministry of Education and Science of Georgia; 29 July 2015 (<https://mes.gov.ge/content.php?lang=eng&id=5845>).
 53. ადრეული და სკოლამდელი აღზრდისა და განათლების სახელმწიფო სტანდარტების დამტკიცების შესახებ“ საქართველოს მთავრობის 2017 წლის 30 ოქტომბრის №488 დადგენილებაში ცვლილების შეტანის თაობაზე [On approval of state standards for early and preschool education and education, on making changes to resolution 488 of the Government of Georgia of 30 October 2017]. Tbilisi: Government of Georgia; 2017 (No. 488; <https://matsne.gov.ge/en/document/view/5874497>) (in Georgian).
 54. ტექნიკური რეგლამენტის - “მისაწვდომობის ეროვნული სტანდარტების” დამტკიცების თაობაზე [Regarding the approval of the technical regulations “National accessibility standards”]. Tbilisi: Government of Georgia; 2020 (No. 732; <https://www.matsne.gov.ge/en/document/view/5051805>) (in Georgian).
 55. Strengthening psycho-educational services for children under the inclusive education support system in Georgia. Tbilisi: United Nations Children’s Fund in Georgia; 2024 (<https://www.unicef.org/georgia/press-releases/strengthening-psycho-educational-services-children-under-inclusive-education-support>).
 56. Health and care workforce in Europe: time to act. Copenhagen: WHO Regional Office for Europe; 2022 (<https://iris.who.int/handle/10665/362379>). Licence: CC BY-NC-SA 3.0 IGO.
 57. სოციალური რეაბილიტაციისა და ბავშვზე ზრუნვის 2023 წლის სახელმწიფო პროგრამის დამტკიცების შესახებ [On the approval of the 2023 state program of social rehabilitation and child care]. Tbilisi: Government of Georgia; 2022 (No. 69; <https://matsne.gov.ge/ka/document/view/5727062>) (in Georgian).
 58. Social care program for 2024. Batumi: Government of the Autonomous Republic of Adjara; 2023.
 59. Assistive product specifications and how to use them. Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/339851>). Licence: CC BY-NC-SA 3.0 IGO.
 60. დამხმარე საშუალებებით მომსახურების მინიმალური სტანდარტების დამტკიცების შესახებ [On the approval of the minimum standards for assistive technology services]. Tbilisi: Minister of Internally Displaced People from the Occupied Territories, Labour, Health and Social Protection of Georgia; 2021 (No. 01-43/6; <https://matsne.gov.ge/en/document/view/5160070>) (in Georgian).
 61. 2014–2020 წლების საქართველოს ჯანმრთელობის დაცვის სისტემის სახელმწიფო კონცეფციის „საყოველთაო ჯანდაცვა და ხარისხის მართვა პაციენტთა უფლებების დასაცავად“ დამტკიცების შესახებ [On approval of the 2014–2020 State concept of healthcare system of Georgia for “Universal Health Care and Quality Control for the Protection of Patients’ Rights”]. Tbilisi: Government of Georgia; 2014 (No. 724; <https://matsne.gov.ge/en/document/view/2657250>) (in English and Georgian).
 62. European Observatory on Health Systems and Policies, WHO Regional Office for Europe. Health systems in action: Georgia. Copenhagen: WHO Regional Office for Europe; 2021 (<https://iris.who.int/handle/10665/349232>).

Annex 1. Country overview: Georgia

Population: 3 694 600 (1)

Births in health facilities: 99.7% (2)

Prevalence of self-reported disabling hearing loss: 6.5% in 2014 census (3), 8.1% in 2020 WHO assessment (4)

Early-onset childhood hearing loss: 0.14/1000 live births (5)

Existence of a national focal person for ear and hearing care: No

Existence of a ministry-led national committee for ear and hearing care: No

Existence of a national strategy for ear and hearing care: No

Health system capacity

Government-led hearing care programmes and activities

Newborn and infant screening: Yes, partially

School hearing screening: No

Hearing screening for older people: No

Hearing aids and implants provision: Yes, for part of the population

Integration of ear and hearing care in the health system

Maternal and child health: Yes, partially

School health: No

Care of elderly people: No

Occupational health: No

Available human resources for ear and hearing care

Otorhinolaryngologists: 410 (total); 111 per 1 000 000 population

Speech therapists: 1000 (total); 271 per 1 000 000 population

Otorhinolaryngologists and speech therapists are the only groups of professionals in ear and hearing care for which numbers are available: data for audiologists, hearing aid technicians and others trained in ear and hearing care are not available.



Identified challenges

- Issues of relevance to ear and hearing care are covered by general State strategies and documents. Representatives of different units of the Ministry of Internally Displaced People from the Occupied Territories, Labour, Health and Social Affairs (MoIDPOTLHSA) work on these issues, but there is no focal point nor coordinator designated.
- Existing services are mainly concentrated in large cities.
- There is a shortage of audiologists, speech and language therapists and teachers specialized in hearing impairment.
- Cochlear implants under the State programme are available to both urban and rural residents. However, after-care is available exclusively in Tbilisi.
- Health information systems related to newborn hearing screening and disability status exist but have limitations and are not integrated into the larger national health information systems.
- There is no sophisticated data collection system, nor service evaluation and monitoring instruments.

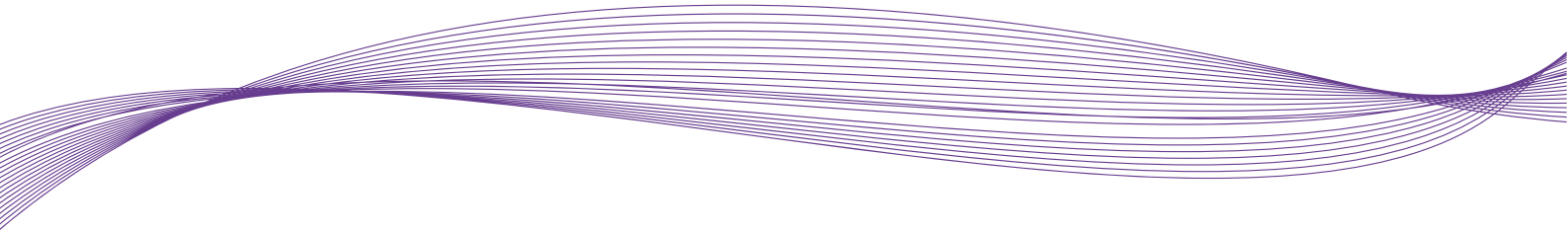
Considerations

- It is recommended that a multidisciplinary national committee for ear and hearing care is formed tasked with coordinating the comprehensive integration of people-centred ear and hearing care into the national health system.
- It is recommended that a national strategy and action plan for ear and hearing care is established to translate the present situation review and recommendations into a concrete, time-bound action plan to advance ear and hearing care for the benefits of Georgia and its citizens.
- Clinical guidelines need to be prepared regarding risk factors for hearing loss in children aged 0–6 years, the ongoing surveillance required and the role of primary health care in identifying babies and children with hearing loss, both those with hearing loss present at birth and those where hearing loss is an acquired condition during the first years of life.
- It is recommended that current barriers to the entry of new hearing aid suppliers/service providers in the Georgian market are evaluated in order to increase competition and, thus, apply upward pressure on product and service quality and downward pressure on costs while optimizing the number of people that access this service.
- It is desirable to develop monitoring and evaluation frameworks around existing and any new ear and hearing care services.
- It is recommended that health facilities that request out-of-pocket payment for first-stage newborn hearing screening are identified and that the policy mandating free-of-charge newborn hearing screening is implemented as intended.

References¹

1. Number of population as of January 1 2024. Tbilisi: National Statistics Office of Georgia; 2024 (<https://www.geostat.ge/media/61879/Number-of-Population-as-of-January-1%2C-2024.pdf>).

¹ All references were accessed on 10 March 2025.



2. Health care. In: GeoStat statistical portal on children and youth [online database]. Tbilisi: National Statistics Office of Georgia; 2024 (<https://youth.geostat.ge/healthcare.php?lang=en>).
3. Disability. In: 2014 general population census main results [online database]. Tbilisi: National Statistics Office of Georgia; 2024 (<https://www.geostat.ge/en/modules/categories/742/disability>).
4. Rapid assistive technology assessment tool (rATA). Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/341939>). Licence: CC BY-NC-SA 3.0 IGO.
5. 2022 წელს შესრულებული სამუშაოს ანგარიში [Report on the work completed in 2022 by the NCDC]. Tbilisi: National Centre for Disease Control and Public Health of Georgia; 2023 (<https://ncdc.ge/#/pages/file/a8a7cdaa-beec-4798-b1c4-a84d7c7d481d>) (in Georgian).

Annex 2. Consultations during the policy dialogue, interviews and focus groups

The following people were consulted and provided valuable input during the process of preparing this report.

National ministries and agencies

Nato Chapidze, Social Officer, Ministry of Internally Displaced People from the Occupied Territories, Labour, Health and Social Affairs (MoIDPOTLHSA)

Tamar Gabunia, former First Deputy Minister, MoIDPOTLHSA

Valerian Getia, Head of the Department of Public Health State Programmes and Regional Management, MoIDPOTLHSA

Nino Jinjolava, Social Officer, MoIDPOTLHSA

Mzia Jokhidze, Chief Specialist, MoIDPOTLHSA

Tamar Kurtanidze, Head of Social Affairs Policy Department, MoIDPOTLHSA

Nino Nijaradze, Health Minister, Ministry of Health of the Autonomous Republic of Adjara

Anzor Tchavtchavadze, Consultant to First Deputy Minister, MoIDPOTLHSA

Zurab Teneishvili, Deputy Health Minister, Ministry of Health of the Autonomous Republic of Adjara

Lela Tsotsoria, Head of Programme Division, MoIDPOTLHSA

Khatuna Zaldastanishvili, Head of Department, Regulation Agency of Medical and Pharmaceutical Activities, MoIDPOTLHSA

Tamar Zhghenti, Head of Inclusive Development, Division of the Department of International Relations and Strategic Development, MoES

Municipal agencies

Giga Sopromadze, former Executive Secretary of Council for People with Disability, Tbilisi City Hall

Civil society

Salome Barbakadze, Consultant, Charity Foundation AI IA

Amiran Batatunashvili, President, Union of the Deaf of Georgia

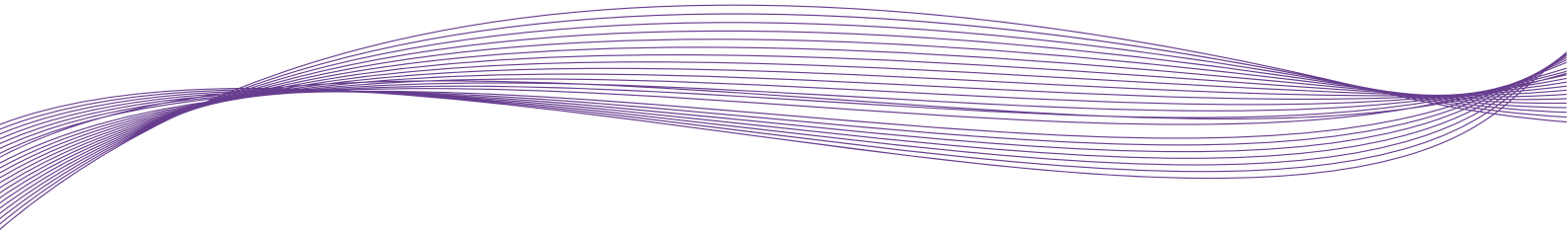
Salome Chichinadze, Manager of Social Direction, Young Pedagogues Union

Tatia Datashvili, young adult with hearing loss

Simon Gabrichidze, Executive Director, Welfare Foundation

Salome Gardava, parent of child with hearing loss

Giorgi Gogniashvili, Surgeon, Khudjadze–Gogniashvili Clinic ENT



Teona Gvalia, Hearing and Speech Therapist, Hearing House

Manana Inaishvili, Director, Step Forward, Batumi City

Iva Kevanishvili, Manager of the National Centre of Otolaryngology, Japaridze–Kevanishvili Clinic,
Manager of Kind Smena

Mariam Kevanishvili, Otolaryngologist, Audiologist, National Centre of Audiology Georgia

Mikheil Khudjadze, Surgeon, Khudjadze–Gogniashvili Clinic ENT

Irma Kiladze, parent of child with hearing loss

Maia Metonidze, Chairman, Union of the Deaf of Georgia

Zurab Tatanashvili, Centre of Strategic Research and Development of Georgia

United Nations agencies

Rusudan Kokhodze, United Nations Development Programme Georgia

International experts

Sue Archbold, Independent Consultant

George Tavartkiladze, Director of the WHO Collaborating Centre for Ear and Hearing Care, National
Research Centre for Audiology and Hearing Rehabilitation, Moscow, Russian Federation

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania	Lithuania
Andorra	Luxembourg
Armenia	Malta
Austria	Monaco
Azerbaijan	Montenegro
Belarus	Netherlands (Kingdom of the)
Belgium	North Macedonia
Bosnia and Herzegovina	Norway
Bulgaria	Poland
Croatia	Portugal
Cyprus	Republic of Moldova
Czechia	Romania
Denmark	Russian Federation
Estonia	San Marino
Finland	Serbia
France	Slovakia
Georgia	Slovenia
Germany	Spain
Greece	Sweden
Hungary	Switzerland
Iceland	Tajikistan
Ireland	Türkiye
Israel	Turkmenistan
Italy	Ukraine
Kazakhstan	United Kingdom
Kyrgyzstan	Uzbekistan
Latvia	

WHO/EURO:2025-11990-51762-79256 (PDF)

World Health Organization Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.who.int/europe