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ინიციატივა მონწყვლადი ჯგუფების რეაბილიტაციისთვის
Rehabilitation initiative for vulnerable groups



Healthcare in the Penitentiary System

Desk Research

წინამდებარე სამაგიდო კვლევა მოამზადა ორგანიზაციამ „ინიციატივა მონწყვლადი ჯგუფების რეაბილიტაციისათვის“ (ავტორი: მერაბ ქავთარაძე). კვლევა ჩატარდა ევროკავშირის ფინანსური მხარდაჭერით, „ციხის საერთაშორისო რეფორმის სამხრეთ კავკასიის ოფისის პროექტის – „სასჯელადსრულებისა და პრობაციის რეფორმების ხელშეწყობა და მონიტორინგი სამოქალაქო საზოგადოების ჩართულობით“ ფარგლებში. დოკუმენტის შინაარსზე სრულად პასუხისმგებელია ავტორი და ტექსტში გადმოცემული მოსაზრებები არცერთ ვითარებაში არ შეიძლება ჩაითვალოს დონორის, „ციხის საერთაშორისო რეფორმის“ ან მისი პარტნიორი ორგანიზაციების პოზიციის გამომხატველად.

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Main Findings and Recommendations

The studies and reports of 2014-2017 discuss number of issues related to the current issues of the penitentiary healthcare: medical infrastructure and equipment, access to medicines, medical personnel and access to medical services, doctor's independence, health condition of prisoners, transmitted diseases. The analysis of these reports reveal that the penitentiary health system has experienced significant progress in recent years.

The situation in terms of access to medical services has significantly improved.

The state programs of Tuberculosis, HIV/AIDS and Hepatitis "C" should be pointed out, which are fully available to the patients in the penitentiary system and provide complete treatment, as well as the full process of screening and examination.

The issue of providing medicines can be considered as a solved issue.

Infrastructural projects have been successfully implemented, repair of medical infrastructure was undertaken and provision of medical equipment to the medical points and facilities have been improved.

In 2013, the deaths of prisoners have decreased sharply, as well as facts of self-injury, suicide and attempted suicide.

The national regulations for healthcare in the penitentiary system are mainly in compliance with international standards. The exception is part 2 of article 24 of the Code of Imprisonment, which provides that an accused/convicted person shall undergo a medical examination upon admission and the relevant report shall be prepared and kept in his/her personal file. This information should be kept in the prisoner's medical card, in every case. Despite the fact that the Public Defender addresses this issue in the reports of 2014-16 presented to the Parliament of Georgia to make amendments to this article, the issue remains unsolved.

Despite the progress achieved in the field of access to healthcare and integration with the civil sector (consultations with medical specialists and referrals), the problem of full integration of the penitentiary healthcare into the national healthcare system remains unresolved. Another issue is subordinating medical service and medical personnel to the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, which has a significant effect on the independence of doctors and the quality of medical care.

There is a whole set of issues that still require a solution, an "impressive" list of recommendations that have been made through various studies and remain unresolved for years.

The lack of providing comprehensive information on preventive healthcare and general healthcare services to prisoners is noteworthy. The problem of informing the prisoners affects the access to medical services.

The screening and examination of non-contagious diseases is practically overdue.


The existing medical services in the penitentiary system do not provide for the special needs of persons with disabilities, the specialised services related to disabilities have not been introduced. It is necessary to set up a mechanism for identification and needs assessment of prisoners with disabilities and to develop standards of care adapted to the imprisonment conditions for persons with disabilities.

Until recently, screening and timely detection of prisoners with mental and behavioural disorders was a problem. An objective assessment tool of mental health condition of prisoners was introduced only in 2018 in the penitentiary establishment.

The number of psychiatrists employed in the system is insufficient. The management of mental illnesses is limited to medicinal treatment only and does not provide adequate psychosocial rehabilitation of patients.

In the majority of penitentiary establishments there is no sufficient number of nurses, due to which the workload of doctors has increased.

In parallel to positive tendencies in the management of medical practice, the issue of quality of the medical care remains a challenge. An effective mechanism for quality control of healthcare needs to be advanced, which ensures monitoring of production of medical cards, doctor's records, made diagnoses and prescribed treatment.



In order to ensure continuous professional development, it is necessary to carry out professional trainings in respective fields for medical personnel working in penitentiary establishments, while the doctors to be provided with guidelines, protocols and other methodical literature.

The control mechanism of implementation of standards of the civil healthcare system in the penitentiary healthcare system, production and effective analysis of statistical data need to be strengthened.

The system of medical documentation, which is unthinkable without introduction of electronic files, needs to be improved. This will simplify the work of doctors and enable dynamic control of medical cards, help identify existing problems and introduce measures to improve healthcare.