March 2022

EUROPEAN SOCIAL CHARTER (REVISED)

European Committee of Social Rights

Conclusions 2021

GEORGIA

This text may be subject to editorial revision.

The function of the European Committee of Social Rights is to rule on the conformity of the situation in States with the European Social Charter. In respect of national reports, it adopts conclusions; in respect of collective complaints, it adopts decisions.

Information on the Charter, statements of interpretation, and general questions from the Committee, is contained in the General Introduction to all Conclusions.

The following chapter concerns Georgia, which ratified the Revised European Social Charter on 22 August 2005. The deadline for submitting the 14th report was 31 December 2020 and Georgia submitted it on 26 January 2021.

The Committee recalls that Georgia was asked to reply to the specific targeted questions posed under various provisions (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter). The Committee therefore focused specifically on these aspects. It also assessed the replies to all findings of non-conformity or deferral in its previous conclusions (Conclusions 2017).

In addition, the Committee recalls that no targeted questions were asked under certain provisions. If the previous conclusion (Conclusions 2017) found the situation to be in conformity, there was no examination of the situation in 2020.

Comments on the 14th report by the Public Defender's (Ombudsman) Office of Georgia (PDO) were registered on 29 June 2021. The reply from the Government to these comments was registered on 24 August 2021.

In accordance with the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2-3 April 2014, the report concerned the following provisions of the thematic group II "Health, social security and social protection":

- the right to safe and healthy working conditions (Article 3);
- the right to protection of health (Article 11);
- the right to social security (Article 12);
- the right to social and medical assistance (Article 13);
- the right to benefit from social welfare services (Article 14);
- the right of elderly persons to social protection (Article 23);
- the right to protection against poverty and social exclusion (Article 30).

Georgia has accepted all provisions from the above-mentioned group except Articles 3, 12§2, 12§4, 13, 23 and 30.

The reference period was from 1 January 2016 to 31 December 2019.

The conclusions relating to Georgia concern 7 situations and are as follows:

– 1 conclusion of conformity: Article 14§1;

– 4 conclusions of non-conformity: Articles 11§1, 11§2, 11§3 and 12§1.

In respect of the other 2 situations related to Articles 12§3 and 14§2, the Committee needs further information in order to examine the situation.

The Committee considers that the absence of the information requested amounts to a breach of the reporting obligation entered into by Georgia under the Revised Charter.

The next report from Georgia will deal with the following provisions of the thematic group III "Labour Rights":

- the right to just conditions of work (Article 2);
- the right to a fair remuneration (Article 4);
- the right to organise (Article 5);
- the right to bargain collectively (Article 6);
- the right to information and consultation (Article 21);

- the right to take part in the determination and improvement of the working conditions and working environment (Article 22);
- the right to dignity at work (Article 26);
- the right of workers' representatives to protection in the undertaking and facilities to be accorded to them (Article 28);
- the right to information and consultation in collective redundancy procedures (Article 29).
  The deadline for submitting that report was 31 December 2021.

Conclusions and reports are available at www.coe.int/socialcharter.

Article 11 - Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

The Committee takes note of the information contained in the report submitted by Georgia. It also takes note of the information contained in the comments submitted by the Public Defender's (Ombudsman) Office of Georgia (PDO) on 29 June 2021.

The Committee recalls that for the purposes of the present report, States were asked to reply to targeted questions for Article 11§1 of the Charter, as well as, where applicable, previous conclusions of non-conformity or deferrals (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group "Health, social security and social protection").

In its previous conclusion, the Committee concluded that the situation in Georgia was not in conformity with Article 11§1 of the Charter on the ground that the measures taken to reduce infant and maternal mortality have been insufficient (Conclusions 2017). The assessment of the Committee will therefore only concern the information provided by the Government in response to the conclusion of non-conformity and to the targeted questions.

The Committee wishes to point out that it will take note of the reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the Covid-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

Measures to ensure the highest possible standard of health

In a targeted question for this cycle, the Committee asked for overall and disaggregated statistical data on life expectancy across the country and different population groups (urban; rural; distinct ethnic groups and minorities; longer term homeless or unemployed; etc.) identifying anomalous situation (e.g. particular areas in the community; specific professions or jobs; proximity to active or decommissioned industrial or highly contaminated sites or mines; etc.) and on prevalence of particular diseases among relevant groups (e.g. cancer) or blood borne infectious diseases (e.g. new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison; etc.).

The report indicates that life expectancy at birth in 2019 (average for both sexes) was 74.1 (compared to 73 in 2015), according to National Statistics Office of Georgia. The report further indicates that over the past few decades, a decrease in mortality and an increase in life expectancy were noted in Georgia. According to the report, this change is partially associated with the increase in the number of non-fatal cases of non-communicable diseases, the reduction of fatal cases caused by injuries, a better control of risk factors, and the early detection and improved management of diseases.

The Committee notes that life expectancy in Georgia is still low relative to other European countries (for example, more than 7 years shorter than the EU-27 average of 81.3 in 2019).

The Committee reiterates its request for information on life expectancy across the country (urban/rural) and different population groups (distinct ethnic groups and minorities; longer term homeless or unemployed) as well as information on prevalence of particular diseases among relevant groups.

The report provides information on maternal and infant mortality. According to the National Statistics Office of Georgia, the maternal mortality rate per 100,000 live births decreased from 32.2 in 2015 to 27.4 in 2018. The report provides comprehensive information on the causes of maternal deaths. The data in the report shows that the infant mortality rate per 1,000 live births slightly decreased from 8.6 in 2015 to 8.1 in 2018 and the under-5 mortality

rate per 1,000 live births decreased from 10.2 in 2015 to 9.8 in 2018. The report adds that despite the declining trend, child mortality among children under 5 years of age is still higher than in the European countries, although it is in a middle position among the countries of the former Soviet Union. The Committee notes that these rates are significantly above the average in other European countries.

The report further provides information on the measures taken in the field of maternal and child health. In 2017, a comprehensive long-term Maternal and Neonatal Health Care Strategy (2017-2030) was approved. It defines the state policy over the next 14 years on maternal and neonatal health, family planning, sexual and reproductive health. The Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA) set up a Maternal and Child Health Council comprised of leading experts to address the major challenges in this field, with particular focus on maternal and neonatal mortality. Other measures concern the regionalisation of perinatal care, a selective contracting process for the facilities providing perinatal care services which have to demonstrate they comply with pre-defined quality criteria as of 2017, and a clinical audit of cases of stillbirth and maternal and neonatal mortality initiated in 2017.

Pregnant women, mothers, children under-5 and 5-18 are provided with planned ambulatory care, emergency outpatient and inpatient services, elective surgery, chemotherapy, hormone therapy and radiation therapy, delivery and C-section. In order to reduce the mortality rate of mothers and children, the number of perinatal deaths from iron deficiency anaemia , and the number of early births and congenital anomalies, since June 2014 all pregnant women have been provided with folic acid up to the 13th week of pregnancy and, in case of iron deficiency anaemia, with specific medication from the 26th week of pregnancy. Since 2018, pregnant women registered within the Antenatal Care Programme benefit from 8 visits instead of 4. The report lists the services which are provided and covered under the maternal and child health state programme such as: antenatal screening for HIV/AIDS, hepatitis and syphilis; screening for genetic pathologies; new-born and child screening for hypothyroidism, phenylketonuria, hyperphenylalaninemia and cystic fibrosis; screening for the hearing of new-borns.

The Committee notes that according to the data provided by the National Statistics of Georgia, the adolescent pregnancy rate decreased from 48.4 in 2015 to 32.3 in 2018.

The Committee further notes that according to the comments submitted by the Ombudsman of Georgia, the state maternal health program is still limited to aspects related to physical health and does not include psychological support services for pregnancy, childbirth, and the postpartum period. Moreover, the same comments state that unlike perinatal services, the state still does not have a systematic vision of postpartum care services for women. The Committee notes that the Government has not responded to the above comments submitted by the Ombudsman.

The Committee takes note of the reforms initiated and the measures taken to reduce maternal and infant mortality. It asks to be kept informed on the implementation of such measures, their effect on reducing the maternal and infant mortality rates, updated data regarding the trends of the mortality rates and on any developments in this field. However, it notes that the situation has not improved significantly in this regard since the previous reference period. In view of the high rates of maternal and infant mortality, as well as continued low life expectancy, the Committee finds that insufficient efforts have been undertaken in this field, and therefore reiterates its finding of non-conformity on this point.

Access to healthcare

In a targeted question, the Committee asked for information about sexual and reproductive healthcare services for women and girls, including access to abortion services.

The report indicates that in 2014, the Ministry of Labour, Health and Social Affairs developed a package of applicable regulatory documents which includes: an amendment to the Law of Georgia on Health Care (related to the increase to 5 days of the mandatory waiting period before abortion); the National protocol on the safe termination of pregnancy; the Draft Order of the Minister of Labour, Health and Social Affairs on "the approval of the rules for the artificial termination of pregnancy". The report indicates that the issue of access to abortion will be regulated by the normative order of the Minister of Labour, Health and Social Affairs on "the approval of the rules for the artificial termination of pregnancy", which determines the types of medical services (outpatient or inpatient) for abortions at different terms and by different methods. The Committee asks whether the above-mentioned *Draft* Order is in force. It also asks for information concerning the main rules regarding voluntary termination of pregnancy (especially time limits for the voluntary termination of pregnancy, any mandatory waiting period between the date on which an abortion is first requested and the date on which it takes place, or any mandatory counselling prior to abortion).

The report states that when a healthcare provider, refuses for any reason to perform an abortion, he/she is obliged to refer the patient to another facility providing the service, in accordance with the "national protocol on the safe termination of pregnancy". The report further provides statistical data on the number of abortions. It is reported that the share of abortions among women under 20 declined and reached 2.2% of the total number of abortions.

Reports by the International Planned Parenthood Federation European Network (IPPF EN) show that, although abortion is legal in Georgia, many women still struggle to access safe services due to a number of barriers such as the limited number of care providers, high costs, biased and non-confidential counselling and mandatory waiting periods as well as social pressure and prejudice. Moreover, according to the Report of the Public Defender of Georgia on the Situation of Protection of Human Rights and Freedoms (2019), limited access to contraceptives, related services and information result in unwanted pregnancies and abortions. Access to safe abortion services, both in territorial and financial terms, remains a problem. The same report indicates that among the barriers to accessing safe abortion, a stigma is attached to abortion by healthcare service providers, which, on the one hand, pressures them not to provide such a service and, on the other hand, to use various unethical means to dissuade a pregnant woman from having an abortion.

The Committee notes the comments submitted by the Ombudsman that, according to a multi-indicator cluster survey conducted in Georgia in 2018, the level of unmet family planning needs is 23.1%, which by European standards is very high and clearly increases the risk of unwanted pregnancies. Another study by the Public Defender, as well as other organizations working on the issue, state that a 5-day mandatory reflection period does not achieve the goal of reducing the number of abortions or any other legitimate goal and, conversely, creates additional barriers for service seekers. The Committee notes that the Government has not responded to the above comments submitted by the Ombudsman.

The Committee recalls having held that, in respect of abortion, once States Parties introduce statutory provisions allowing abortion in some situations, they are obliged to organise their health service system in such a way as to ensure that the effective exercise of freedom of conscience by health professionals in a professional context does not prevent patients from obtaining access to services to which they are legally entitled under the applicable legislation (International Planned Parenthood Federation – European Network (IPPF EN) v. Italy, Complaint No. 87/2012, decision on the merits of 10 September 2013, § 69; and *Confederazione Generale Italiana de Lavoro* (CGIL) v. Italy, Complaint No. 91/2013, decision on the merits of 12 October 2015, §§ 166-167).

The Committee asks for information on the measures and actions taken to ensure that the exercise of freedom of conscience by health professionals in Georgia does not prevent patients from obtaining access to services to which they are legally entitled under the

applicable legislation, and from benefiting from unbiased, confidential and medically accurate counselling.

The Committee asks for information on measures taken to ensure that women and girls have access to modern contraception. It also asks for information on the proportion of the cost of contraceptives that is not covered by the State (in cases where the cost is not fully reimbursed by the State).

The Committee further asks for information on the costs of abortion and whether they are reimbursed by the State in total or in part.

The Committee took note previously that public spending remained low in Georgia (7% of the GDP according to WHO estimates), while out-of-pocket payments were high, especially for medicines (Conclusions 2017). The Committee had then asked whether the reforms initiated in the health system had reduced the costs of medicines for the population at large, and in particular for vulnerable groups and those with chronic conditions. It had also asked whether new legislation/reforms on medicines were envisaged in this sense, and required updated information in the following report on out-of-pocket payments. Pending receipt of the information requested, the Committee reserved its position on this point (Conclusions 2017). The report does not provide information addressing the above-mentioned questions. The Committee notes that according to World Bank data, public spending on health represented 7.11% of the GDP in 2018 (compared to 7.9 in 2015), while out-of-pocket payments represented 47.67% of health expenditure in 2018 (compared to 57.32% in 2015). The Committee asks for updated data on the public health expenditure as a share of GDP in the next report.

The Committee notes in the Report of the Public Defender of Georgia on the Situation of Protection of Human Rights and Freedoms (2019) that in 2019, Georgia launched a new wave of reforms in the healthcare sector. The same report indicates that, despite initiatives voiced by the state, changes to the existing system of financing caused harsh criticism among healthcare providers. According to the same Report of the Public Defender, pressing problems include accessibility of primary health care in rural areas, improvement of the working conditions for rural doctors and nurses, the adjustment of respective infrastructure and the introduction of a continuous compulsory vocational education system. Additionally, the affordability of medicines and the effective and consistent implementation of quality assurance policies continue to be a severe issue. At the same time, a report of the State Audit Office released to the public has raised legitimate questions regarding the effective implementation of the programme aiming at eradicating Hepatitis C.

In its comments submitted on 29 June 2021, the Ombudsman states that access to medicines in the country has been gradually deteriorating due to the ever-increasing prices, and as a result, it is difficult for a significant part of the population to afford them. The Ombudsman further states that the quality of medicines often does not meet the requirements, and their effectiveness is questionable. The Committee notes that the Government has not responded to the above comments submitted by the Ombudsman.

The Committee asks that the next report provide information on the latest reform of the healthcare sector, in particular whether the reforms initiated have reduced the financial burden for the population at large (the costs of medicines), in particular for vulnerable groups and those with chronic conditions (such as cancer and Hepatitis C). The Committee outlines that if such information is not provided in the next report, there will be nothing to establish that the situation is in conformity with the Charter on this point. It also asks for information on the measures taken to develop primary healthcare and improve accessibility in rural areas.

In its previous conclusion, the Committee recalled that the right of access to healthcare also requires that arrangements for access to care should not lead to unnecessary delays in its provision (Conclusions 2017). The Committee has repeatedly asked for information on the rules that apply to the management of waiting lists and statistics on average waiting times in

healthcare (Conclusions 2013 and Conclusions 2017). The Committee outlined that if such information is not provided, there will be nothing to establish that the situation is in conformity with the Charter on this point (Conclusions 2017). In the absence of such information in the report, the Committee concludes that the situation is not in conformity with the Charter on the ground that it has not been established that the provision of healthcare is not subject to unnecessary delays.

The Committee refers to its general question as regards the right to protection of health of transgender persons in the general introduction. The Committee recalls that respect for physical and psychological integrity is an integral part of the right to the protection of health guaranteed by Article 11. Article 11 imposes a range of positive and negative obligations, including the obligation of the state to refrain from interfering directly or indirectly with the enjoyment of the right to health. Any kind of unnecessary medical treatment can be considered as contrary to Article 11, if accessing another right is contingent upon undergoing that treatment (Transgender Europe and ILGA Europe v. Czech Republic, Complaint No. 117/2015, decision on the merits of 15 May 2018, §§74, 79, 80).

The Committee recalls that state recognition of a person's gender identity is itself a right recognised by international human rights law, including in the jurisprudence of the European Court of Human Rights, and is important to guaranteeing the full enjoyment of all human rights. It also recalls that any medical treatment without free informed consent (subject to strict exceptions) cannot be compatible with physical integrity or with the right to protection of health. Guaranteeing free consent is fundamental to the enjoyment of the right to health, and is integral to autonomy and human dignity and the obligation to protect the right to health (Transgender Europe and ILGA Europe v. Czech Republic, op. cit., §§78 and 82).

The Committee invites states to provide information on the access of transgender persons to gender reassignment treatment (both in terms of availability and accessibility). It asks whether legal gender recognition for transgender persons requires (in law or in practice) that they undergo sterilisation or any other medical requirements which could impair their health or physical and psychological integrity. The Committee also invites states to provide information on measures taken to ensure that access to healthcare in general, including sexual and reproductive healthcare, is provided without discrimination on the basis of gender identity.

The Ombudsman of Georgia draws the attention to the fact that: (i) there is no national guideline of clinical practice for trans-specific medical procedures and a state standard for managing clinical condition; (ii) the needs of transgender persons are not examined and duly reflected in the state programs and health strategies; (iii) there is a lack of basic knowledge on transsexuality/ intersexuality among specialists of primary health which creates discrimination and maltreatment risks for transgender persons; and (iv) health insurance policies in Georgia of neither the state nor private companies cover gender reassignment medical procedures at any stage of transition. The Committee invites the Government to comment on the points raised by the Ombudsman.

In a targeted question, the Committee asked for information on measures to ensure informed consent to health-related interventions or treatment (under Article 11§2). The report indicates that, according to Article 22 of the Law on Patients' Rights, informed consent is a prerequisite for the provision of medical care. The report identifies the types of medical care for which informed consent is required: any surgery (except minor surgical procedures); abortion; surgical contraception (sterilisation); catheterisation of major blood vessels; haemodialysis and peritoneal dialysis; in-vitro fertilisation; gene testing and therapy; radiation therapy; and chemotherapy for malignant tumours. The Committee notes from the report that in all other cases, written consent is required at the discretion of the healthcare provider.

Covid-19

In the context of the Covid-19 crisis, the Committee asked the States Parties to evaluate the adequacy of measures taken to limit the spread of virus in the population as well as the measures taken to treat the ill (under Article 11§3).

For the purposes of Article 11§1, the Committee considers information focused on measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel).

The report indicates that, in accordance with the recommendations of the World Health Organisation, an assessment was conducted in February 2020 with regard to the readiness of hospitals in terms of infection control. The conditions, the quantity of ventilators as well as the number of qualified medical staff were evaluated. In total, 297 inpatient facilities (86% privately owned) operate across the country with 17,514 beds, out of which 2,290 are earmarked for intensive care and emergency medical services. They own 2,043 operating or reserved ventilators, with 1,749 suitable for the management of respiratory distress syndrome. In total, 9,000 beds were mobilised across the country to manage people infected with Covid-19.

In parallel with the preparation of the hospital sector, in order to prevent the excessive use of emergency services by patients with a fever and respiratory symptoms and to effectively involve Primary Health Care settings in Covid-19 management, a call forwarding service from the emergency hotline number (112) to family doctors has been set up.

The Committee notes that according to the comments submitted by the Ombudsman, in Georgia there are only 0.6 nurses per physician, while in European countries – 2 to 5 nurses. The Ombudsman states that with the spread of the Covid-19 pandemic, the need for qualified physicians and the lack of nurses has become prominent.

The Committee recalls that during a pandemic, States Parties must take all necessary measures to treat those who fall ill, including ensuring the availability of a sufficient number of hospital beds, intensive care units and equipment. All possible measures must be taken to ensure that an adequate number of healthcare professionals are deployed (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020) .

The Committee also recalls that access to healthcare must be ensured to everyone without discrimination. This implies that healthcare in a pandemic must be effective and affordable to everyone, and States must ensure that groups at particularly high risk, such as homeless persons, persons living in poverty, older persons, persons with disabilities, persons living in institutions, persons detained in prisons, and persons with an irregular migration status are adequately protected by the healthcare measures put in place. Moreover, States must take specific, targeted measures to ensure enjoyment of the right to protection of health of those whose work (whether formal or informal) places them at particular risk of infection (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

During a pandemic, States must take all possible measures as referred to above in the shortest possible time, with the maximum use of financial, technical and human resources, and by all appropriate means both national and international in character, including international assistance and cooperation (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 11§1 of the Charter on the grounds that:

- the measures taken to reduce infant and maternal mortality have been insufficient;
- it has not been established that the provision of healthcare is not subject to unnecessary delays.

Article 11 - Right to protection of health

Paragraph 2 - Advisory and educational facilities

The Committee takes note of the information contained in the report submitted by Georgia.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter with respect to the provisions falling within the thematic group "Health, social security and social protection") as well as previous conclusions of non-conformity or deferrals.

In its previous conclusion, the Committee found that the situation in Georgia was not in conformity with Article 11§2 of the Charter on the ground that measures for counselling and screening of pregnant women and children were not adequate (Conclusions 2017).

Education and awareness raising

In its targeted questions, the Committee asked for information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community, on a lifelong or ongoing basis, and in schools.

The report indicates that the State Programme of Health Promotion has been in place since 2016. It aims to educate and raise awareness of health, and to create a health-promoting environment that enables better control and improvement of health determinants. According to the report, the programme includes activities in various areas that focus on preventing harmful behaviours (smoking, overconsumption of alcohol and drug abuse) and promoting a sense of individual responsibility, in particular with regard to healthy eating habits, physical activity, mental health, sexuality and the environment.

Moreover, the report mentions several programmes meant to support public health in the community, establish rules of healthy lifestyles, and prevent different dangerous diseases. The Committee notes early disease detection and screening programmes: the safe blood programme, whose objective is to screen all donated blood for HIV/AIDS, HCV, HBV and syphilis; the communicable disease control programme, which ensures hospitalisation and adequate treatment for such diseases; tuberculosis and AIDS control programmes, which focus on infection control, diagnosis and treatment options; the drug use prevention programme, etc.

The Committee asks that information be provided in the next report on the whole range of activities (concrete and specific campaigns) undertaken by public health services, or other bodies, to promote health and prevent diseases.

The report does not contain any information about health education and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in schools. Therefore, the Committee reiterates its question. It points out that, should the necessary information not be provided in the next report, nothing will enable the Committee to establish that the situation in Georgia is in conformity with Article 11§2 of the Charter in this respect.

The report does not provide any information regarding sexual and reproductive health education. Therefore, the Committee reiterates its question. It asks that information be provided on whether and how sexual and reproductive education is provided in schools and in the community, on a lifelong or ongoing basis. It points out that, should the necessary information not be provided in the next report, nothing will enable the Committee to establish that the situation in Georgia is in conformity with Article 11§2 of the Charter in this respect.

In its targeted questions, the Committee also asked for information about awareness-raising and education with respect to sexual orientation and gender identity (SOGI) and to gender-based violence. The report does not contain any information in this respect. Therefore, the Committee reiterates its question. It points out that, should the necessary information not be provided in the next report, nothing will enable the Committee to establish that the situation in Georgia is in conformity with Article 11§2 of the Charter in this respect.

Counselling and screening

In its previous conclusions, the Committee found that the situation was not in conformity on the ground that measures for counselling and screening of pregnant women and children were not adequate (Conclusions 2017, 2013 and 2009).

The report indicates that a maternal and child health programme includes antenatal visits; screening new-borns for hypothyroidism, phenylketonuria, hyperphenylalaninemia and cystic fibrosis; screening pregnant women for genetic pathologies; ensuring adequate hospital treatment for pregnant women at risk, both before and after childbirth. The Committee also notes that screening for developmental delays in children aged 0-6 is possible. Moreover, since 2018, pregnant women having registered within the Antenatal Care Programme have been provided with eight visits instead of four.

The Committee observes that, according to the information provided in the report, the rates of infant and maternal mortality are still high. For instance, according to the data for 2018 by the National Statistics Office of Georgia, the infant mortality rate was 8.1 deaths per 1,000 live births (compared to 8.6 in 2015) and the maternal mortality rate was 27.4 deaths per 100,000 live births (compared to 32.2 in 2015). In view of these prevailing high mortality rates, the Committee considers that the antenatal services and examinations for pregnant women and children have not yet improved sufficiently. Therefore, it maintains its conclusion of non-conformity on the ground that measures for counselling and screening of pregnant women and children are not adequate.

In its previous conclusion, the Committee reiterated its request for specific information on mass screening programmes for some diseases, such as cardiovascular and respiratory diseases, and reserved its position on this point. In reply, the report indicates in general terms some public health programmes mentioning cancer screening and early detection and prevention of epilepsy. The Committee asks that more detailed information be provided on this issue in the next report.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 11§2 of the Charter on the ground that measures for counselling and screening of pregnant women and children are not adequate.

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

The Committee takes note of the information contained in the report submitted by Georgia. It also takes note of the comments submitted by the Public Defender's (Ombudsman) Office of Georgia (PDO).

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group "Health, social security and social protection") as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government's replies to the targeted questions, namely about healthcare services in prison; community-based mental health services; drug abuse prevention and harm reduction; healthy environment; immunisation and epidemiological monitoring; Covid-19; and any previous deferrals or non-conformities.

The Committee wishes to point out that it will take note of the information provided in reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (namely, after 31 December 2019). In other words, the information referred to in the Covid-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

In its previous conclusion, the Committee concluded that the situation in Georgia was not in conformity with Article 11§3 of the Charter on the ground that the measures taken to ensure access to safe drinking water in rural areas were insufficient (Conclusions 2017).

Healthcare services in places of detention

In a targeted question, the Committee asked for a general overview of healthcare services in places of detention, in particular prisons (under whose responsibility they operate/which ministry they report to, staffing levels and other resources, practical arrangements, medical screening on arrival, access to specialist care, prevention of communicable diseases, mental health-care provision, conditions of care in community-based establishments when necessary, etc.).

The Committee notes that the information requested is not provided. Therefore, the Committee reiterates its request and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Georgia is in conformity with Article 11§3 of the Charter.

Community-based mental health services

In a targeted question, the Committee asked for information regarding the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. The Committee also asked for statistical information on outreach measures in connection with the mental health assessment of vulnerable populations and on proactive measures adopted to ensure that persons in need of mental healthcare are not neglected.

The report mentions several planning documents on mental healthcare, including the State Concept on Mental Healthcare (adopted in 2013), the National Strategy and Action Plan for Mental Healthcare for 2015-2020 (adopted in 2014) and the annual Programs on Mental Health. The Ministry of Health has been working towards improving the infrastructure of mental health institutions, protecting the rights of beneficiaries in inpatient facilities, decentralising mental health facilities, and reducing mental health stigma. The report states

that Georgia has moved away from long stay asylums and towards community-based centres and mobile teams. The Committee asks for updated information on the implementation and impact of the policy documents on mental health mentioned above.

The report states that, in 2018, an increased proportion of budgetary allocations was directed towards funding community-based services (54%) as opposed to institutional care (46%). An unspecified number of shelters and small-type family homes became operational. A review of mental health legislation is underway. More investment has been directed towards refurbishing psychiatric facilities.

Consistent with the World Health Organisation (WHO) Comprehensive Mental Health Action Plan 2013-2030, and other relevant standards, the Committee considers that a human rights-compliant approach to mental health requires at a minimum the following elements: a) developing human rights-compliant mental health governance through, inter alia, mental health legislation and strategies that are in line with the Convention on the Rights of Persons with Disabilities and other relevant instruments, best practice and evidence; b) providing mental health in primary care community-based settings, including by replacing long-stay psychiatric hospitals with community-based non-specialised health settings; and c) implementing strategies for promotion and prevention in mental health, including campaigns to reduce stigmatisation, discrimination and human rights violations.

Drug abuse prevention and harm reduction

In a targeted question, the Committee asked for information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. The Committee also asked for an overview of the national policy designed to respond to substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches, including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the “available, accessible, acceptable and sufficient quality” criteria (WHO’s 3AQ) are respected, subject always to the exigency of informed consent. This rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent based on insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).

The report indicates that approximately 52,500 intravenous drug users have been recorded, corresponding to 2.24% of the population aged 15-64, with numbers increasing steadily for many years. The report also includes information on the most frequently used drugs, on addressing the risks related to drug injection and sexual behaviours, and on the prevalence of HIV (relatively low) and Hepatitis C (relatively high) among people who inject drugs. The state program for the treatment of drug addicts includes services such as inpatient detoxification and first-line rehabilitation for opioids, stimulants, and other psychoactive substances where consumption has caused mental and behavioural disorders; implementing replacement therapy and ensuring the delivery of a replacement pharmaceutical product; providing psycho-social rehabilitation; inpatient services for mental and behavioural disorders caused by alcohol intake.

In its latest report on Georgia, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT, 2018) noted that although addiction to illicit drugs and other intoxicating substances (such as alcohol) was a significant problem in Georgian prisons, opioid agonist treatment lacked in many prisons, no harm-reduction measures were available (e.g. substitution therapy, syringe and needle exchange programmes, provision of disinfectant and information about how to sterilise needles) and almost no specific psycho-socio-educational assistance. The CPT also noted the absence of a comprehensive strategy for the provision of assistance to prisoners with drug-related problems including harm reduction measures.

The Committee asks for information on the management of prisoners with drug dependence, including with respect to dissuasion, education, and public health-based harm reduction approaches.

Healthy environment

In a targeted question, the Committee asked for information on the measures taken to prevent exposure to air, water or other forms of environmental pollution, including proximity to active or decommissioned (but not properly isolated or decontaminated) industrial sites with contaminant or toxic emissions, leakages or outflows, including slow releases or transfers to the neighbouring environment, nuclear sites, mines, as well as on the measures taken to address the health problems of the populations affected, and to inform the public, including pupils and students, about general and local environmental problems.

In its previous conclusion, the Committee additionally reiterated its request for information on the concrete measures taken, including comprehensive environmental legislation and regulations, as well as on the levels and trends with regard to air pollution, waste management, water contamination and food safety during the reference period (Conclusions 2017). The Committee emphasized that if such information was not provided, there would be nothing to establish that the situation was in conformity with the Charter on this point.

The report provides limited information regarding the preparation and adoption of the 'National Environment and Health Action Plan 2018-2020', the launching of an air portal with information on air quality in 2019 and a survey regarding exposure to various pollutants.

The Public Defender's (Ombudsman) Office (PDO) provided the Committee with information about Georgia's record on air and water pollution, among other issues. It noted that Georgia adopted partial legislative measures with a view to implementing the European Union acquis on air quality monitoring and management in 2021, outside the reference period, but that it still lacked functional and comprehensive air monitoring facilities. Preparatory work on a Voluntary Code of Good Agricultural Practice for Reducing Ammonia Emissions and on an analysis of international practice on reducing emissions from the agricultural sector is underway. There is a stringent need to improve standards regarding pollution from the industrial, transport and construction sectors.

The Committee notes that most information requested is not provided. Therefore, the Committee reiterates its requests for information on the levels and trends with regard to air pollution, water contamination, and other types of pollution caused by industrial activity among other factors; on the levels and trends with regard to waste management and food safety; on the measures taken to address the health problems of the populations affected; and on the measures taken to improve access to information on the environment during the reference period. Meanwhile, the Committee concludes that the situation is not in conformity with Article 11§3 of the Charter on the ground that it has not been established that adequate measures were taken to overcome environmental pollution.

In its previous conclusion, the Committee reached a finding of non-conformity and asked for detailed and up-dated information on the situation as regards access to safe drinking water in rural areas as well as on any measures taken and their impact on the situation (Conclusions 2017).

The Committee notes that the information requested is not provided and asks for it to be provided in the next report. Meanwhile, the Committee reiterates that the situation is not in conformity with Article 11§3 of the Charter on the ground that the measures taken to ensure access to safe drinking water in rural areas have been insufficient.

Immunisation and epidemiological monitoring

In a targeted question, the Committee asked States Parties to describe the measures taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.

The report provides generic information about vaccine availability and coverage in Georgia, that is analysed further below.

In its previous conclusion, the Committee asked for updated information and any new developments on the national vaccination programme, the trends in the coverage rate and measures taken with regard to prevention and control of infectious diseases (Conclusions 2017).

The report provides detail about the vaccination rota in place in Georgia, and increasing vaccination coverage, with levels above or slightly below the World Health Organisation (WHO) standard.

Tobacco and alcohol

In its previous conclusion, the Committee noted, among others, the high tobacco use prevalence in Georgia, and asked for information on any new developments related to smoking control, in particular on legislation on smoke-free environments, health warnings on tobacco packages, and tobacco advertising, as well updated figures and trends in tobacco consumption (Conclusions 2017). The Committee reserved its position on the matter in the interim period.

The Committee notes from other sources that a new tobacco control law came into effect in 2018, and that the cigarette excise tax was increased in 2019. The new tobacco control law introduced pictorial health warnings, banned smoking in almost all public places and severely limited tobacco advertising. However, the PDO reported that subsequent amendments adopted in 2018 diluted some provisions of the law, permitting smoking in slot machine parlours. The PDO also reported problems with ensuring uniform compliance, noting that smoking in contravention of the law had been observed in medical and public sector settings.

The Committee notes that the information requested is not provided, namely with regard to any new developments related to smoking control, in particular on legislation on smoke-free environments, health warnings on tobacco packages, and tobacco advertising, as well updated figures and trends in tobacco consumption. Therefore, the Committee reiterates its request and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Georgia is in conformity with Article 11§3 of the Charter.

In its previous conclusion, the Committee asked for updated figures on the level and trends of alcohol consumption and reserved its position on this point (Conclusions 2017).

The Committee notes that the information requested is not provided. Therefore, the Committee reiterates its request and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Georgia is in conformity with Article 11§3 of the Charter on this point.

Accidents

In its previous conclusion, the Committee asked for information on the measures taken and the trend in the number of road accidents as well as domestic accidents and accidents during leisure time (Conclusions 2017). The Committee warned that a finding of non-conformity would ensue should the information be withheld.

The Committee notes that the information requested is not provided and asks for it to be provided in the next report. Meanwhile, the Committee concludes that the situation is not in

conformity with Article 11§3 of the Charter on the ground that it has not been established that adequate measures were taken to prevent accidents.

Covid-19

The Committee asked States Parties to evaluate the adequacy of measures taken to limit the spread of the Covid-19 virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.).

The report details some of the preventive measures against Covid-19, including testing, tracing, quarantine and disseminating information.

The Committee recalls that States Parties must take measures to prevent and limit the spread of the virus, including testing and tracing, physical distancing and self-isolation, the provision of adequate masks and disinfectant, as well as the imposition of quarantine and 'lockdown' arrangements. All such measures must be designed and implemented having regard to the current state of scientific knowledge and in accordance with relevant human rights standards (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020). Furthermore, access to healthcare must be ensured to everyone without discrimination. This implies that healthcare in a pandemic must be effective and affordable to everyone, and that groups at particularly high risk, such as homeless persons, persons living in poverty, older persons, persons with disabilities, persons living in institutions, persons detained in prisons, and persons with an irregular migration status must be adequately protected by the healthcare measures put in place (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 11§3 of the Charter on the grounds that:

- it has not been established that adequate measures were taken to overcome environmental pollution;
- the measures taken to ensure access to safe drinking water in rural areas were insufficient;
- it has not been established that adequate measures were taken to prevent accidents.

Article 12 - Right to social security

Paragraph 1 - Existence of a social security system

The Committee takes note of the information contained in the report submitted by Georgia.

Risks covered, financing of benefits and personal coverage

In its previous conclusion (Conclusions 2017) the Committee took note of the personal coverage of social security risks. It considered that the situation was not in conformity with the Charter, since the social security system did not cover adequate number of risks as it did not provide family benefits, unemployment benefit and employment injury benefit.

As regards employment injury risk, the Committee previously took note of the Law on Medical and Social Appraisal and Governmental Decree No. 45 of 1 March 2013 "Rules of remuneration for damage caused to workers' health" and considered that this legal framework could not be assimilated to a social security insurance scheme. The Committee notes that the report again refers to the Governmental Decree of 2013 according to which employers are responsible for providing employees with a safe work environment and if the damage to the worker's health is caused by the fault of the employer which is affirmed by court, employer is liable to reimburse the damage. The Committee notes that there have been no changes to the situation and it therefore maintains its conclusion that this legal framework does not provide for a work injury and occupational diseases scheme in the meaning of Article 12 of the Charter. The Committee takes note of the Law on Occupational Safety (2018) from MISSCEO, according to which employer is obliged to provide insurance from the work accidents at own expense, during the employment period. The Committee asks the next report to provide more detailed information concerning this law and its application.

As regards family benefit, the Committee previously (2017) took note of several social assistance measures available to certain categories of vulnerable families (families living in mountain regions or regions where mortality rate exceeds the birth rate, families with disabled children, families with 7 or more children). The Committee considered that the family benefit system as described in the Georgian report could not be assimilated with the family benefit branch of social security in the meaning of Articles 12 and 16 of the Charter.

The Committee takes note of the Resolution №262, of 2014 by which the Government of Georgia approved the Demographic Situation Promotion Programme, which provides assistance to families for the third and fourth children, living in those regions where natural growth indicator is negative. Furthermore, according to the law on "Development of Mountainous Regions", children born after January 1, 2016 whose parents permanently reside in a mountainous region also have an entitlement to social assistance. As of 2019, families with four or more children receive monthly allowance for electricity.

In its previous conclusion the Committee pointed out that the Charter approaches social security and social assistance in two separate Articles (Articles 12 and 13) carrying different undertakings. Whilst taking into consideration the views of the state concerned as to whether a particular benefit should be seen as social assistance or as social security, the Committee pays most attention to the purpose of and the conditions attached to the benefit in question. It thus considers as social assistance benefits for which individual need is the main criterion for eligibility, without any requirement of affiliation to a social security scheme aimed to cover a particular risk, or any requirement of professional activity or payment of contributions. Moreover, assistance is given when no social security benefit ensures that the person concerned has sufficient resources or the means to meet the cost of treatment necessary in his or her state of health (Conclusions XIII-4 (1996), Statement of Interpretation on Articles 12 and 13).

The Committee considers that the new information provided in the report for the reference period, concerns assistance measures provided for families living in mountainous regions or families with four or more children which pertains to social assistance and cannot be, again, assimilated to the family benefit branch of social security, which is assessed on the basis of personal coverage, i.e. either universality, or entitlement subject to a means-test (in which case the personal coverage should be significant).

Moreover, the Committee notes that the information provided in the report concerning different social assistance benefits, such as state compensation, subsistence allowance and social package will not be taken into account in the assessment of the coverage the social security system.

The Committee recalls that Article 12§1 guarantees the right to social security to workers and their dependents including the self-employed. States Parties must ensure this right through the existence of a social security system established by law and functioning in practice. Social security, which includes universal schemes as well as professional ones, includes contributory, non-contributory and combined allowances related to certain risks. These are benefits granted in the event of risks which arise but they are not intended to compensate for a potential state of need which could result from the risk itself. A social security system exists within the meaning of Article 12§1 when it complies with the following criteria:

- number of risks covered: the social security system should cover the traditional risks and therefore provide the following benefits: medical care, sickness benefit, unemployment benefit, old age benefit, employment injury benefit, family benefit, and maternity benefit.
- personal scope: the social security system must cover a significant percentage of the population for the health insurance and family benefit. Health coverage should extend beyond employment relationships. The system should cover a significant percentage of the active population as regards income-replacement benefits, such as sickness, maternity and unemployment benefits, pensions, and work accidents or occupational diseases benefits.
- funding: the social security system must be collectively financed, which means funded by contributions of employers and employees and/or by the state budget. When the system is financed by taxation, its coverage in terms of persons protected should rest on the principle of non-discrimination, without prejudice to the conditions for entitlement (means-test, etc.).

In the absence of employment injury, family benefit and unemployment branches, the Committee considers that the right to social security is not guaranteed to all workers and their dependents.

Adequacy of benefits

In the absence of the Eurostat median equivalised income indicator, the Committee notes from official statistics (Geostatic) that, in 2019 the minimum subsistence level for an average consumer was GEL 158.7 (€45) per month. The Committee previously noted that this indicator is derived on the basis of current average prices of food and non-food products.

The Committee recalls that for the assessment of the adequacy of benefits, it takes into account the poverty threshold, calculated on the basis of Eurostat median equivalised income. It considers that the subsistence minimum on which the Committee's previous assessment was based cannot be assimilated to this indicator. Therefore, it asks the next report to provide information about the median income in the economy, calculated for a single person. In the meantime, it reserves its position as regards the adequacy of benefits.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 12§1 of the Charter on the ground that the right to social security is not guaranteed to all workers and their dependents.

Article 12 - Right to social security

Paragraph 3 - Development of the social security system

The Committee takes note of the information contained in the report submitted by Georgia.

The Committee recalls that States were asked to reply to two targeted questions for Article 12§3 of the Charter as well as, where applicable, the previous conclusions of non-conformity or deferral (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group "Health, social security and social protection").

In its previous conclusion, the Committee found that the situation in Georgia was in conformity with Article 12§3 of the Charter (Conclusions 2017). It will therefore restrict its consideration to the Government's replies to the two targeted questions, namely:

- social security coverage, and its modalities, provided to persons employed by digital platforms or whose work is managed via such platforms; and
- any impact of the Covid-19 crisis on social security coverage, and any specific measures taken to compensate for or alleviate any possible negative impact.

The Committee wishes to point out that it will take note of the reply to the second question for information purposes only, as it relates to developments that occurred outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the Covid-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

Platform workers

The Committee recalls that it has posed a targeted question to all States on social security cover for persons employed or whose work is managed by digital platforms. The emergence of these new forms of employment has had a negative impact on certain rights of these workers, as explained in the General Introduction. In matters of social security, compliance with Article 12§3 of the Charter requires that the existing social security systems be adapted to the specific situation and needs of the workers concerned, in order to guarantee that they enjoy the social benefits included within the scope of Article 12§1. The Committee is keenly aware that there are significant gaps in the social coverage of workers in new forms of employment such as platform workers. It considers that the States Parties are under an obligation to take all the necessary measures to address these shortcomings.

In particular States Parties must take steps to ensure that all workers in new forms of employment have an appropriate legal status (employee, self-employed or other category) and that this status is in line with the actual situation thus avoiding abuse (such as the use of "bogus" or "false" self-employed status to circumvent the applicable social security regulations) and conferring adequate social security rights as guaranteed by Article 12 of the Charter on the platform workers.

The Committee notes that in its report, the Government referred to changes in social security coverage during the reference period (including increases to pensions, the social package for certain categories of persons with disabilities and the 2019 budget of the State Programme for Social Rehabilitation and Child Care). However, the Government has not provided any information regarding the social security coverage of digital platform workers. The Committee therefore reiterates its question. It asks for information in the next report on the number of digital platform workers (as a percentage of the total number of workers), their status (employees, self-employed and/or other category), the number/percentage of these workers by status and their social security protection (by status). In the meantime, the Committee reserves its position on this point.

Covid-19

In response to the second question, the Government reports that important steps were taken in the field of social protection in 2020 to tackle the challenges arising from the pandemic. In particular, state benefits (pensions, social package, etc.) continued to be paid without interruption (regardless of the grounds for suspension provided by law) and the payment of subsistence benefits that had been suspended resumed. Additional benefits were also provided under Government Resolution No. 286 of 4 May 2020 approving the state programme to mitigate the effects of the pandemic. These included providing a monthly allowance for vulnerable groups (low-income families, adults with severe disabilities and children with disabilities) for six months, a social allowance of GEL 200 (approximately €56) for all minors and one semester's tuition fees for vulnerable students at higher education institutions.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 14 - Right to benefit from social welfare services

Paragraph 1 - Promotion or provision of social services

The Committee takes note of the information contained in the report submitted by Georgia, as well as the comments by the Public Defender's (Ombudsman) Office of Georgia.

The Committee recalls that Article 14§1 guarantees the right to benefit from general social welfare services. It notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group "Health, social security and social protection") as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government's replies to the targeted questions, namely how and to what extent the operation of social services was maintained during the COVID-19 crisis and whether specific measures were taken in view of possible similar crises arising in the future. The Committee wishes to point out that it will take note of the information provided in reply to the question relating to COVID-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the COVID-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

As regards the description of general organisation of social services, the Committee refers to its previous conclusions in which it found the situation to be in conformity with the Charter (see Conclusions 2017). No changes have been reported.

The report provides that continuous issuance of state benefits was ensured during the COVID-19 pandemic (state pension, compensation, social package, subsistence allowance, disability pensions, etc.), regardless of the grounds for suspension established by law. The functioning of social services was suspended as part of preventive measures to prevent the spread of coronavirus, however, due to the maintenance of social services, their funding continued according to certain principles. Furthermore, remote delivery of services was developed under various sub-programs (including early development support, child rehabilitation, day care centre, etc.).

Measures have been taken in the field of social protection, in particular recommendations and standards were issued by the relevant ministries (i.e. Recommendations to prevent the spread of the new coronavirus (COVID-19) in the workplace; standards for the prevention and control of the spread of infection caused by the new coronavirus (SARS-COV-2) (COVID-19) in day care facilities for the elderly and disabled and similarly for 24-Hour Child Care Institutions). Furthermore, the government adopted the Targeted State Program for Harm mitigation Caused by New Coronavirus (SARS-COV-2) Infection (COVID-19)", under which the right to receive state aid was obtained for a period of 6 months by families registered in the "Database of Socially Vulnerable Families". Persons with severe disabilities and children with disabilities under 18 have received an allowance for 6 months in addition to the assistance provided by the social package. Above that, all children under the age of 18 received social assistance and socially vulnerable students of higher education institutions were funded with one semester tuition fee.

The report does not contain information on any specific measures taken in anticipation of possible future crises of such nature.

Conclusion

The Committee concludes that the situation in Georgia is in conformity with Article 14§1 of the Charter.

Article 14 - Right to benefit from social welfare services

Paragraph 2 - Public participation in the establishment and maintenance of social services

The Committee takes note of the information contained in the report submitted by Georgia.

The Committee recalls that Article 14§2 requires States Parties to provide support for voluntary associations seeking to establish social welfare services. The “individuals and voluntary or other organisations” referred to in paragraph 2 include the voluntary sector (non-governmental organisations and other associations), private individuals, and private firms.

The Committee further notes that for the purposes of the current examination, States were asked to reply to the specific targeted questions posed to States in relation to this provision (questions included in the appendix to the letter of 3 June 2020, in which the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the scope of the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals. States were therefore requested to provide information on user involvement in social services (“co-production”), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels, as well as in the design and delivery of services in practice. Co-production is understood here to mean that social services work together with users of the services on the basis of fundamental principles, such as equality, diversity, accessibility and reciprocity.

The report emphasises that all decision-making in the provision of social services is based on the principles of fairness and impartiality and that the principle of equal treatment is applied in the fields of, among other things, social protection, social security, and social benefits and others. It specifies that the Social Services Agency and the Agency for Public Care and Assistance for (Statutory) Victims of Human Trafficking are being guided by these principles.

The report does not respond, however, to the Committee’s specific questions for the purpose of the current review and the Committee is therefore not in a position to assess the situation on the basis of the information provided. It therefore, calls for the next report to provide full information on user participation in social services.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.