HUMAN RIGHTS IMPACT ASSESSMENT
OF THE COVID-19 RESPONSE ON THE
TERRITORY OF GEORGIA

September 2020

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Executive summary

International Partnership for Human Rights (IPHR), together with civil society organisations and researchers from across the Former Soviet Union (FSU), conducted a region-wide assessment of national governments' responses to the COVID-19 pandemic and the attendant impact on human rights.

This study examines the measures adopted by the Georgian authorities through a human rights lens of international, regional human rights treaties of core and soft law (non-binding) standards. What are the impacts on human rights of the restrictive measures imposed by the Government of Georgia in response to the COVID-19 pandemic? How have the Georgian authorities complied with international human rights standards in its response? These questions lie at the heart of this report which has been compiled in conjunction with IPHR's local partner, Human Rights Education and Monitoring Center (“EMC”).

The first case of COVID-19 was registered in the country on 26 February 2020 following the arrival of a Georgian citizen from Iran via Azerbaijan using the Red Cross checkpoint.1 The Georgian authorities took early measures to manage the spread of the pandemic and started their preparations a month prior to registration of the first case. The public health crisis was managed from the outset by a team of medical specialists, a measure which was viewed positively by the population.2 As of 24 July 2020 in Georgia confirmed COVID-19 cases amounted to 1085, 911 of whom have recovered. From September the cases begun to rise. On 12 September 2020 there were registered 158 new cases and on 30 September 326. In total as of 30 September in Georgia there have been 6 192 confirmed cases of COVID-19, with 3 120 recoveries and 37 deaths.3

However, these numbers are not a true reflection of the situation in the country as a whole given the fact that 20 per cent of the territory is occupied by pro-Russian separatists backed by Russian armed forces. Abkhazia and South Ossetia are not under the effective control of the Georgian government, and will be examined separately in this report. In Abkhazia, as of 24 July 2020, the de facto authorities4 reported five infections in the region;5 in total 47 cases have been registered with one death to date.6 As of 30 September 1458 cases have been registered, with 11 deaths. In South Ossetia, the first three cases were registered on 5 May 2020 and by 24 July 2020 there were a total of 89 cases registered.7 By 30 September registered cases reached 100. According to reports from the de facto authorities, some 90 patients have fully recovered.8 It has been extremely difficult to obtain robust and credible information about the situation in both regions given the limited access afforded to international monitors. Moreover, it remains difficult to independently verify media sources.

3 COVID19 Updates, Civil.ge, 30 September 2020, available at: https://civil.ge/ka/archives/342458
4 For the purposes of this report, the term “de facto authorities” is defined as authorities that have effective control over the territories of Abkhazia and South Ossetia.
In light of the above, this report focuses mainly on the response of the Georgian authorities in the territory under its effective control. In addition, the report addresses the response of de facto authorities in Abkhazia and South Ossetia, both under the control of and dependent on the Russian Federation.

The Georgian authorities adopted a four-stage strategy to manage the spread of the pandemic in the country which included the imposition of restrictive measures. Almost a month after the first case was registered, a state of emergency was declared on the basis of a decree issued by President Zourabichvili on 21 March 2020 and approved by the Parliament on the same day. The state of emergency continued until 22 May 2020.

Through our monitoring, we have identified number of human rights concerns around the Georgian authorities’ response to the COVID-19 pandemic between January and 24 July 2020:

- Amendments to the Law on Public Health (adopted following the end of the state of emergency) granted overly broad powers to the government to impose quarantine measures with no parliamentary oversight. Lawyers and human rights organisations have raised concerns about the constitutionality and legality of these new legislative amendments as well as to the Code of Administrative Offenses of Georgia and the Criminal Code of Georgia.
- The government has been criticised by civil society organisations for applying excessive fines as compared to the country’s average wage and in an inconsistent manner.
- Restrictions on freedom of movement have had a disproportionate effect on vulnerable groups. For instance, a total ban on public transport has impacted heavily on individuals requiring ongoing medical treatment at hospitals or clinics.
- The transition to ‘remote justice’ has been efficiently managed but has been hampered by limited resources and poor infrastructure.
- The Special Preventive Group has commended the Special Penitentiary Services’ management of the pandemic within prisons but has identified a number of concerns including lack of access to medical services and overcrowded cells.
- Ethnic minority groups have not been adequately provided with COVID-19 public health information in local languages.
- The right to freedom of assembly has been applied in a discriminatory fashion vis-à-vis religious groups; in particular, the authorities have waived certain restrictions in favour of the Georgian Orthodox Church.
- The health services have, to date, managed the public health crisis well. However, the infection rates remain high among health workers (amounting to 13 per cent of confirmed cases) and concerns remain about protections afforded to this community. Nurses, in particular, remain at serious risk.
- The Georgian authorities have failed to meet the needs of homeless people during the pandemic.
- The authorities have not taken into account the impact of the transition to online learning on those children without regular access to the internet and other technology. There are no reliable government statistics available quantifying the ‘digital divide’ and the Ministry of Education has not provided a meaningful policy response to address this issue.

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The emergency legislation and restrictive measures resulted in indirect discrimination and unequal treatment of women, people living with disabilities, ethnic minorities and the LGBTQI community.

**Abkhazia and South Ossetia:**

The population in both territories face extreme privations and challenges in terms of their physical, economic and diplomatic isolation all of which have been exacerbated by the pandemic. The fight against the pandemic has been particularly challenging given an older demographic, a weak health system and outdated and often Soviet-era infrastructure. Moreover, both territories have been unable to secure international humanitarian aid given their contested status under international law. The human rights situation in both territories remains concerning particularly given the limited access afforded to international human rights mechanisms and it remains a challenge to secure credible and reliable information about the situation on the ground. A major point of contention relates to the “illegal borderisation” which has intensified during the current public health crisis. International talks have ground to a halt due to the pandemic and the next round of the Geneva International Discussions on the Conflict in Georgia (the GID), have been postponed indefinitely. The GID is the sole multilateral forum to address the security and humanitarian consequences of the conflict and is attended by Georgian, Abkhazian and South Ossetian officials.

**Methodology**

In order to respond to the unfolding human rights crisis across the former Soviet Union (FSU) region, IPHR devised a monitoring tool – an in-depth questionnaire covering civil political, social and economic rights which have potentially been affected by the restrictive measures introduced by the authorities to contain the spread of COVID-19. The monitoring tool provides a framework to assist local civil society organisations in monitoring the ways in which the authorities respond to the crisis and covers following areas of interest:

- Emergency measures
- Right to liberty and security and freedom of movement
- Right to a fair trial
- Prisons and other places of detention
- Right to Privacy
- Freedom of assembly and association
- Freedom of expression/access to information

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11 “illegal borderisation” is defined as the illegal process of establishing ‘borders’ between the territories controlled by the Georgian government and the territories of Abkhazia and South Ossetia. As defined by the EU Monitoring Mission in Georgia (EUMM), “Borderisation” encompasses three main elements: (1) the establishment of physical infrastructure to force commuters, vehicles and goods to use special “controlled crossing points” established at the ABL; (2) surveillance and patrolling by either Russian border guards or security actors from the breakaway regions that monitor the situation and detain people if they are in violation of established “rules”; (3) a crossing regime requiring commuters to have specific documents and only use ‘official’ crossing points. The EUMM Monitor Issue # 7 October 2018, available at: https://eumm.eu/data/file/6486/The_EUMM_Monitor_issue_7 ENG.pdf
Much of the information and data presented in this report has been provided by national focal points – local researchers working with IPHR and local civil society organisations with which IPHR has been collaborating for many years. While collecting the data, we paid particular attention to rights violations that occurred exclusively in the context of restrictive measures and policies that were introduced by the local authorities in relation to the COVID-19 response.

The IPHR team analysed dozens of cases of alleged rights violations reported by local civil society actors and independent media. Statistical data on the prevalence of the disease and information about restrictive measures introduced in response to COVID-19 crisis has been obtained from official government sources. Information collected has been analysed against applicable regional (Council of Europe) and universal (United Nations) standards.

**Brief Country Information**

Georgia (Sakartvelo in Georgian) is a South Caucasian country, located at the eastern end of the Black Sea. It is bordered by Russia to the north and northeast, Azerbaijan to the east and southeast, Armenia and Turkey to the south and by the Black Sea to the west. Georgia includes three ethnic enclaves: Abkhazia, in the northwest (principal city Sokhumi); Ajaria, in the southwest (principal city Batumi); and South Ossetia, in the north (principal city Tskhinvali). The capital of Georgia is Tbilisi. Its territory covers over 69 700 km² with an estimated population of 3 716 900 inhabitants. In Georgia, 86.8 per cent of the population is ethnic Georgians, 6.3 per cent ethnic Azerbaijanis and 4.5 per cent Armenians. The remaining 2.4 per cent of the population are ethnic Russians, Ossetians, Ukrainians, Greek and other nationalities. Georgian is the official language of Georgia.

After a long period of Turkish and Persian domination, Georgia was annexed by the Russian Empire in the 19th century. An independent Georgian state existed from 1918 to 1921. In 1922 it became a part of the Transcaucasian Socialist Federative Soviet Republic until 1936 when Georgia became a constituent

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12 Google Maps, “Georgia”, 19 July 2020, available at: [https://www.google.com/maps/place/Georgia/@42.3028719,41.1085648,7z/data=!3m1!4b1!4m5!3m4!1s0x40440cd7e64f626b:0x4f907964122d4ac2!8m2!3d42.315407!4d43.356892](https://www.google.com/maps/place/Georgia/@42.3028719,41.1085648,7z/data=!3m1!4b1!4m5!3m4!1s0x40440cd7e64f626b:0x4f907964122d4ac2!8m2!3d42.315407!4d43.356892)
13 National Statistics Office of Georgia (Geostat), Statistical information by Regions of Georgia as of July 19 2020, available at [https://www.geostat.ge/regions/](https://www.geostat.ge/regions/)
(union) republic of the Soviet Union until its collapse. Georgia declared sovereignty on 19 November 1989 and independence on 9 April 1991. Zviad Gamsakhurdia, leader of the national movement, was elected as the first president of the country.15

The 1990s was a period of instability and civil unrest in Georgia, as the first post-independence government was overthrown and separatist movements emerged in South Ossetia and Abkhazia. The first president, Zviad Gamsakhurdia, was overthrown within the same year, and the country became engaged in a civil war from 1991 - 1993.16 Abkhazia in 1993 and South Ossetia in 1992, with the support of Russia, declared *de facto* independence from Georgia. After presiding over an extremely corrupt political system and manipulating the November 2003 parliamentary election results, the “Rose Revolution” forced Eduard Shevardnadze, the second president of Georgia, to resign in 2003.17

The Rose Revolution, consisted of twenty days of protests from 3 to 23 November 2003, and led to new presidential and parliamentary elections in Georgia, and established the United National Movement (UNM) as the dominant ruling party. In January 2004, Mikheil Saakashvili won the presidential elections with an absolute majority. Saakashvili’s United National Movement Party (UNMP) followed suit in the parliamentary elections held in March of the same year. Following the Rose Revolution, Georgia pursued a decidedly pro-Western foreign policy and declared European and Euro-Atlantic integration as its main priority. As expected, the Georgian government’s aspirations were met with fierce resistance by Russia. Since the Rose Revolution, Georgian-Russian relations have deteriorated, in large part due to the pro-Western and pro-European stance of the Georgian government. Tensions have intermittently developed over “frozen conflicts” in relation to Abkhazia and South Ossetia. In August 2008, under the presidency of Mikheil Saakashvili tensions culminated in the Russo-Georgian War.18 The Georgian forces were defeated at the hands of the Russian army, which invaded Georgian territory. Tensions with Russia remain unresolved, as Abkhazia and South Ossetia, which cover 20 per cent of Georgia’s territory continues to be occupied by Russia.19

Parliamentary elections were held in October 2012 and the opposition coalition, “Georgian Dream” headed by billionaire businessman, Bidzina Ivanishvili, won. On 27 October 2013, Giorgi Margvelashvili was elected as a president in the presidential election with 62.18 per cent of votes. The seventh presidential election in Georgia was held in 2018 following two rounds (28 October and 28 November) - with 59.52 per cent of the votes cast for independent presidential candidate Salome Zourabichvili.20 At the time of writing, the coalition “Georgian Dream” governs the country.

The wave of neoliberalization which followed the Rose Revolution weakened the social rights of Georgian citizens.21 Saakashvili’s radical neoliberal reform agenda included the following measures: total privatisation, almost full deregulation, cutting and/or abolishing 20 different taxes, trade liberalisation,

17 Ibid. p. 112.
18 Ibid, p 114.
20 The official web-site of the President of Georgia, at: www.president.gov.ge/eng/saqartvelo/saqartvelos-sesakheb.aspx
and massive downsizing of the public sector, all carried out in a short time span. These substantial reforms transformed Georgia into one of the most liberal economies in the world. In 2012, Georgia ranked ninth in the World Bank’s ease-of-doing business ranking as compared to 112th place in 2005.22 In terms of labour rights, the Georgian Labour Code reform of 2006 stripped workers of formerly-held rights.23 Georgia continues to have one of the most employer-friendly labour codes and no social security taxes.24 The situation for employees is precarious with no minimum wage or overtime payments, and health and safety in the workplace are not guaranteed in practice.25 Moreover, the general population faces severe economic hardship: one in five Georgians lives in poverty (with an income below 1.90 USD or 1.60 EUR day), while almost 50 per cent are living close to the poverty line.26 Unemployment and a high-income inequality gap remain key challenges for Georgian society.27

### Incidence of COVID-19 in Georgia

#### A. Incidence of COVID-19 on Territory Controlled by the Government of Georgia

According to the latest census, as of 1 January 2020, the population of Georgia (excluding the occupied territories) is 3,716,658, of which 762,621 people are of retirement age (20.5 per cent of the total population).28 Thus, one-fifth of the country’s population can be considered high or medium risk carriers of contracting the COVID-19 virus. The risk factors and chronic conditions associated with COVID-19 related mortality are also quite high in the country at 80 per cent, of which: 1) 40 per cent for cardiovascular diseases, 2) 22 per cent for chronic respiratory diseases, 3) 15 per cent for tumours and 4) for diabetes - 3 per cent.29

The first case of COVID-19 was registered in Georgia on 26 February 2020. The Georgian government took measures at an early stage in response to the pandemic and started preparations a month prior to

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the registration of the first case. As of 24 July 2020, 1085 cases were registered in the country. Cases rose from September: on 12 September 1158 new cases were registered and on 30 September, 326. In total, as of September 30 there were 6,192 confirmed cases of COVID-19, with 37 deaths.

B. Incidence of COVID-19 in Russian-occupied Abkhazia and South Ossetia

The first COVID-19 case was registered in Abkhazia on 29 March 2020, when a woman from Gali returned to her home from Moscow by plane and was subsequently diagnosed with COVID-19 on 7 April 2020. As of 24 July 2020, the de facto authorities reported five COVID-19 infections. As of 30 September there were 1,458 cases and 11 deaths. In South Ossetia, the first three COVID-19 cases were registered on 5 May 2020. A total of 89 COVID-19 cases have been registered by the de facto authorities; some 85 patients have recovered (according to the de facto authorities) and, as of 24 July 2020, there were four cases in the territory of South Ossetia, with 150 people remaining under observation. By 30 September registered cases reached 100. According to reports from the de facto authorities, 90 patients fully recovered.

The Georgian Authorities’ Response to COVID-19 Pandemic and its Impact on Human Rights

C. Response

I. RESTRICTIONS IMPOSED (AND LIFTED)

On 4 June 2020, the Government of Georgia published a report detailing its four stage strategy against the spread of COVID-19.

Phase 1: Multisectoral cooperation and institutional liaison

The first phase of the fight against the pandemic in Georgia began a month prior to the registration of the first COVID-19 case in the country and involved the implementation of coordinated measures.

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31 COVID19 Updates, Civil.ge, 30 September 2020, available at: https://civil.ge/ka/archives/342458
33 COVID19 Updates, Civil.ge, 30 September 2020, available at: https://civil.ge/ka/archives/342458
35 There are no new ones: the coronavirus tests conducted in South Ossetia per day are all negative, “Pec” State News Agency of South Ossetia, July 27 2020, available at: http://cominf.org/en/node/1166531251
through multisectoral cooperation. An Inter-agency Coordination Council (hereinafter referred to as “the Council”) was established on 28 January 2020. The Council acted as the principal decision making body on issues related to COVID-19 and included members of the government, Parliament, representatives of the Presidential Administration and professionals from the medical field. By 30 September registered cases reached 100. According to reports from the de facto authorities, 90 patients fully recovered.

During this initial period, further measures were taken to manage the spread of the pandemic in the country including:

- On 28 January 2020, the government approved an Emergency Response Plan to prevent the possible spread of COVID-19 in Georgia.
- On 6-14 February 2020, COVID-19 protocols and various methodological recommendations were developed and approved. Video lectures and educational materials were disseminated.

Phase 2: Containment measures

The second phase of the measures focused on containing the virus within the country. These measures included:

- 2-4 March 2020: suspension of educational, cultural activities and the cancellation of planned events. Checkpoints were established at land borders and at all airports from where passengers were taken to special facilities.
- A dedicated web-site was created – www.StopCov.ge, as a repository for all information related to COVID19. The web-site provided the first data sets relating to COVID-19 infections in the country.
- Quarantine zones were established to accommodate individuals with suspected COVID-19. Public events were cancelled and disinfection works started.
- 5 March 2020 – Special conditions were introduced in penitentiary institutions.
- 12 March 2020 – Certain government employees switched to remote working. Private sector workers were encouraged to work remotely.
- 13 March 2020 – The Ministry of Environment and Agriculture took the lead in managing government supplies and set up headquarters in the department. The unit monitored the prices and supplies of primary consumption products on a daily basis.
- 14-16 March 2020 – Traffic to and from neighbouring countries was gradually suspended.

Phase 3: Managing the spread of COVID-19

In a bid to limit the spread of the virus, from 2 March 2020 foreign citizens were banned from entering Georgia by plane and land traffic was gradually restricted. The Georgian authorities declared a state of

41 Ibid, pp. 6-7
emergency on 21 March, and subsequently extended it until 22 May 2020. In order to effectively coordinate the implementation of emergency measures, an Operational Headquarters on the Management of the State of Emergency was set up with the participation of representatives of all relevant agencies. The National Security Council led on the implementation of emergency measures at the central and regional levels and established local level operational headquarters in 10 regions of Georgia, headed by state representatives (governors) of each region. On 26 March 2020 Medical facilities (so-called COVID Clinics) were set up to respond to confirmed cases of COVID-19 and on 30 March “Fever clinics” were established around the country.

From 31 March onwards, a curfew was introduced with restrictions on movement (walking or travel) from 9:00 pm to 06:00 am in the streets; however, the restrictions did not apply to the international carriage of goods and other exempted activities as determined by the Government Decree No181. In addition, during the State of Emergency, individuals were required to carry identity documents/proof of identity while travelling or moving in any form outside their homes. The number of people allowed to gather in public spaces was reduced from 10 to three; persons aged 70 or over were prohibited from leaving their place of residence (except for going to the closest grocery shop, pharmacy or medical institution); people were forbidden to transport passengers in certain vehicles including M3 vehicles (comprising more than eight seats) and a ban was introduced on public transport, including the metro; driving with more than three people (including the driver) was prohibited. The Ministry of Health recommended that passengers should travel in the back seat of any vehicle.

On 31 March 2020 government advice hotline – 144 was established. From 17 April onwards vehicles were banned from entering and leaving cemeteries over Easter. Wearing masks in closed public spaces became mandatory.

A number of economic activities were allowed to continue during the state of emergency principally those relating to agriculture and the production of goods and services.

**Phase 4: Easing restrictions and resumption of economic activities**

The Georgian authorities started to ease restrictions once the medical situation had improved and there was a reduction in the daily infections. On 20-26 April 2020, the daily infection rate dropped to 30 and the total weekly rate to 100. As from first half of May 2020, the reproduction rate (‘R’ rate) fell below one and the evidence suggested that the situation was stabilising in terms of the virus spread.
On 27 April 2020 the following activities resumed: travel by mechanical modes of transportation; open-air markets; delivery service for all types of products; remote trade (so-called “online”) (provided that no more than five people were present in the workplace/warehouse). 47

On 5 May 2020, entering and leaving Batumi and Kutaisi municipalities was allowed. Technical services for cars, motorcycles, mopeds and bicycle, including car washes, as well as the sale of necessary parts/accessories/materials on-site by the same entities resumed. Construction and repair activities, as well as activities related to construction supervision, the production of building materials and wood and glass products related to construction resumed.48

On 23 May 2020 the state of emergency was lifted. The curfew and the restrictions on the transportation of more than three people by car, except by taxi were lifted. Meetings and demonstrations under the Law on Meetings and Manifestations were allowed. In-person practical/laboratory work and exams at universities were allowed in line with Ministry of Health guidance. The regulations for people over 70 became recommendations. The ban on entering a cemetery area was also lifted.49

In addition, all economic activities resumed, with the exception of restaurants, bars and cafes; retail outlets (apart from food shops); shopping centres and open-air markets (except agrarian markets); sports, cultural and entertainment events and recreational activities and currency exchange offices.50

II. LEGAL ASPECTS OF STATE OF EMERGENCY

A state of emergency was declared on the basis of a decree issued by President Zourabichvili on 21 March 2020, which was approved by Parliament on the same day.51 The decree restricted certain rights and freedoms provided for in Chapter 2 of the Constitution of Georgia (Articles 13-26) and delegated the authority to regulate certain issues to the Government of Georgia.52

In accordance with the law (Decree N1 of the President) regulating the declaration of the state of emergency, the restrictions in force included incursions on the following rights: restrictions on the right to liberty (including quarantine measures and forcible transfer to quarantine institutions); regulation of freedom of movement (air travel, land and sea traffic and the establishment of quarantine rules); limits on the right to privacy and family life including suspension of the right to visit in prison; restrictions on the right to a fair trial including access to public information and compensation for damage caused by public authorities; restrictions on the right to property including the use of property by the Georgian authorities on the grounds of public health; restrictions on the right to freedom of assembly and freedom of labour, trades unions and the right to strike and freedom of entrepreneurship.

50 Ibid.
Under the emergency legislation, the Minister of Justice was given powers to change regulations regarding people on probation and parole.\textsuperscript{53}

Further, court hearings under the Criminal Procedure Code were held online. In such instances, parties to the proceedings were denied the right to challenge the use of remote hearings.\textsuperscript{54}

The State of Emergency was extended to 22 May 2020 (included) by presidential decree (Decree N2 of 21 April 2020) and was subsequently approved by Resolution N5866 of the Parliament of Georgia of 22 April 2020. Following the lifting of the state of emergency emergency legislation was passed: 1) amendments to the “Law on Public Health” and 2) amendments to the Criminal Procedure Code which established remote court hearings and enabled the government to introduce special rules of isolation and quarantine until 15 July 2020. Subsequently, parliament extended the deadline until the end of 2020.

Georgia is a party to the European Convention on Human Rights (ECHR) and is bound by the human rights obligations set out in the treaty. Under international human rights law, states may derogate from their human rights obligations in very exceptional circumstances. As a signatory to the ECHR, Georgia is bound by Article 15, which permits derogations “in time of war or other public emergency threatening the life of the nation…to the extent strictly required by the exigencies of the situation.”\textsuperscript{55} States may not ‘contract out’ of certain human rights obligations even in a time of emergency. The Council of Europe has a strict derogation framework in place should states wish to formally derogate from certain human rights obligations under the ECHR.\textsuperscript{56} Most importantly, any derogation should be a temporary measure and comply with the key principles of legality, proportionality (as to scope, duration and geographical coverage), non-discrimination, exceptionality, notification, publication and subject to regular review.\textsuperscript{57}

The Georgian government notified the Secretary General of the Council of Europe (the ‘Secretary General’) of their derogations from the European Convention on Human Rights (the ‘ECHR’ or ‘Conventon’) on 23 March 2020.\textsuperscript{58} The derogations were sought under Articles 5, 8 and 11 of the Convention, Articles 1 and 2 of Protocol to the Convention and Article 2 of Protocol No.4 to the Convention.\textsuperscript{59}

The Georgian government also notified the UN and the OSCE Office for Democratic Institutions and Human Rights (ODIHR) of its intention to derogate from certain rights under the state of emergency on 21 March 2020. According to ODIHR, the initial information provided by Georgia to ODIHR did not


\textsuperscript{54} Ibid. p. 21.

\textsuperscript{55} The relevant section of Article 15, ECHR states, “1. In time of war or other public emergency threatening the life of the nation any High Contracting Party may take measures derogating from its obligations under the Convention to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with its other obligations under international law”

\textsuperscript{56} Certain rights are non-derogable namely Article 2 (right to life except in respect of deaths resulting from lawful acts of war), Article 3 (the right to be free from torture, inhuman or degrading treatment or punishment), Article 4(1) (freedom from slavery or servitude) and Article 7 (no punishment without law)


\textsuperscript{59} See more, OSCE Human Dimension Commitments and State Responses to the COVID-19 Pandemic, the OSCE Office for Democratic Institutions and Human Rights (ODIHR) p.28, available at: https://www.osce.org/odihr/human-rights-states-of-emergency-COVID19
mention derogations, but the most recent Note Verbale of 25 May 2020 listed the derogations to the specific articles of the ECHR and of the ICCPR.60 Further, the initial notifications to the Council of Europe and to the UN did not mention the derogation to the right to a fair trial (Art. 6 of the ECHR and Art. 14 of the ICCPR respectively) although it was included in the notifications to the Council of Europe dated 25 May 2020 and to the UN dated 23 May 2020 and the most recent one dated 15 July 2020.61

III. LEGISLATIVE AMENDMENTS ADOPTED IN CONNECTION WITH THE STATE OF EMERGENCY

On 23 April 2020, the Georgian Parliament adopted legislative amendments to the Code of Administrative Offenses and the Criminal Code.62 The parliament failed to consult with relevant stakeholders prior to the introduction of the bill and, as such, these groups were excluded from the process and unable to submit comments accordingly. Moreover, the bill was only considered by the Committee on Legal Issues and not the Committee on Human Rights and Civil Integration, whose participation was vital to the law-making process. As a result, civil society organisations were unable to meaningfully participate in the legislative process as it was conducted behind closed doors.63

Amendments to the Code of Administrative Offenses

The amendments to the Code of Administrative Offenses provided for administrative penalties for any breaches in respect of the quarantine/isolation rules, state of emergency or martial law.64 In such cases, penalties were determined by various government bodies, namely the Ministry of Internal Affairs, the Ministry of Finance, Presidential decree or government resolution. Critics argued that these penalties should have been administered and determined by a court given the fact that these offences include a criminal content.65 The European Court of Human Rights has indicated that procedural rights provided in Article 6 of the Convention apply equally to administrative offences of a criminal nature.66 Further, critics suggest that any judgements in relation to these cases should be subject to judicial review, similar

60 Declarations and Reservations from the International Covenant on Civil and Political Rights (ICCPR), available at: https://treaties.un.org/Pages/ViewDetails.aspx?chapter=4&clang=_en&mtdsg_no=IV-4&src=IND#EndDec
66 Case of Ziliberberg v. Moldova(no. 61821/00), ECHR2005,https://hudoc.echr.coe.int/fre#{per%20cent22itemidper%20cent22[per%20cent22[per%20cent22[per%20cent22]]]
to other offences for which repeat offences imply criminal liability (e.g. carrying a cold weapon, illegally cutting down a tree-shrub).

**Amendments to the Criminal Code**

The amendments to the Criminal Code established criminal liability for repeated violations of the rules relating to isolation and/or quarantine, as well as the state of emergency or martial law and carries a sentence of imprisonment for up to six years unless otherwise provided by the Presidential decree. For the same offence, Article 8(2) of Presidential Decree N1 of 21 March 2020, carries a punishment of imprisonment for a term of up to three years.

The amended sentencing regime is disproportionate with respect to those offences which do not incur significant damage. As a general human rights principle, the law should provide punishments that are proportionate to the offence in question. In this instance, the law does not provide for any discretion in terms of the application of the law and only allows for sentencing under terms of strict liability. Moreover, a sentence of six years’ imprisonment places these offences within the category of ‘serious crime’ yet the Presidential decree only provides for imprisonment of up to three years. Accordingly, the procedural actions specified in the Criminal Procedure Code, which apply only to the category of serious and/or grave crimes (including covert investigative actions), cannot be used.

**Legislative amendments to the Law on Public Health**

On 22 May 2020, the Georgian Parliament gave executive bodies powers to take measures ordinarily reserved for emergency situations. Initially, the law envisaged that the restrictive measures would be temporary in nature and would remain in force until 15 July 2020. However, parliament extended this deadline on 14 July 2020 until the end of 2020 even though the health situation had not deteriorated.

The new amendments have come under sharp criticism from civil society organisations and opposition parties alike. Although the relevant legislation meets the tests of ‘legitimate purpose’ under international human rights law, it does not meet either the “proportionality” or “necessity” threshold. Notably, the amendments impose abstract, vague and ambiguous conditions in relation to the lockdown measures; moreover, the legislation gives unlimited powers to the executive branch of government with minimal parliamentary or judicial oversight.

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70 Amendments to the Law of Georgia on Public Health can be accessed here: https://info.parliament.ge/file/1/BillReviewContent/248127


72 FIN, Opposition and GYLA Appeal to Constitutional Court over Amendments to Public Health Law, available at: http://faxinter.news/?id=18937

Any delegation of authority which involves a restriction of rights should be clearly set out in legislation stating the nature, content, purpose and size of the interference with the rights in question. According to the Constitutional Court of Georgia, the more severe the interference with the fundamental right, the more detail should be given as to the permissible grounds for interfering with the right. These fundamental principles are absent in the amended legislation.74

As a fundamental legal principle, any delegated legislation (for example statutory orders, statutory instruments, by-laws or regulations) created by a delegated body should comply with an Act of Parliament or primary legislation. Put simply: delegated legislation cannot trump, take priority over or contradict primary legislation. Civil society organisations contend that the amendments to the public health legislation are unconstitutional on the basis that the delegated legislation, in and of itself, allows for a restriction of human rights. To that end, the Georgian Young Lawyers Association (GYLA) is currently litigating a case before the Constitutional Court of Georgia on this issue.75

IV. PENALTIES FOR VIOLATING RESTRICTIONS

The imposition of any penalties for the violation of lockdown measures should respect human rights principles of proportionality, impartiality and non-discrimination.

Violations of the restrictive measures fall under existing criminal and administrative enforcement regimes. Data from the Ministry of Internal Affairs shows a total of 8737 administrative violations in the sum of 26 463 000 GEL (7 404 557 EUR) during the period of the state of emergency; 8716 individuals and 21 legal entities were fined under the legislation. The penalties were incurred for violating a range of regulations including curfew violations, breaches of the transportation or travel rules or leaving the quarantine area.76

In terms of the penalty regime, the Georgian authorities have been criticised for failing to take account of the economic and financial hardship facing many Georgian citizens during the pandemic. In particular, civil society organisations have expressed concerns at the excessive level of fines imposed as compared to the average wage in the country.77 In light of this, the third sector has called on the government to write off the fines imposed on the population during the state of emergency. Guram Imnadze, Director of the Justice and Democracy Program at Human Rights and Monitoring Center (EMC) noted that, “Even


75 First Channel, GYLA has appealed the amendments to the Law on Public Health to the Constitutional Court, May 25 2020; available at: https://1tv.ge/news/saia-m-sazogadoebibri-jandacvis-shesakheb-kanonsi-cvlilebebi-sakonstitucio-sasamartloshi-gaasachivra/

76 The fact of self-isolation or leaving the quarantine space: 382 people were transferred to the quarantine area and 144 people were fined; Violation of passenger transportation or travel rules: 1 406 individuals were fined; Transportation by car: 430 individuals were fined; Insecurity of more than three persons or a distance of 2 meters at the facility and non-use of a towel: 1,850 individuals were fined; Violation of the curfew: 4 820 individuals were fined; Movement without an identity document: 27 individuals were fined; The fact of activities prohibited by the legal entity in an emergency mode: 21 legal entities were fined; Ind. Fact of activity prohibited by the entrepreneur: 39 natural persons (Individual entrepreneur) were fined. See at: The Government of Georgia, Report on Measures Implemented by the Government of Georgia against COVID-19, p. pp 34-35, available at https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT__ENG.pdf

77 OSCE Human Dimension Commitments and State Responses to the COVID-19 Pandemic, the OSCE Office for Democratic Institutions and Human Rights (ODIHR) p.28, available at: https://www.osce.org/odihr/human-rights-states-of-emergency-COVID19
though it is difficult to assess the proportionality and constitutionality of the fines, they have often been used against the most vulnerable socio-economic strata. Against this background, when the socio-economic situation is already difficult, it may be reasonable to write off these fines.”

There have also been reports that fines have been imposed in a selective manner as in the case of the Georgian Orthodox Church (further, GOC). The GOC is the country’s largest religious organisation and most trusted institution and has refused to comply with the state of emergency measures imposed by the authorities. For instance, the GOC failed to cancel religious services despite public health guidance from the authorities. During the reporting period, the government failed to apply the emergency restrictions to the GOC to the same extent as it did with other groups of the population.

There were also reports of excessive abuses by police powers during the lockdown period. As of 10 April 2020, the State Inspector’s Office was conducting three separate investigations into possible violations of official powers by law enforcement officers during the curfew, under Article 333,(3)(b) of the Criminal Code. The alleged incidents took place in Batumi, Chiatura and Poti from 2 to 10 April 2020.

D. Human Rights Implications of the Georgian Authorities’ Response to COVID-19

I. RIGHT TO LIBERTY AND FREEDOM OF MOVEMENT

Under international human rights law, states should only deprive persons of their liberty as a measure of last resort, on the grounds that are established by law, and with appropriate procedural safeguards in place. Any deprivation of liberty must be reasonable, necessary and proportionate in the circumstances, even in a state of emergency. According to the UN Human Rights Committee, the concept of deprivation of liberty involves “more severe restriction of motion within a narrower space than mere interference with the liberty of movement”. Examples include police custody, house arrest or administrative detention. The distinction between deprivation of liberty and restriction of movement is one of degree or intensity, and not one of nature or substance. Further, fundamental guarantees against arbitrary detention are

82 Article 9 of ICCPR; Article 5 of the ECHR.
84 De Tommaso v. Italy [GC], no. 43395/09, February 23 2017 para. 80., also Guzzardi v. Italy, ECtHR, no. 7367/76, November 6, 1980, para. 93.
considered to be non-derogable and absolute.\textsuperscript{85} Under the ECHR, a state may restrict the right to liberty and limit freedom of movement on the grounds of public health.\textsuperscript{86}

In light of the public health crisis, the Georgian government sought to derogate from its international human rights obligations under the right to liberty and security (Article 5 (ECHR) and Article 9 (ICCPR)), as well as the right to freedom of movement, Article 2 of the Protocol 4 to the ECHR and Article 12 of the ICCPR.\textsuperscript{87} It is unclear, however, from the derogation notifications submitted by Georgia to what extent the right to liberty and security has been restricted or suspended and whether the emergency measures impact upon the fundamental guarantees against arbitrary detention, which should still be respected, even though they have sought to derogate from this right.\textsuperscript{88}

Social distancing has been identified as one of the most effective ways to prevent the spread of the virus. For this reason, the right to freedom of movement has been most impacted by the onset of the pandemic. Restrictions on freedom of movement introduced by the Government of Georgia in response to COVID-19 are largely in line with the restrictions imposed by governments across the globe. The containment measures (see section A) were aimed at halting the spread of the virus, by reducing the frequency of contact between individuals and preventing concentrations of large groups of people in small or confined areas.

There are ongoing concerns as to whether the emergency measures will remain in place beyond the immediate public health crisis. As of 24 July 2020, the number of infections remain very low however it remains to be seen whether, in the coming months, the restrictions imposed are proportionate to the legitimate aim of protecting public health. As noted earlier, Parliament authorised the government to impose certain restrictions without declaring a state of emergency, by adopting Article 45 to the Law of Georgia on Public Health.\textsuperscript{3} The law will remain in force until the end of 2020 and “normalizes” the state of emergency as it gives unlimited power to the executive branch, without providing adequate judicial or parliamentary oversight.

It is important to note that restrictions on freedom of movement have had a disproportionate effect on certain vulnerable groups, including the homeless, Roma and others who rely on freedom of movement to realise their rights (e.g. people living with disabilities, people living on the territories of Abkhazia and South Ossetia). It is incumbent on the government to ensure that the particular needs of these groups and individuals are met through special measures and are treated in line with international human rights standards.

\textsuperscript{85} CCPR, General comment no. 35 on Art. 9 (Liberty and security of person), paras. 66–67.
\textsuperscript{86} ECHR Article 5(1)(e)- right to liberty and security; Freedom of movement – Protocol No 4, Article 2(3)
\textsuperscript{88} OSCE Human Dimension Commitments and State Responses to the COVID-19 Pandemic, the OSCE Office for Democratic Institutions and Human Rights (ODIHR) p.28, available at: https://www.osce.org/odihr/human-rights-states-of-emergency-COVID19
The central and local authorities ceased to provide critical public services during the reporting period, a measure which had an adverse impact on the wider population in terms of accessing vital services such as public transport.  

The government was criticized for the complete abolition of public transport during the state of emergency, as it would have been possible to keep a small portion of the city’s buses in use, as recommended by specialists in this field. In such cases, public transport would have run on existing or modified lines, where passengers would only be allowed to enter with the required permits. Such measures would have enabled residents to undertake important daily tasks around the city.

In addition, the Public Defender of Georgia, noted the adverse impact of the cancellation of transport services on medical patients requiring critical care services such as dialysis, kidney transplants or Hepatitis-C treatment (approximately 2 500 in the state kidney transplant programme and 71 169 in the Hepatitis-C elimination programme as at February 2020). The cancellation of these services has had serious ramifications. In particular, the Public Defender noted that the situation was even more acute for individuals receiving regular care i.e. on average three times a week, given the large distances involved to travel to medical facilities from home. The Public Defender called for special attention to be given to the needs of citizens living in the occupied territories to ensure their unhindered access to medical care and treatment.

II. RIGHT TO A FAIR TRIAL

Under international human rights law, the principles of legality and the rule of law require that the fundamental guarantees of a fair trial are respected even during a state of emergency. The right to a fair trial is a general norm of customary international law and is provided for in both international and regional human rights treaties. Both instruments provide a full range of rights and guarantees applicable to both criminal and non-criminal proceedings. Only a court of law may try and convict a person for a criminal offence, and the presumption of innocence must be respected. The UN Human Rights Committee, in its General Comment 32, states that “in order to protect non-derogable rights, the right to take proceedings before a court to enable the court to decide without delay on the lawfulness of detention, must not be diminished by a State party’s decision to derogate from the Covenant.”

The use of remote technology has been enhanced to respond to the challenges posed by the pandemic and to ensure that the wheels of justice continue to turn. On 13 March 2020, prior to the declaration

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93 Imedi News, Ombudsman: Homeless people are deprived of the ability to meet the requirements of the state of emergency, April 6 2020, available at: https://imedinews.ge/ge/sazogadoeba/135312/ombudsmeni-usakhilaroebi-sagangebo-mdgomareobis-parglebshi-arsebuli-motkhovnebis-shesrulebis-shesadzelobas-moklebulni-arian
94 Ibid
95 ECHR, Article 6; ICCPR; Article 14
96 HRC GC 29, para 16; GC 35 paras 64-67.
of a state of emergency, the High Council of Justice (HCOJ) adopted recommendations to prevent the spread of the COVID-19 within the court complex. The Georgian judicial system managed to transition to remote hearings in a timely manner. Article 7 of the Presidential decree issued on 21 March 2020 states that “Court hearings provided for by the criminal procedure legislation of Georgia may be conducted remotely, by means of electronic communication. If a court hearing is conducted in the said manner, no person participating in a court hearing shall have the right to refuse the conduct of the court hearing remotely on the grounds of being willing to physically attend.”

Following the lifting of the state of emergency on 23 May 2020, remote hearings have been governed by a new legislative regime. Most importantly, criminal proceedings will be heard remotely until 1 January 2021. In addition, an Order of the Chairperson of the Tbilisi City Court, (dated 16 March 2020) gives judges discretion to conduct first instance hearings remotely as well. The Order expired on 10 June 2020, and a subsequent order was issued by the Chairperson of the Tbilisi City Court. According to the new Order, judges have been asked to prioritise written and remote proceedings where possible. The OSCE has commended, as good practice, a clear legal framework for the use of remote hearings and clarity as to judicial discretion to use such hearings. According to the Secretary of the High Council of Justice, as of 15 July 2020 more than 16,900 hearings have been held remotely.

Public Hearings

The principle of ‘open court’ whereby the media, civil society and the general public may attend is fundamental to a fair trial. Such measures are important for transparency, accountability and the wider rule of law. It is also a critical safeguard to ensure the protection of litigants and the fair treatment of the defendant before the court.

97 HCOJ is an independent organ, created to co-ordinate the judiciary system and to promote the effectiveness and independence of the judiciary. Main functions of HCOJ are: organisation of qualification exams of judges, selection and appointment of judges of trial and appellate courts, disciplinary proceedings, legislative drafting and analytical work, quality management and relationship with the public. See more at: http://hcoj.gov.ge/en/about/mission


100 President of Georgia, Decree No 1 On Measures to be Implemented in connection with the Declaration of a State of Emergency throughout the Whole Territory of Georgia, March 21 2020, available at: https://matsne.gov.ge/en/document/view/4830372?publication=0


102 The Chair of the Tbilisi City Court, Order N17, June 10 2020, available at: http://static.court.ge/Uploads/editorfiles/24c914e2_თავმჯდომარისბრძანება.pdf

103 Ibid.

104 OSCE Office for Democratic Institutions and Human Rights (ODIHR), OSCE Human Dimension Commitments and State Responses to the COVID-19 Pandemic, the OSCE Office for Democratic Institutions and Human Rights (ODIHR) p. 124, available at: https://www.osce.org/odihr/human-rights-states-of-emergency-COVID19

105 Rights Georgia, Effectiveness of E-Justice during Pandemic (Evaluation Report), July 2020, p. 4. https://article42.ge/media/1001447/2020/08/12/47c755bb8ba98d2eca24083472b1c602.pdf

106 Ibid.

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100 President of Georgia, Decree No 1 On Measures to be Implemented in connection with the Declaration of a State of Emergency throughout the Whole Territory of Georgia, March 21 2020, available at: https://matsne.gov.ge/en/document/view/4830372?publication=0


102 The Chair of the Tbilisi City Court, Order N17, June 10 2020, available at: http://static.court.ge/Uploads/editorfiles/24c914e2_თავმჯდომარისბრძანება.pdf

103 Ibid.

104 OSCE Office for Democratic Institutions and Human Rights (ODIHR), OSCE Human Dimension Commitments and State Responses to the COVID-19 Pandemic, the OSCE Office for Democratic Institutions and Human Rights (ODIHR) p. 124, available at: https://www.osce.org/odihr/human-rights-states-of-emergency-COVID19

105 Rights Georgia, Effectiveness of E-Justice during Pandemic (Evaluation Report), July 2020, p. 4. https://article42.ge/media/1001447/2020/08/12/47c755bb8ba98d2eca24083472b1c602.pdf

106 Ibid.
In Georgia, defendants’ rights to a fair trial and of the public to attend hearings were repeatedly violated during the reporting period. 107 From March to May 2020, access to the court proved problematic with members of the public being excluded from remote hearings. 108 Georgian law makes clear provision for open court hearings with limited exceptions as well as audio and video recordings of the trial. 109 The legislation does not provide for any exceptions to this rule. 110

The Georgian Young Lawyers Association (GYLA), in its report “The Court During the Pandemic”, notes that processes to monitor the judiciary are not uniform in their approach. Since May 2020 the GYLA has monitored online court proceedings at Tbilisi City Court and at Zugdidi District Court (as from June 2020). Other courts (Batumi, Kutaisi, Telavi, and Rustavi) refused to allow monitors to attend remote trials on the grounds that their participation might cause technical issues. 111

The effectiveness and accessibility of the E-Court system

Since May 2020, the NGO Rights Georgia has monitored the effectiveness and accessibility of the E-Court system during the lockdown period from April to July 2020. 112 According to their report, Rights Georgia identified a number of shortfalls in the area of access to justice including the failure of courts to accept documentation in e-format; logistical challenges in physically submitting court documents and practical difficulties for legal representatives to print, sign and scan documents over to the court due to lack of printing facilities at home. 113

Problems in the conduct of case hearings

The monitoring found the following issues with the administration of justice during the pandemic. ‘Slow justice’ was reported as civil and administrative trials were postponed. Also, the use of simultaneous translation of proceedings slowed down cases. Parties to the proceedings did not always have access to up to date technology and sufficiently fast internet connections. There were problems reported as the physical inspection of material evidence was virtually impossible during virtual hearings, and it was difficult to assess the quality of video evidence remotely.

Appeal hearings were also reported to have stalled because of lack of trial deadlines and a desire not to overload the video conferencing systems in detention facilities. Capacity is limited for e-hearings as not all courtrooms are equipped with the necessary technology, thus leading to significant delays. Another

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110 Rights Georgia, Monitoring Effectiveness and Accessibility of the E-Court Preliminary Report” 2020 https://article42.ge/media/1001447/2020/06/08/dc87cbcbdc7ad3871db5f2c06b0242fc.pdf
113 Rights Georgia, Effectiveness of E-Justice during Pandemic (Evaluation Report), July 2020, https://article42.ge/media/1001447/2020/08/12/47c755bb8ba98d2eca24083472b1c602.pdf
114 Ibid.
challenge is that of conducting in camera hearings as access of third parties to the courtroom cannot be monitored.\textsuperscript{115}

**Quality of electronic communication (voice and video)**

The report also identified a number of challenges in relation to the quality of electronic communications. In particular, the report noted issues around poor internet quality at penitentiary institutions, and difficulties in recording and saving videos. \textsuperscript{116}

**Interrogation of witnesses**

There remain ongoing challenges in relation to the management of witness evidence during remote proceedings. Lawyers have raised concerns about the ethical issues relating to the remote interrogation of witnesses as they cannot observe the body language of witnesses or observe physical cues. Moreover, witnesses cannot be identified easily via remote proceedings and usual the practice of physical corroboration is absent in remote hearings. Finally, there may be risks of adverse interference with witnesses during questioning particularly if the connection is disrupted. \textsuperscript{117}

Due to the lack of video conferencing rooms in penitentiary institutions, it is not often possible to connect with the defendants in a timely manner.

**Consultation between defendant and lawyer during the trial**

International human rights standards provide for the right of criminal suspects to communicate in private with counsel and “in conditions that fully respect the confidentiality of their communications.”\textsuperscript{118} The report identifies difficulties for counsel to hold legal conferences with clients during remote hearings. In some cases, legal counsel have been able to consult with their client through an electronic link but such communication is not secure or protected.\textsuperscript{119}

In conclusion, reporting suggests that there are shortfalls in terms of the right to a fair trial. The postponement of proceedings in the courts have exacerbated the problem of delay of cases, while the malfunction of the technological infrastructure during the electronic review of cases pose a risk of violation of the right to a fair trial.

**III. PRISONS AND OTHER PLACES OF DETENTION**

States have a particular duty of care to safeguard the lives and well-being of persons in their custody.\textsuperscript{120} People in prison are at particularly high risk of contracting COVID-19 given the closed setting and their

\begin{itemize}
\item \textsuperscript{115} The Court During the Pandemic, Special Court Monitoring Period. March - June 2020, GYLA, pp. 22-23 Available at: http://ewmi-prolog.org/images/files/1342GYLA.CourtduringPandemic.pdf
\item \textsuperscript{116} Monitoring Effectiveness and Accessibility of the E-Court - Preliminary Report, Rights Georgia, May 2020, p. 2; available at https://article42.ge/en/media/news/article/82799
\item \textsuperscript{117} Rights Georgia, Monitoring Effectiveness and Accessibility of the E-Court - Preliminary Report, May 2020, p. 3; also Intermidiate Report, p.3. see also, GYLA, The Court During the Pandemic, Special Court Monitoring Period. March - June 2020, pp. 19-20, available at: http://ewmi-prolog.org/images/files/1342GYLA.CourtduringPandemic.pdf
\item \textsuperscript{118} Human Rights Committee, General Comment 32 on Art 14, ICCPR, para 39 CCPR/C/GC/32, 23 August 2007
\item \textsuperscript{119} Rights Georgia, Preliminary Report pp 3-4; See also GYLA, p 10; p. 26.
\end{itemize}
overwhelming poor health which is exacerbated by poor hygiene, lack of outdoor exercise and nutritious food. A failure to take necessary steps to protect people in prison, the vulnerable and frontline workers from unnecessary deaths and suffering, may violate the right to life\textsuperscript{121} and/or the prohibition on inhuman treatment\textsuperscript{122} under the European Convention of Human Rights.

There is a robust legal framework protecting the rights of people in prison – most importantly, the UN Standard Minimum Rules for the Treatment of Prisoners (‘the Nelson Mandela Rules’), a set of non-binding standards, which lay out a minimum universal standard for the treatment of people in prison.\textsuperscript{123} These rules (some 122 in total) govern every aspect of a prisoner’s life and are firmly grounded in principles of compassion and dignity. Further, the treatment of people in prison and detainees under international law is governed by a large number of international and regional human rights treaties.\textsuperscript{124}

Prior to the introduction of the state of emergency, special restrictive conditions/measures were imposed in penitentiary institutions, from 5 March to 3 April 2020. The measures included a suspension of family visits to both remand and convicted prisoners as well as long and short-term visits outside the institutions. These visits were subsequently suspended by Presidential decree.\textsuperscript{125} Since 16 March 2020 and in lieu of family visits, people in prison have been permitted 15-minute phone calls to their families, free of charge. In emergency cases, visits are conducted behind a glass barrier and the use of personal protective equipment for visitors is mandatory. All external visitors, such as investigators, advocates, prosecutors, experts are required to wear protective equipment whilst entering the PEs.\textsuperscript{126}

New arrivals (both remand and convicted) have been placed in isolation from the wider prison population as a protective measure. Special blocks/buildings/spaces (so-called “quarantine zones”) have been designated for the “newcomer prisoners”, where they remain for 21 days. The new arrivals are subsequently transferred to the wider population if they pass all the medical requirements.\textsuperscript{127}

As from 12 March 2020, people serving a suspended sentence were relieved from their reporting obligations at probation offices for a period of one month. These measures were extended on 17 April 2020, except for domestic violence cases which required in-person reporting at probation offices.\textsuperscript{128}

The Standing Commission, a body which deals with the management of conditional sentences and removal of convictions has met by video conference. Since 24 March 2020, people in prison have not been allowed to appear before the courts in person and only through remote hearings.

\textsuperscript{121} European Convention on Human Rights, 1950, Article 2, available at: https://www.echr.coe.int/Documents/%20Convention_ENG.pdf


\textsuperscript{124} Articles 7 & 10 of the ICCPR; UN Convention against Torture


\textsuperscript{127} Ibid.

As from 13 March 2020 medical examinations at prisons have taken place at the makeshift medical stations outside the prison facility. Individuals with suspected COVID-19 symptoms are taken to a civilian clinic. Since 20 March 2020 staff and all visitors to the penitentiary institutions have been given medical check-up including thermal screening and a general epidemiological anamnesis.\textsuperscript{129}

On 29 March 2020, the Minister of Justice, Tea Tsulukiani, implemented special measures to prevent the wider transmission of the virus in prisons. Under these measures, 780 correctional officers were selected on a voluntary basis to live within the prison estate for the duration of the state of emergency.\textsuperscript{130}

Whilst the Minister of Justice confirmed that such measures did not amount to a deprivation of liberty and incursion on the rights and freedoms of the correctional staff, they do raise concerns about impact upon the mental wellbeing of correctional staff given the difficult employment conditions and complete isolation from their family.\textsuperscript{131}

**National Preventive Mechanism**

Regular National Preventive Mechanisms (NPM) visits, ordinarily undertaken by the Public Defender’s Office of Georgia, were postponed during the reporting period. The NPM adopted a new working model which incorporated appropriate social distancing measures and once certain criteria had been satisfied (including safety of monitoring), visits to facilities and quarantined individuals resumed.\textsuperscript{132} The state of emergency does not suspend or limit the powers of the Public Defender.

Between 13 March and 6 May 2020, the NPM undertook 21 visits to nine penitentiary establishments in Tbilisi, Rustavi, Kutaisi and Batumi, with a total of 103 prisoners interviews.\textsuperscript{133} Based on the monitoring findings, the Special Preventive Group positively evaluated the steps taken by the Special Penitentiary Service to prevent the spread of COVID-19 within the prison estate.\textsuperscript{134}

**Detention conditions and medical services**

Following ad hoc visit to the Penitentiary Establishment No 17 on 30 April 2020, 1 May 2020 and 7 May 2020, the Public Defender noted that the size of the facility and overcrowded cells presented a risk to managing the pandemic within the institution. The Public Defender noted the failure of the authorities to guarantee people in prison four square meters of personal space as legally required. As a result, it was impossible to implement social distancing and protective health measures in cells. The Public Defender recommended the reduction of a number of people in prison as a means to prevent

\textsuperscript{129} Ibid. pp. 37-38.
\textsuperscript{130} Ibid.
the spread of the pandemic, to protect the rights of detainees and to facilitate the functioning of the establishment.  

The UN Mandela Rules provide detailed rules on the provision of health care services in prison. The rules are very detailed and cover all aspects of health care and make clear that the provision of health care for people in prison is a state responsibility. Moreover, people in prison should be afforded the same standards of health care that are available in the community. The introduction of special conditions in penitentiary establishments (such as in Establishment No 17) saw a reduction in the provision of standard medical care during the reporting period and, in some cases, the cancellation of doctors’ visits. The reduction of medical staff and in particular of nurses put the provision of timely and adequate medical care at stake.

IV. FREEDOM OF EXPRESSION/ACCESS TO INFORMATION

The right to freedom of expression is enshrined in international and regional human rights instruments and is central to any free society. It is broad in scope and includes the right to seek, receive and impart information and ideas of all kinds, regardless of frontiers and through any media channels. It applies to everyone, everywhere, and may only be limited subject to narrow restrictions including on public health grounds. Any restrictions should be lawful, proportionate and necessary in a democratic society.

During the pandemic, it is vital that governments provide credible information about the nature of the threat posed by COVID-19; such information should be provided in an accessible manner and in relevant ethnic minority languages. The dissemination of false information about the pandemic could lead to health concerns, panic and disorder. Thus, it is essential that governments and internet companies manage the risk of disinformation in the first instance by themselves providing reliable information.

The government of Georgia and the Interagency Coordination Council took measures to ensure the dissemination of accurate public health information related to COVID-19:

- Since its creation, the Council has held daily media briefings during which relevant field experts, ministers and the Prime Minister answered reporters’ questions live. The public has been regularly informed about current and future measures;
- Public health information was published on a dedicated government website www.StopCov.ge, which became the key source on COVID-19 infections. The website included information

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136 UN Mandela Rules 24 - 35
137 UN Mandela Rules, 24.1
138 UN Mandela Rules, 24.1
139 Ibid.
140 Ibid.
141 Article 10, ECHR; Article 19 UDHR
142 Article 10 (2), ECHR
144 See above, at p. 10
and recommendations from international health bodies including WHO and the National Center for Disease Control and Public Health in Georgia. Information on the StopCov.ge website is accessible in Georgian, Abkhazian Ossetian, English, Armenian and Azeri languages;

- The Georgian government’s unified hotline – 144 provided information on COVID-19 related issues for 24/7;¹⁴⁵
- All COVID-19 related legislation is publicly available on the StopCov.ge website;
- The general population was provided with regular updates by SMS including in minority languages;
- A formal communication channel in Georgian and English was created on the “Telegram” platform;
- Government press spokespersons from each department regularly updated the media;
- Owing to the joint efforts of the Ministry of Foreign Affairs of Georgia and National Center for Disease Control, Georgian citizens overseas were able to access online consultation with infectious disease specialists.¹⁴⁶

**Access to information for ethnic minority groups**

Due to the poor state education system, knowledge of Georgian is considerably low in the regions densely populated by ethnic minorities. According to various data, ethnic minorities make up 65 per cent on average in these areas.¹⁴⁷ There remain ongoing accessibility issues for ethnic minorities as information is not disseminated widely to them by either the Georgian Public Broadcaster or private broadcasters.¹⁴⁸ The inclusion of information in minority languages on the StopCov.ge website should be seen as a positive development. However, the broadcast media has not been as inclusive and information in Azerbaijani and Armenian is broadcast for no longer than 10 minutes in total on national television. Channel 1’s, “Personal Doctor” transmits daily medical advice on COVID-19 but this information is not translated into any minority languages.¹⁴⁹

Minority communities in the Marneuli and Bolnisi municipalities were particularly affected by the pandemic with little or no access to information in conjunction with the lock down of local municipalities. Unfortunately, the State failed to take positive measures in these regions to provide and disseminate relevant public health information particularly on the importance of social distancing measures.¹⁵⁰ Minority communities have also been subject to hate-speech and discrimination. Considering the prevalence of

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¹⁴⁸ EMC addresses the Public Broadcaster of Georgia, April 03 2020, available at: https://emc.org.ge/ka/products/emc-sakartvelos-sazogadoebriv-mautsqebels-mimartavs?fbcld=IwART16UdqQUjMC55a6CCkK7UstF48gP_VVZCEwyi2sK1V5v9t2sCDYwu3adCo

¹⁴⁹ Ibid.

xenophobic attitudes in Georgia, civil society organisations have called upon politicians, and the media to adopt supportive language.151

Disinformation Narratives on COVID-19 in Georgia

As the international crisis unfolded, Russia’s campaign to spread disinformation and attack democratic institutions intensified. This campaign was divisive in its nature and tried to use social media in a malevolent way, through spreading false news or inaccurate information.152 The Russian authorities have sought to undermine public trust and confidence in the Georgian authorities’ attempts to combat the virus. In one instance, members of a Facebook group encouraged others to go to church and chastised those people who observed social distancing rules as traitors to Christianity.153

The Lugar Laboratory near Tbilisi has been targeted by Russian propaganda for years. Since the onset of the pandemic in Georgia, the laboratory has been at the forefront of identifying COVID-19 cases alongside the National Center for Disease Control. Nevertheless, pro-Russian media continues to circulate conspiracy theories about the Lugar Centre.154 In fact, the pandemic has highlighted the importance of the Lugar Laboratory which has played a critical role in the swift identification of COVID-19 cases.155

The Georgian Ministry of Foreign Affairs has called on the Russian government to “refrain from provocative statements” and “disinformation” against the Center for Public Health Research, located near Tbilisi. “The disinformation campaign by Russia is an open attack on Georgian health policy and state security,” said an official at the Ministry.156 Further, the ministry called on Russia to comply with its obligations and withdraw its troops from Georgia. The Ministry also urged the international community to give due consideration to Russia’s actions in Georgia and “take genuine steps to make Russia suspend its frequent attacks against Georgia.”157

V. FREEDOM OF ASSEMBLY AND ASSOCIATION

The right to freedom of peaceful assembly and association sit at the foundation of a democratic society and are contained in international and regional human rights instruments.158 Under international human rights law, the government may restrict the right where it is “necessary in a democratic society” and on limited grounds (including the protection of public health).159 Any restrictions must be proportionate, time limited, lawful and subject to review; nor may measures be arbitrary or discriminatory. These factors must be assessed in accordance with the circumstances of the particular case. As a general rule, peaceful protesters should not be subjected to violence, humiliation or criminal prosecution.160

151 Ibid.
155 Ibid.
157 Ibid.
158 Article 11, ECHR; Article 21, ICCPR; Article 20(1), UDHR. Article 11 covers both private meetings and meetings in public places, whether static or in the form of a procession.
159 Article 11(2), ECHR.
160 Article 11, ECHR, https://echr.coe.int/Pages/home.aspx?p=basictexts&c=
The right to freedom of assembly was restricted in Georgia under Presidential Decree N1.¹⁶¹ Subsequent legislation, Government Ordinance No 181, reiterated that until 23 May 2020 “Assemblies and/or demonstrations under the Law of Georgia on Assemblies and Demonstrations shall be prohibited for the duration of the state of emergency”.¹⁶² Further restrictions were imposed in March 2020 with prohibitions on assemblies of more than 10 people (23 to 31 March 2020) and thereafter gatherings of three people (from 31 March to 18 May 2020) in a “public space” (defined as any indoor or outdoor area unless it was used by individuals for residential purposes). On 23 May 2020, following the end of the state of emergency, the government adopted Ordinance No 322 On the Approval of Isolation and Quarantine Rules, which established rules on public gatherings. The ban on assemblies/demonstrations was lifted on 23 May 2020.¹⁶³

**Protests held during State of emergency**

Protest in the time of pandemic has become an acutely challenging issue for States as they hastily seek to limit mass gatherings on public health grounds. Whilst the public health imperative is a lawful one under international human rights law, it nonetheless presents an incursion on this important fundamental freedom.

The public sought to exercise their right to peaceful assembly during the state of emergency. On 23 April 2020 dozens of members of Georgia’s opposition Girchi party and activists rallied in Tbilisi, demanding the repeal of the State of Emergency after it was extended by a month. The Ministry of Internal Affairs fined Zurab Japaridze,- the leader of the political party “Girchi”, along with 14 activists of the same party 3000 GEL (797 EUR) for breaching regulations under the state of emergency (in accordance with Presidential Decree, Article N8). The police arrested three individuals for minor hooliganism related offences and offering resistance to a lawful request of police officers, under Articles 166 and 173 under the Code of Administrative Offences.¹⁶⁴

On 22 April 2020 significant protests were held in the quarantined Marneuli municipality as protesters took to the streets in the village of Shulaveri, which had been declared a red zone and placed under strict lockdown since 22 March 2020. The protests were led by farmers calling for an end to lockdown and highlighting the economic hardship that had befallen them as a result of the pandemic. Irakli Kobakhidze, a ruling party MP and former Parliamentary Speaker, denounced the protest as “a crime” claiming it was initiated by the opposition party, United National Movement.¹⁶⁵ By way of response, the


government capitulated and gave the farmers permission to drive their private vehicles daily in order to carry out agricultural work. See the section “Ethnic minority groups”.

**Preferential towards the Georgian Orthodox Church**

The right to freedom of religion or belief is a fundamental human right and is recognized in both international and regional human rights treaties. The right allows individuals the freedom to change their religion or belief, either alone or in community with others and in public or private, to manifest one’s religion or belief, in worship, teaching, practice and observance. Freedom of religion is closely linked to freedom of assembly as it encompasses the internal (Forum Internum) and external (Forum Externum) dimension. Every person is free to have the internal dimension and to manifest (the external dimension) the religion or belief he or she desires. While the right to hold and to change ideas is absolute, the right to manifest one’s religion or beliefs may be limited by domestic law in particular circumstances, including on the grounds of public health.

The right of assembly was not afforded equally to all religious groups during the reporting period and, in some cases, was applied in a discriminatory fashion. The right to freedom of religion and belief was not restricted under any Presidential decrees during the reporting period and was and continues to be fully guaranteed under Article 71 of the Georgian Constitution including during a state of emergency. The Georgian authorities gave the Georgian Orthodox Church preferential treatment during the reporting period by granting it permission to conduct religious services for the Orthodox Easter despite public health guidance to the contrary. Churches welcomed worshippers during Palm Sunday and Easter celebrations. In contrast, other religious groups voluntarily closed their places of worship during the reporting period.

On 15 April 2020, the head of the Muslim community of Georgia, Mirtaghi Asadov, issued a statement calling for the support of the authorities at the start of Ramadan when mosques would re-open and for equal treatment with the Orthodox Church. Two days later, Asadov was questioned by the State Security Service of Georgia in connection with an attempt to “sabotage” the State.

**VI. RIGHT TO HEALTH**

Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The right to health implies a duty on the State to take steps to prevent, treat and control epidemic and endemic diseases. These rights must be guaranteed without discrimination of any kind (ICESCR, Article 2).

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166 Article 18(1), ICCPR; Article 9(1), ECHR and Article 18 of the UDHR
167 GYLA, Appeal to the Georgian authorities and Religious Associations 2020-03-23, available at [https://gyla.ge/en/post/mimartva-saqaartvelos-khelsuflebas-da-relijiur-gaertianebebs#sthash.m7PMwSPH.0j2h4WLL.dpbo](https://gyla.ge/en/post/mimartva-saqaartvelos-khelsuflebas-da-relijiur-gaertianebebs#sthash.m7PMwSPH.0j2h4WLL.dpbo)
The Georgian health service has managed the public health crisis well, to date, given the comparatively low infection rate in the country; moreover, the hospitals have not yet reached their limits in terms of patient capacity.170

From 26 March 2020 a number of hospitals throughout the country were re-stocked with bedding and resuscitation material as required. These so-called Identification of Fever and COVID Management Clinics in Tbilisi and regions (COVID-19 and fever clinics) were fully prepared for the medical supervision of possible COVID-19 cases, as well as for the management of suspected and/or confirmed cases of COVID-19.171

As an initial step, several clinics were selected and designated to manage COVID-19 cases in Tbilisi, Kutaisi and Batumi. A total of 29 COVID-19 clinics were selected in Tbilisi and the regions (both public and private). In total, 3279 beds were mobilised across the country to manage the number of patients with COVID-19, and 1050 beds were distributed in 16 fever clinics during the reporting period.172

Safety of Medical professionals

In the public health context, States need to take particular care to protect healthcare professionals whose very work puts them in a perilous and dangerous situation. Medical professionals globally have been at the forefront of the COVID-19 pandemic and, as frontline workers, are at greater risk of contracting the virus.

In response to the pandemic, the Ministry of Health implemented training programs for medical staff from February to April 2020 in priority areas including infection prevention and control, online counselling in cases of fever, management of severe and critical cases of COVID-19, and smear techniques to expand testing capabilities.

In order to minimise the risk of infection among medical staff, the Ministry of Health introduced a two-week staff rotation scheme at COVID-19 and Fever Clinics. As a precautionary measure and in order to prevent the spread of infection in the medical network, staff who were employed at COVID-19 and Fever clinics were prohibited from working at other clinics providing standard medical care services. According to Ministry of Health data (provided by algorithm), as from April 2020 rapid testing was carried out both on medical staff at the COVID-19 and Fever Clinics and ambulance staff.173

However, it is notable and indeed worrying that the infection rate among medical professionals in Georgia is relatively high, which poses the question to what extent they were adequately prepared and equipped to handle the COVID-19 crisis.174 According to various sources, the rates of infection among

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171 Ibid. p. 34
173 Ibid. p. 37
healthcare professionals ranges from 5 to 20 per cent. From 30 January to 3 June 2020, COVID-19 infection among health workers amounted to 13 per cent of confirmed cases in Georgia.175

Concerns regarding the Health care system

In terms of healthcare, the privatisation of the healthcare sector began in 2006 and today 95 per cent of the sector is under private ownership and comprises one of the most unregulated sectors in the country. The government has no power to regulate the wages of healthcare professionals or even set a minimum wage and the private sector sees any type of regulation as excessive interference.

The privatisation of the healthcare system has been something of a hinderance during the pandemic.176 In one case government authorities were unable to undertake renovations at the Infectious Diseases hospital because it was deemed to be private property.177

The situation for nurses was particularly challenging during the reporting period as many were required to live and work in clinics for weeks or even months at a time and were unable to return home to see loved ones due to quarantine requirements. Nurses are one of the most poorly remunerated professional groups in Georgia: according to a 2019 survey, almost 87 per cent of nurses’ salaries are under 500 GEL (145 EUR) per month. This compares starkly to the average salary in the country of over 1300 GEL (375 EUR) per month.178 Moreover, nurses are not paid overtime and the majority (some 95 per cent) work more than 40 hours per week.

The precarious situation for nurses was summed up by one COVID-19 nurse, Nana Lazarashvili, in an interview with Radio Liberty, "It turns out that I live in a clinic. We are very tired. Just because you’re hungry doesn't mean you can eat. You cannot even go to the bathroom at a particular moment. Lunch, dinner, everything is ruined with us. Obviously, we can only sleep for two or three hours.”179

Many healthcare professionals have faced difficult and dangerous working conditions during the pandemic. The World Health Organisation has identified a number of risks for frontline healthcare workers: pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout and stigma.180 The right to health under international human rights law includes the right to safe, healthy and decent working conditions which extends both to private and state-run institutions. Unfortunately, the Georgian authorities have failed to meet their obligations in respect of this issue. For instance, sanitary workers at the Republican Hospital in Tbilisi have had to work double shifts given the extensive

177 Ipress, Director of the Immunology Center: Aversi-Pharma does not allow us to repair the Infectious Diseases Hospital, 1 March 2020, available at: https://ipress.ge/new/imunologiis-tsentrirs-direktorir-versi-pharma-ar-gvadzlevs-sashualebas-inpheqtsiur-saavadmqophoshi-remonti-chavataroth/ , see also, Netgazeti, Why does an infectious disease hospital not have its own building, 2 March 2020, available at: https://netgazeti.ge/news/431105/
178 Liberali, 84.6per cent of nurses ‘salaries are less than 500 GEL - “Nurses’ working conditions in Georgia”, February 26 2020, available at: http://liberali.ge/news/view/43413/eqtnebis-846is-khelfasi-500-larze-naklebio--eqtnebis-shromis-pirobebi-saqartveloshi
cleaning required to disinfect the facilities. This work is very poorly paid and for a 24-hour shift at the Republican hospital, sanitary workers can expect to be paid 32 GEL (9 EUR); they are required to work seven or eight shifts per month.

Treatment of COVID-19 patients who have mental health issues

The rights of people living with disabilities are protected under the UN Convention on the Rights of Persons with Disabilities (CRPD) which, inter alia, imposes a legal obligation on States to protect this group in situations of risk, humanitarian emergencies and natural disasters. Healthcare should be provided on an equivalent basis as the wider community and on a non-discriminatory basis.

Civil society organisations have highlighted the need for policy reform in the area of mental health services including psychiatric institutions. COVID-19 has affected people with existing mental health illnesses and, in order to address this issue the Ministry of Health and the psychiatric community developed a protocol in March 2020 to treat these individuals. In a bid to manage the spread of COVID-19 in psychiatric institutions, the Deputy Health Minister, Tamar Gabunia, introduced a policy of treating mental health patients at infectious disease clinics with treatment by an external psychiatrist.

From April until 10 June 2020 there were four incidents in which individuals with mental health issues were alleged to have infected medical professionals. In one instance, a 45- year-old nurse at the Batumi Infectious Disease hospital was infected with COVID-19 after she assisted a COVID-19 patient with mental health issues. This was quickly followed by further allegations that three nurses had been infected by patients with mental health issues at the Bochorishvili Clinic on 9 June 2020. Such cases, by their nature, exacerbate the stigma felt by many people living with mental health illness which has been noted by the coalition “Movement for Change”, “Emphasising and blaming the patient’s mental problems deepens the already existing stigma towards them and encourages unhealthy attitudes.”

The chairperson of the Georgian Psychiatric Association, Eka Chkonia, highlighted the poor-quality treatment provided to people living with mental health issues: “Experience has shown that for doctors, these types of patients are an additional burden and prefer to avoid them. So in the end, these people are left without proper care, neither psychiatrists nor doctors of other specialities take care of them. Psychiatric hospitals have been closed to patients with COVID-19.”

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182 CRPD, Articles 5 and 25
185 Ibid.
VII. RIGHT TO HOUSING

The right to housing is given legal recognition in international human rights instruments namely the International Covenant on Economic, Social and Cultural Rights (ICESCR) Article 11 (1) of ICESCR, calls on States parties to “recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions”. The right includes both the right to adequate housing and to live somewhere in peace, security and dignity.

Homeless people are at heightened risk of contracting COVID-19 for a number of reasons including lack of access to public health information and practical challenges of adhering to social distancing measures and safe hygiene practices. Moreover, they are often in poor health, suffer from chronic diseases and fail to receive proper medical care, which makes them more susceptible to contracting the virus given their lower immunity.

The authorities have taken some measures to support this vulnerable community. For instance, Tbilisi City Hall operates a shelter located in Lilo for homeless people. However, civil society organisations have highlighted for the problems with the provision of adequate housing and associated services for the homeless. Despite the particular severity and scale of this problem, there are no national statistics available on homelessness, and only 12 municipalities out of 69 have established a system to register homeless people.

The lack of government support for this community is evident: in 19 municipalities across the country, there are no targeted programs to help homeless people. Despite the issue of homelessness having been raised by the Public Defender of Georgia, who highlighted the problems facing this vulnerable community and the absence of centralised data, this group has not featured on the government’s policy agenda. Additionally, threats made to the homeless have not been given adequate attention by the authorities or medical professionals and homeless people have not, as a group, been eligible for proactive testing for COVID-19.

Evictions

The pandemic has made it difficult for people to retain their homes and has led to a series of housing support measures. The authorities sought to restrict the activities of the National Bureau of Enforcement,
the body responsible for evictions (Article 12, Ordinance 181 subsequently amended). Subsequent legislation (Order 515) suspended the eviction process but did not suspend the process of auctioning of property, freezing bank accounts or deduction of money from salaries, pensions, scholarships and bank accounts. This left economically disadvantaged citizens in an extremely vulnerable position that could be an even bigger problem than the issue of eviction.

VIII. ECONOMIC RESPONSE TO THE COVID-19

The impact of lockdown measures has had severe economic ramifications and far reaching consequences. The figures speak for themselves: GDP growth from January to April 2020 shrank by 3.6 per cent, foreign trade shrank by 16.8 per cent from January 2020 to May 2020, while export shrank by 30.6 per cent in May 2020. Foreign direct investment (FDI) in the first quarter of the year was almost 42 per cent lower than in the same period last year while the number of international travellers decreased by almost 94 per cent in April 2020.

While Georgia tries to prevent economic collapse, it is now more dependent than ever on international financial assistance. The International Monetary Fund (IMF) provided 200 Million USD to the Ministry of Finance and the National Bank of Georgia in May 2020 and international organisations will contribute 1.5 billion USD to the private sector and the financial system. The European Union allocated 183 million EUR to Georgia. However, most of these funds were issued as credit, which increases Georgia’s foreign debt.

In response to the economic downturn, the authorities have tried to provide a balanced response that protects and supports citizens but also minimises the negative impact of COVID-19 on the economy.


197 Ministry of Finances of Georgia, IMF Board of Directors Approves $ 200 Million for Georgia to Fight Coronavirus, 2 May 2020, available at: https://mof.ge/News/9393


The Georgian Government’s Financial Support package to citizens

The Georgian government has taken various steps to provide basic financial support to citizens. Among the measures taken, the government subsidised payments for utility services, ordered a price freeze on nine major food products and the postponement of loan payments for three months. In a second phase of measures, the authorities offered direct financial support by way of partial wage subsidies of 200 GEL (54 EUR) per month for a period of six months which would benefit 350 000 citizens.

In May 2020, the government expanded the employee support scheme to individuals who were employed for three consecutive months between July to December 2019. Such measures may have unintended consequences and encourage a practice of temporary “hidden employment”, when the employer may continue to claim government aid but retain and pay the employee via other channels and at a lower rate.

The measures introduced by the government prioritize those people who pay income tax. However, it is somewhat artificial to make a distinction between employed and self-employed status as registered self-employed are known to the Inland Revenue and will be taxed accordingly.

The self-employed have been offered a one-off payment of 300 GEL (81 EUR) provided they provide proof of their self-employed status and income to the authorities. The self-employed have been disadvantaged by the government rescue package as they have had to meet higher eligibility criteria to secure government aid. Some self-employed groups have been wholly excluded from the aid package namely those in the service industries (nannies, personal drivers, craftsmen and tutors). In these cases, individuals are not eligible for the financial support unless they can provide documentation from an employer (legally registered) to confirm their employment status; in many cases they cannot provide such evidence.

There remain ongoing challenges to ensure that citizens are properly registered in order to receive financial assistance. This becomes particularly difficult in the case of self-employed individuals who are not documented as such and thus ‘fall off the radar’ in terms of accessing support.

The government has also introduced tax incentives for employers in the private sector. In the case of employees with a monthly salary of 1500 GEL (408 EUR), employers will be exempted from paying income tax of 750 GEL (204 EUR) for a period of six months.

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203 EMC evaluates the government’s anti-crisis plan, April 27 2020, available at: https://emc.org.ge/ka/products/emc-mtavrobis-antikrizisul-gegmas-afasebs

Some of the vulnerable groups have been provided with social welfare assistance for a period of six months in the sum of 100 GEL (27 EUR) per month, starting from 26 April 2020. Families whose “social scores” range from 65 to 100 thousand (70 000 families, 190 000 persons); large families with 0 to 100 thousand “social scores” (21 000 families, 130 000 people); persons with disabilities (with severe disabilities) and children with disabilities (40 000 persons).

While the financial support package includes people and children living with severe disabilities, several vulnerable groups have been excluded (homeless people, women sex workers, members of LGBTQI community etc.). Thus these measures cannot be said to be fully comprehensive. Furthermore, the government has not adopted sufficient measures to protect the homeless during the reporting period, many of whom were at risk and vulnerable. In the context of COVID-19, the failure to provide shelter, food and medical care to homeless people may lead to unnecessary suffering and preventable loss of life.

**Street vendors left without income**

Street vendors were also severely affected by the state of emergency and were unable to work as normal even with appropriate social distancing measures in place. There are reports of financial penalties being imposed on street vendors.

Women have been disproportionately affected by this as they make up the majority of the street vendor workforce. Many women are retired and work selling goods in order to support their families. The Georgian authorities failed to take into account the gendered impact of restrictive measures among this business community.

In addition, many street traders had to continue repayments to microfinance organisations, many of whom refused to suspend repayments during the state of emergency. Many small traders thus went bankrupt. The situation was exacerbated by a lack of meaningful financial support from the authorities leaving street traders vulnerable to coercion and exploitation. Civil society organisations have lobbied for more robust support to be given to the self-employed community by way of social and economic programmes.

**IX. RIGHT TO EDUCATION**

Article 13 of the ICESCR guarantees the right to education aimed at the full development of the human personality, the sense of its dignity, and the respect for human rights and fundamental freedoms. The

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205 “Social Scores” are defined by the Social Agent who works at the Social Service Agency. A social agent is sent to the family’s home at the address indicated in the application within one month form the date of the submission. The social agent will assess a household-owned property, income and other expenditure and fill out a relevant declaration. A ranking score derived from the household’s socio-economic standing will be assigned to the household within maximum a month’s time after the assessment visit takes place. Individual ranking score determines a type of state assistance that a given household is eligible to. Assistance can be material or non-material and aims at improving a socio-economic standing of the applicant. More information available at: [http://www.legalaid.ge/en/p/340/registration-of-socially-vulnerable-households-in](http://www.legalaid.ge/en/p/340/registration-of-socially-vulnerable-households-in).


208 Ibid.
The duty to provide free compulsory education is also established in the Convention on the Rights of the Child (Article 28), as is the duty to make educational and vocational information and guidance available to all children.\(^{209}\)

The education system in Georgia has been seriously affected by the pandemic and during the state of emergency (4 March 2020 until 16 March), educational institutions were closed to students. As from 16 March 2020, educational institutions moved their teaching to online distance learning with the participation of some 56 327 teachers.

The government put in place the following measures to ensure continuity in learning:

- TV school, “Telescola” was launched on 30 March 2020 by the Ministry of Education in conjunction with the Georgian Public Broadcaster. The project offers distance learning through TV lessons in line with the national curriculum;
- “Web School”, launched in May 2020, by the Ministry of Education offers webinars to pupils in the main subjects covered in the national exams;
- Easier access to student portals by individuals and parents without prior permission of school authorities;
- Virtual counselling sessions set up in all districts to help teachers with online teaching technology needs;
- An alternative platform for online learning - Feedc Edu - was introduced in schools at the end of March 2020;\(^{210}\)
- Use of online teaching technology (e.g. Moodle, Google Classroom) adopted by higher education institutions and development of video tutorials and teaching guides. Curricula have been modified, teaching methods and assessment systems have been revised to accommodate COVID-19 restrictions;
- Dedicated support from universities to students without internet access or computer equipment to help bridge the ‘digital divide’;
- Development of e-learning packages for juveniles in collaboration with penitentiary institutions.\(^{211}\)

Access to the internet is fairly comprehensive across the country; according to a 2019 survey by the National Statistics Office some 79.3 per cent of the population has access to the internet in the country.\(^{212}\) The ‘digital divide’ is more acute in rural areas: only 69.3 per cent of village households have access to the internet which makes it challenging to provide online distance learning to those communities without internet access.\(^{213}\) In addition, there has been an increase in the number of people

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who cannot afford to pay for internet access which has, in turn, had a particular impact on students. There is no official data available from the Georgian government on the number of people without internet access in the country.214

The Georgian Government failed to consider the impact of digital inequalities on children and young adults during the state of emergency and the Ministry of Education has not, to date, provided any proposals to remedy the situation and to eliminate inequality among students vis-à-vis online studies.215

X. IMPACT ON THE RIGHT TO EQUALITY AND PROHIBITION OF DISCRIMINATION

The pandemic has exposed inequalities and discrimination faced by a number of vulnerable groups in society. Whilst international human rights law provides for the enjoyment of human rights on the basis of equality and non-discrimination, the evidence shows that certain groups have fared less well than others during the pandemic and have effectively been left behind in terms of government protection.216

Under the ECHR, States are under a positive obligation to take measures to prevent, stop or punish discrimination.217 This can include the adoption of “positive measures” in some instances.218

XI. WOMEN

COVID-19 has had a far-reaching and disproportionate impact on women and girls in every sphere ranging from health and access to healthcare, the economy, reproductive rights, employment to the risk of sexual and gender-based violence. Women’s rights are protected in the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) to which Georgia is a State party.219

The pandemic has exposed and amplified the gendered impact of pre-existing structural inequalities in social, political and economic systems.220

Sex-disaggregated data on COVID-19 confirmed cases

As part of the COVID-19 response, sex-disaggregated data is being collected and analysed on a daily basis by the National Centre for Disease Control. A total of 1.9 million women make up 52 per cent of the population (the total population is 3.7 million) of Georgia. As for sex-disaggregation of confirmed patients, women make up slightly more than half – 51 per cent of all confirmed cases. Subsequently, men

214 Ibid.
216 Article 14 of the ECHR and Protocol 12 which introduced a free-standing right of non-discrimination and expands the scope of prohibition of discrimination to the enjoyment of any right, including rights under national law; Article 2, UDHR; Articles 2 and 26, ICCPR; Article 2(2), ICESCR; Article 2, UN Convention on the Elimination of All Forms of Discrimination against Women 1979; UN International Convention on the Elimination of All Forms of Racial Discrimination 1969 CERD ; see also, openDemocracy, ‘Governments must ensure non-discrimination in pandemic responses, 20 May 2020 - https://www.opendemocracy.net/en/opendemocracyuk/governments-must-ensure-non-discrimination-in-pandemic-responses/
217 Pla and Puncernau v Andorra Application no 69498/01, 13 July 200
218 Horvath and Kiss v Hungary, Application no 11146/11, 29 January 2013
219 CEDAW Convention - https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx
make-up 49 per cent. At all stages of the crisis confirmed cases were more or less equally distributed among women and men.\textsuperscript{221}

In order to assess the impact of COVID-19 on the lives of women and girls and to ensure that gender considerations are properly addressed in any COVID-19 response, UN Women conducted a rapid gender assessment (RGA) of the COVID-19 situation in Georgia in June 2020.\textsuperscript{222}

The study revealed that a third of women in employment had lost their jobs as a result of the pandemic. A further 78 per cent of women reported difficulties in meeting basic expenses if restrictive measures were to continue. The study further highlighted that closures of schools and kindergartens had a disproportionate impact on women who carried the burden of unpaid caretaking responsibilities for children. The pandemic has exacerbated the unequal position of women, deepened existing gender inequalities in terms of household chores and further contributed to a culture of “time poverty” facing women in Georgia.\textsuperscript{223}

\textbf{Violence against women (VAW)}

Although, according to the Ministry of Internal Affairs of Georgia the number of reported cases of domestic violence did not increase since the start of the pandemic,\textsuperscript{224} domestic violence and VAW organisations reported an increase in approaches from women seeking legal assistance since the state of emergency was declared.\textsuperscript{225} Ekaterine Skhiladze, the Deputy Public Defender, expressed fears that women survivors of domestic violence could not avail themselves of the services provided by the State as the means of communication that used to exist were no longer effective.\textsuperscript{226}

Eliso Rukhadze, a lawyer at Union Sapari, a women’s rights organisation, noted that women were afraid to call the police during the pandemic.\textsuperscript{227} According to Rukhadze, women were and continue to be concerned that the police will not prioritize domestic violence cases. In terms of statistics, a maximum of five women out of 15-20 cases per day reported to Union Sapari will go to the police. Union Sapari’s data shows an increase in the number of women asking for help, especially in relation to allegations of psychological and economic violence.\textsuperscript{228} From mid-March to 10 April, more than 60 women applied to Sapari.\textsuperscript{229}

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\textsuperscript{221} The Council of Europe, Promoting and protecting women’s rights at national level – Georgia, available at https://www.coe.int/en/web/genderequality/promoting-and-protecting-women-s-rights#(%E2%80%9C63001324%E2%80%9D[15])

\textsuperscript{222} Ibid.

\textsuperscript{223} Ibid.

\textsuperscript{224} The Ministry of Internal Affairs of Georgia, MINISTRY OF INTERNAL AFFAIRS CONTINUES EFFECTIVE FIGHT AGAINST DOMESTIC VIOLENCE, April 03 2020, available at: https://police.ge/en/shinagan-saqmeta-saministro-agrdzelebs-odjakshsi-dzialdobis-tsinoaghmdeg-efeqtian-brdzolas/13440


\textsuperscript{228} Ibid.

\textsuperscript{229} Radio Liberty, In Quarantine Together with the Abuser: Help me, I Can’t Escape, April 10 2020, available at: https://www.radiotavisupleba.ge/a/30545933.html
Government response

According to official government sources, the authorities have put in place certain measures as part of its Communication Strategy against Women and Domestic Violence during the COVID-19 crisis: 230

- The creation of a countrywide SMS system to provide information to every citizen on alternative ways of reporting domestic violence and violence against women. SMS messages have also been circulated in ethnic minority languages (Armenian and Azerbaijani).

- Using pharmacies and grocery shops to share information and to provide a safe space to report incidents and inform survivors of domestic violence about their rights in terms of reporting incidents. In co-operation with the Inter-agency Gender Equality Commission, a number of pharmacies and grocery shops in the country displayed information posters about domestic violence services, including in ethnic minority languages.

- Domestic violence information campaigns on TV and social media. Media platforms shared information on government support services, alternative ways of reporting domestic violence, police-protection mechanisms, instructions to download the 112 application, and call for zero-tolerance for domestic violence by the Ministry of Internal Affairs and other members of the Inter-agency Gender Equality Commission.

- Information on domestic violence and gender-based violence services for returnees. More than 9000 Georgian citizens returned to the country amid the COVID-19 crisis. In co-operation with the National Tourism Administration within the Ministry of Economy and Sustainable Development, quarantine hotel rooms were equipped with flyers on domestic violence state services so that people at risk of domestic violence returning to the country were informed about state-provided services. 231

Access to Services

In addition, the authorities put in place measures to help survivors of domestic violence access support services more easily including:

- The creation of an emergency hotline 112 under the Ministry of Internal Affairs continues to provide 24/7 free service for all. The application has a chat mode and a silent SOS button, to make it easier for a potential victim to contact the police without pushing the SOS button or dialling a number.

- The domestic violence and gender-based violence consultation hotline 116 006 run by the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking continued to provide legal, psychological, and social consultations in eight languages: Arabic, Armenian, Azerbaijani, English, Farsi, Georgian, Russian and Turkish.

- Ongoing support by state-run Crisis Centres and Shelters. Ten state-run shelters and crisis centres and two crisis centres run by non-governmental organisations, continued to function

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non-stop during the reporting period to support survivors of domestic violence. At the onset of the pandemic, crisis centres and shelters restructured to accommodate new arrivals without placing other residents at risk of infection. The Tbilisi shelter was converted into a quarantine zone, where survivors of domestic violence were housed for two weeks before being transferred to shelters.

- Free legal and psycho-social services provided by the Ministry of Health continued working remotely.
- Tailored policy solutions including a policy decision not to fine survivors of domestic violence who, in order to escape violence, left home during the curfew hours (9:00 pm to 6:00 am). As a result, no domestic violence victims (survivors) were fined during curfew hours.

### XII. PEOPLE LIVING WITH DISABILITIES

People living with disabilities are at heightened risk of contracting COVID-19 given challenges such as adhering to social distancing measures, reliance on physical contact with care workers/support persons or applying hygiene measures such as handwashing. The rights of people living disabilities are protected under the UN Convention on the Rights of Persons with Disabilities (CRPD) which inter alia imposes a legal obligation on States to protect this group in situations of risk, humanitarian emergencies, and natural disasters.

- Financial benefits to people living with “obvious/evident” disabilities and children living with disabilities received a total of 600 GEL over the course of six months as of 26 April 2020. Such measures benefited approximately 40,000 people.
- Government briefings accompanied by sign language. The text of the briefings is uploaded to the state social media pages immediately following transmission for those people with hearing impairments who do not use sign language.

Nino Lomjaria, the Public Defender, considered that the measures taken by the authorities during the state of emergency on behalf of people living with disabilities were insufficient. According to the Public Defender people living with disabilities faced additional problems in terms of access to the physical environment, services and information during the ongoing health crisis.

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232 Ibid.
234 Ibid.
235 Ibid.
On 15 June 2020, at an online conference entitled “Targeted Programmes for Persons with Disabilities during Pandemic”, the Public Defender highlighted the negative impact of quarantine and isolation on people living with disabilities and that and the ineffectiveness of remote rehabilitation programmes. In her view, these measures failed to protect the rights of people living with disabilities and as a result, a number of people of living with disabilities have been unable to access critical rehabilitation services for many months which has hindered their recovery.

In a further statement on 14 June 2020, the Public Defender highlighted particular challenges facing students living with disabilities to meaningfully participate in educational activities. In her view, access to education was particularly challenging for children with behavioural difficulties and sensory limitations.

The UN Women Rapid Gender Assessment (RGA) of the COVID-19 situation in Georgia, addressed the needs of women and girls living with disabilities as well as women caregivers. The report found that the restrictive measures had amplified problems with infrastructure, as many women and girls with disabilities had lost access to the caregivers who assisted them with mobility issues. The blind community faced particular challenges in relation to ease of movement given their extensive reliance on touch to aid mobility.

XIII. ETHNIC MINORITY GROUPS

The impact of the pandemic on ethnic minorities has been particularly acute. The International Convention on the Elimination of All Forms of Racial Discrimination (CERD) explicitly protects the rights of minorities in the treaty.

The rural infrastructure in regions populated by ethnic minorities is extremely weak due to poor democratic and participatory initiatives in these areas, poor grasp of the local language, little trust in state institutions, and the unfair distribution of budgetary resources.

Prior to the declaration of the State of Emergency, ethnic minorities were given little information about COVID-19 and the relevant restrictions. The situation improved as from 23 March 2020 with the assistance of the Public Broadcasting Service who disseminated key messages through their website and booklets. However, significant shortcomings remain in terms of the government’s policy on communication in

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240 Ibid.


244 EMC calls on the authorities to provide water supply to the villages left without water to prevent the virus, March 20 2020, available at: https://emc.org.ge/ka/products/emc-moutsodebs-khelsuflebas-virusis-preventsistvis-uzrunvelqos-tsqliis-gareshe-darchenili-soflebis-momarageba?fbclid=IwAR17detsX3GtYdO8pjtqP0xOsOvhjg9A_mF6AP6Vpxs1-yCXuEF79QLLB04
ethnic minority languages. In particular, the PBS information in minority languages is only available for a short time on its website and for a very limited time on television (approximately 10 minutes each day). Internet access rates are low in the region.\textsuperscript{245}

In addition, the police acted aggressively towards ethnic minorities during the State of Emergency with respect to the imposition of fines for breaches of COVID-19 related restrictions. In fact, these breaches were often committed due to a lack of information on the part of ethnic minorities rather than by intent. The police made little effort to inform ethnic minorities of the COVID-19 restrictive measures and adopted a more aggressive policy of imposing fines.

The introduction of restrictive measures and quarantine, shutdown of public transportation and closure of shopping areas and markets left many people without a regular source of income. Local and central government failed to support those families left without jobs or an income (apart from the most vulnerable families) through unemployment benefits or other forms of social welfare assistance. The one-off humanitarian support provided by local government was insufficient.\textsuperscript{246}

Civil society organisations supported families in need. For example, EMC (an NGO operating a bilingual hotline), reported that 80 out of 100 calls on its bilingual hotline came from families requesting humanitarian assistance, only 14 of which had received assistance from the local municipality. The remaining support has been provided by faith-based organisations including the local mosque and evangelical Baptist church. Many families have been left on the brink of starvation. There were also allegations that humanitarian assistance was unfairly distributed due, in part, to nepotism. In particular, the residents of Marneuli Municipality suggested that the City Hall was not responding adequately to their requests and was distributing resources unfairly.\textsuperscript{247}

The right to access safe drinking water is recognized in international human rights law.\textsuperscript{248} The UN Human Rights Committee, in its General Comment No. 15 on the right to water, defines as the right of everyone “to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses.”\textsuperscript{249}

In most villages, access to clean drinking water remains a major challenge.\textsuperscript{250} In some cases, villagers have had to travel communally in cars to neighboring villages to a spring water source, in contravention

\begin{footnotesize}
\begin{enumerate}
\item EMC is responding to the social crisis in Marneuli and Bolnis, April 22 2020, available at: https://emc.org.ge/en/products/emc-marneulsa-da-bolnisshi-shtsialuri-sotsialuri-kriiziss-ekhmianeba?fbclid=IwAR0ZF1nNRUGGzNQC2gojv5df4M8H4e0qg57qel4QGsbXy7qwCBEhCk
\item Ibid.
\item EMC is responding to the social crisis in Marneuli and Bolnis, April 22 2020, available at: https://emc.org.ge/en/products/emc-marneulsa-da-bolnisshi-shtsialuri-sotsialuri-kriiziss-ekhmianeba?fbclid=IwAR0ZF1nNRUGGzNQC2gojv5df4M8H4e0qg57qel4QGsbXy7qwCBEhCk
\item Convention on the Rights of the Child; CEDAW, ICESCR, Article 11 and 12; CRPD
\item For example, the villages of Marneuli Municipality: Khutor-Lezhbadin, Tazakendi, the village of Krikhlo, Kvero Sarai, Ulashlo water are not supplied at all; Water problems are in the villages of Tsurtavi, Talaveri, Dabazi, Mamkhtu and Savaneti in Bolnisi Municipality; Access to clean and sufficient drinking water is a particular problem in the villages of the Pankisi region; EMC calls on the authorities to provide water supply to the villages left without water to prevent the virus, March 20 2020, available at: https://emc.org.ge/ka/products/emc-moutsodebs-kehisolufebas-virusis-preventsisistvis-uzrunvelgos-tsqli-goreshe-darcheni-soflebis-momarageba?fbclid=IwAR17detsX3GtyD0pflaqP0xOsOhyjg9A_mF6AP8Vpuxs1-CXuEF79QLLB04
\end{enumerate}
\end{footnotesize}
of social distancing rules. There have been reports of fines being issued to groups gathering at collective water points.251

The authorities have been heavy-handed in their response to social unrest and demonstrations against quarantine measures. While protests have been peaceful with demonstrators whistling, clapping or honking car horns the authorities have responded by initiating an investigation under the State Security Service Act (section 318 of the Criminal Code) which criminalises sabotage. Instead of responding proportionately with measures aimed at alleviating the current crisis, the authorities resorted to punitive measures. Communities have looked to support one another by mobilising and distributing humanitarian aid but local government thwarted these attempts by extending restrictions on the use of vehicles for humanitarian aid deliveries.252

**XIV. LGBTQI PEOPLE**

Under international human rights law, States are under a legal obligation to safeguard the rights of LGBTQI people on the basis of the Universal Declaration of Human Rights and other international and regional treaties.253 These core international human rights treaties include the universally applicable guarantee of non-discrimination in the enjoyment of all rights. Further, the UN Yogyakarta Principles provides a set of principles on the application of international human rights law in relation to sexual orientation and gender identity.254 The UN Convention on the Elimination of Racial Discrimination (CERD) applies to all people regardless of sex, sexual orientation, gender identity or other status. States are required to protect LGBTQI people from being discriminated against and to take specific steps in response if it does happen. In Europe, the ECHR provides the principal source of protection for LGBTQI rights alongside the OSCE and European Union.

Due to the high level of homo/bi/transphobia, the LGBTQI community is one of the most marginalised groups in Georgia. The systemic economic, social, and healthcare challenges that the LGBTQI community face have significantly deteriorated during the current health crisis.255

The Georgian authorities have failed to support the LGBTI community in a meaningful way and has ignored the systemic and structural inequalities and human rights violations facing this community. Gender equality, legal gender recognition, or proactive initiatives aimed at curtailing homo/bi/transphobia via educational and awareness-raising interventions remain outside the scope of government Action Plans.

During the pandemic, the Georgian government continued to neglect the needs of LGBTQI people. Civil society organisations have been very active in campaigning and lobbying the government on behalf of the LGBTQI community but they have nonetheless been excluded from COVID-19 policy planning.256

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**Footnotes:**

251 EMC calls on the authorities to provide water supply to the villages left without water to prevent the virus, March 20 2020, available at: https://emc.org.ge/ka/products/emc-moutsodebs-khelisuflebas-virusis-preventsistvis-uzrunvelqos-tsquilis-goreshe-darcheniili-sofiliebis-momarageba?fbclid=IwAR17detsX3GtYdO8pjqP0xOsOhvijg9AMf6AP8Vpuwx1-yCXuE79QLLB04


253 ICESCR, ICCPR, CRC

254 UN Yogyarkarta Principles - https://yogyakartaprinciples.org/


256 CBO Statement, May 08 2020, see at http://www.equality.ge/en/5900
The “stay at home” policy imposed by the government to combat the spread of the COVID-19 has been particularly detrimental to LGBTQI people who cannot afford to adhere to social distancing requirements. Young LGBTQI people are at particular risk from family members who may be abusive or violent. In some instances, young LGBTQI people who have been forced to leave their homes face evictions for non-payment of rents due to the economic crisis.257

The LGBTQI community were unable to avail themselves of government financial support (apart from utility subsidies) given their difficulties in providing evidence to confirm their self-employed status and the precarious nature of their employment more generally. Thus, they were unable to benefit from the one-off payment of 300 GEL per month offered to self-employed individuals.258 The community received one-off humanitarian support in the form of food parcels and personal hygiene kits but such measures fall short of adequate state support. Moreover, these supplies were only available to residents of Tbilisi thus excluding the needs of this community beyond the capital and, to a degree, denying their existence.259

Trans women are one of the most vulnerable groups in Georgia. This community are excluded from society at large and, as a result, are often compelled to work in dangerous conditions and many resort to sex work. On 30 April 2020, trans women organised a demonstration in front of Tbilisi City Hall, to protest against the government’s failure to protect them during the crisis and to highlight their dangerous working conditions. During the demonstration, one of the protesters, a 19-year-old trans sex worker, set herself on fire as she was being detained by law enforcement officials and shouted, “I am a transgender woman, and I am setting myself on fire because the Georgian state does not care about me”.260

The incident was broadcast live by several TV channels in violation of ethical standards of journalism. The incident was covered in a sensationalist manner. The authorities have failed to take any substantive measures by way of statements or actions to better protect the LGBTQI community during the public health crisis and enhance the needs of the community at a structural level.261

**De facto Authorities’ Response to COVID-19 and its Impact on Human Rights on the Occupied Territories of Abkhazia and South Ossetia**

People living in the occupied territories of Abkhazia and South Ossetia face extreme challenges in terms of their physical, economic and diplomatic isolation which have been exacerbated by the pandemic. The ageing population, outdated Soviet-era infrastructure and an impoverished health system have made the fight against the pandemic even more challenging. Moreover, it has been difficult for humanitarian

257 WISG addresses the State authorities regarding the emergency situation related to COVID-19, March 20 2020, see at https://wisg.org/en/news/detail/276
258 Ibid.
260 Transgender woman sets herself on fire in Tbilisi, April 30 2020, see at https://oc-media.org/transgender-woman-sets-herself-on-fire-in-tbilisi/
261 CBO Statement, May 08 2020, see at http://www.equality.ge/en/5900
aid and assistance to reach these communities given the territories’ contested status in the international community.

In the early stages of the pandemic, several senior Georgian government officials reached out to the WHO and other international organisations (IOs) to provide support for both regions. The Tbilisi central government indicated that it would not block movement to and from the regions262 and the Georgian Prime Minister, Giorgi Gakharia, in a statement of 17 March 2020, offered “to help Georgian citizens in the occupied territories wherever possible”.263

However, this offer was rejected by the de facto authorities of South Ossetia and Abkhazia. On 16 March 2020, talking to Sputnik Ossetia, Russian state-owned media, South Ossetia’s Foreign Minister, Dmitry Medoyev, accused Georgia of “using a problem like the coronavirus for public relations”.264 Medoyev reportedly questioned the official figures of infected people arriving into the territories from Georgia and maintained that the US-funded Richard Lugar Centre for Public Health Research in Tbilisi was a ‘threat to the security of the whole Caucasus region’.265

This rhetoric aligns with Russia’s ongoing disinformation campaign about the Lugar Center, which has been critical in Georgia’s fight against COVID-19. In response to the accusations, the Foreign Ministry of Georgia issued an official statement condemning Russia’s “hybrid warfare tools against Georgia, and fabricated propaganda myths”.266

On 22 May 2020, the Georgian Foreign Ministry released a statement condemning another major issue of “illegal borderisation” that has intensified during the pandemic. The Russian occupying forces have installed barbed wire fences, so-called “border” signs and dug so-called “anti-fire trenches” in the direction of both occupied Georgian regions of Abkhazia and Tskhinvali region/South Ossetia. The process of “borderisation” has been going on simultaneously in the vicinity of twelve different villages of the Kareli Municipality namely Tseronisi, Knolevi, Takhtisdziri, Dvani, Koda, Chvrinisi and Atotsi; the Tsalenyikha Municipality villages of Pakhulani and Muzhava; as well as the Zugdidi Municipality villages of Khurcha and Ganmukhuri.267

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267 Ibid.
International Organisation’s engagement with the *de facto* authorities of occupied Abkhazia and South Ossetia

Due to the current public health crisis, the next round of the Geneva International Discussions on the Conflict in Georgia (the GID), which were scheduled to take place between 31 March 2020 –1 April 2020, have been postponed indefinitely. The GID is the sole forum for international talks between Georgian, Abkhazian and the South Ossetian officials and was established to address the consequences of the August 2008 war. The talks are co-chaired by the EU, OSCE, and UN and involve Georgian, Russian, Abkhazian, and South Ossetian negotiators, as well as US representatives.\(^{268}\)

The occupied regions of Abkhazia and South Ossetia were recently under consideration by the by the United Nations Human Rights Council (HRC). On 22 June 2020, the HRC highlighted human rights abuses in breakaway Abkhazia and Tskhinvali region/South Ossetia and adopted a UN resolution on the issue.\(^{269}\) It is worth noting that the resolution calls for “immediate and unimpeded access to be given to the Office of the High Commissioner and international and regional human rights mechanisms to Abkhazia, Georgia and the Tskhinvali region/South Ossetia, Georgia; and requests the High Commissioner to present to the Human Rights Council... oral update on the follow-up to the present resolution at its forty-fourth session, and to present a written report on developments relating to and the implementation of the present resolution at its forty-fifth session.”\(^{270}\)

In terms of EU engagement, the European Union’s Annual Report on Human Rights and Democracy has detailed human rights violations in occupied Abkhazia and Tskhinvali region. The report highlights the EU’s engagement on this issue, “The EU continues to raise concerns about the grave human rights situation and prevailing impunity...as well as about ongoing serious human rights violations and abuses...in Georgian regions of Abkhazia and Tskhinvali/South Ossetia, not controlled by the respective governments. The EU actively engaged in calling those exercising effective control to grant unimpeded access for international human rights mechanisms to these regions of Georgia.”\(^{271}\)

I. **ABKHAZIA**

Prior to the outbreak of the pandemic, in January 2020, violent protests erupted following the contested election that brought *de facto* President Raul Khajimba to power.\(^{272}\) The political crisis that beset the region led to Khajimba’s resignation and the announcement of new elections. The *de facto* authorities were slow to impose social distancing measures and only introduced a state of emergency post-

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The opposition candidate, Aslan Bzhaniya, won the election on 22 March 2020 but was not, inaugurated until 23 April 2020. In the meantime, acting president, Valery Bganba, signed a decree to introduce a state of emergency on 28 March closing the borders on the Ingur and Psou rivers, with entry from Russia permitted only for diplomats, military personnel and international cargo.

Following the first recorded case of COVID-19 in the Gali district on 29 March 2020, the authorities introduced a local curfew in the area. Subsequently, on 7 April 2020, the curfew was extended to the town of Gagra following the diagnosis of another case. On 8 April 2020, the Russian-Abkhaz border was closed and new restrictions were introduced, including fines in the sum of 3,000-20,000 roubles (35-230 EUR) for violating the restrictions. All public gatherings, shops and public institutions apart from grocery shops and pharmacies were also shut down. An interagency commission was established as the key government focal point responsible for leading on the territories’ response to the pandemic. The commission has been operating a hotline providing information on medical and mental health services and has been regularly updating the public on COVID-19 matters.

Alhas Jinjolia, a member of the interagency commission, expressed his concerns that existing vulnerabilities (an ageing population, lack of medical personnel and a weak infrastructure) have been compounded by the pandemic. Some 20 per cent of the population are over the age of 60; medical personnel themselves are at especially high risk given that 80 per cent are aged 60 or over.

Local officials reported particular difficulties in discouraging residents from holding large funerals.

**Easing restrictions:**

The de facto authorities started easing restrictions on movement and allowed reopening of markets in major towns as of 20 April 2020, after almost a month of curfew.

Further restrictions have been eased since 1 May 2020: public transport, hairdressers and beauty salons were allowed to reopen, while markets were also allowed to operate three days a week.

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276 Ibid.


279 Ibid.

The *de facto* President, Aslan Bzhania, presented a number of proposals to remove restrictions on crossing the Russian-Abkhaz border and, in a letter to the Russian Prime Minister, expressed his willingness to remove restrictions and comply with all hygiene and sanitary measures. As of 24 July 2020 officials on both sides are in discussions with a view to reaching a joint decision. The recent order extended restrictions on the state border until 21 July 2020.

**Economic impact of COVID-19**

The pandemic has had severe economic and budgetary implications for Abkhazia. In order to ease the burden caused by the state of emergency (covering the period 28 March to 20 April 2020), the *de facto* Government of Abkhazia granted tax relief to small businesses in April and May 2020. In a subsequent announcement, President Bzhaniya admitted that “the situation was alarming” as the government revenues for the months of April and May 2020 had halved.

Moreover, the tourism industry, which is a major source of income for Abkhazia’s economy and primarily relies on tourists from Russia, has been heavily affected by the pandemic. The border with Russia remains closed on both sides, and the outlook for the tourism industry looks poor this summer.

The Abkhazian economy relies heavily on Russia which provides some 60 per cent of the region’s budget. Prior to the outbreak of the pandemic, *de facto* officials reported that the budget was nearly empty. According to one local official, “We need a credit or direct humanitarian support of some 50-100 billion USD to survive the upcoming months”. However, international organisations or foreign banks require Georgia’s permission to offer aid.

In early March 2020, Abkhazia’s *de facto* authorities reached out to international organisations to mobilise foreign aid. In response, the UN Development Programme (UNDP) provided over 12000 packages of basic medical supplies; international NGOs with local offices offered vehicles for emergency care and

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285 OC Media, Abkhazia ‘has not received’ Russian funding for 6 months, June 05 2020, available at: https://oc-media.org/abkhazia-has-not-received-russian-funding-for-6-months/


287 OC Media, Abkhazia ‘has not received’ Russian funding for 6 months, June 05 2020, available at: https://oc-media.org/abkhazia-has-not-received-russian-funding-for-6-months/

pulverisers to disinfect public transport.\textsuperscript{289} In addition, the UNDP and WHO specialists carried out a needs assessment in Sukhumi. Russia also sent approximately 500 COVID-19 test kits and deployed soldiers to support disinfection of public places; in addition, the diaspora community managed to fundraise around 55 million roubles (63 381 EUR) which was used for medical equipment and increasing the number of ventilators in Abkhazia to 60.\textsuperscript{290}

The Abkhazian \textit{de facto} authorities also indicated their readiness to work with and enter into dialogue with the Georgian authorities.\textsuperscript{291} On 23 March 2020, \textit{de facto} President of Abkhazia, Bzhania reiterated the need for direct talks particularly in relation to securing medical services on Georgian controlled territory, the movement of criminals across Enguri, and shared electricity generated by the Enguri Dam.\textsuperscript{292} Although two out of three crossing points have been closed for regular traffic between Georgia and occupied territories since 2017, people have been allowed to leave Abkhazia to visit Georgian hospitals through Enguri Bridge.\textsuperscript{293} However, the issue of direct talks with Abkhazian authorities has been “an explosive subject” in Georgia and a source of much public contention. Previous attempts to convene talks with the Abkhazian authorities (in 2013 and later in 2018 by then Prime Minister Giorgi Kvirikashvili) has led to accusations of endangering Georgia’s territorial integrity as well as jeopardising the “Geneva format” of discussions (the GID).\textsuperscript{294}

\section*{II. SOUTH OSSETIA}

COVID-19 poses a significant risk to the occupied region of South Ossetia where 17 per cent of the population is elderly.\textsuperscript{295} The public health care system is underdeveloped and hospitals are severely under-equipped. Medical professionals have refused to work in hospitals due to insufficient PPE.\textsuperscript{296} Moreover, many of the region’s medical professionals had not had any relevant training for years.\textsuperscript{297} Russia supplies South Ossetia with the majority of its needs but stopped sending medical supplies to the region in early March 2020.\textsuperscript{298}

\begin{itemize}
\item \textsuperscript{289} Apsny Press, UNDP delivered to Abkhazia a cargo of medical supplies and other consumables, April 16 2020, available at: http://apsnypress.info/news/proon-dostavila-v-abkhaziyu-gruz-zashchitnogo-meditinskogo-snaryazheniya-i-raskhodnykh-materialov/
\item \textsuperscript{292} РИА Новости, Бжания: Абхазия и Грузия нуждаются в «малой» переговорной площадке, March 23 2020, available at: https://ria.ru/20200323/1568999727.html
\item \textsuperscript{294} Statement of the Prime Minister of Georgia, Giorgi Kvirikashvili, September 08, 2018, available at: http://gov.ge/index.php?lang_id=GEO&sec_id=491&info_id=63740
\item \textsuperscript{295} RES, Aza Tasoeva about growth in the numbers of pensioners and increase in the 2020 budget of the Fund, November 14 2019, http://cominf.org/node/1166526492
\item \textsuperscript{297} Sputnik- Ossetia, Doctor of Tskhinvali hospital told how many ventilators South Ossetia has, April 03 2020. https://sputnik-ossetia.ru/South_Ossetia/20200403/10367259/Vrach-tskhinvalskoy-bolnitsey-rasskaza-v-samom-dele-v-Yuzhnoy-OSetii-IVL.html
\item \textsuperscript{298} In early March Russia's government banned exports of all medical supplies to foreign countries, excepting specific foreign aid shipments purchases by individuals. See "Russian government restricts exports of face masks, other medical goods till June 01", TASS, March 04 2020. https://tass.com/economy/1126373
\end{itemize}
South Ossetia’s response to the pandemic was slow even though borders were closed with Georgia indefinitely on 27 February 2020, a day after the first case was confirmed in the country. The de facto authorities nevertheless allowed a youth wrestling tournament to take place as late as 22-25 March 2020. In a similar vein, hundreds of local officials attended a meeting on 25 March 2020 where the de facto President delivered a state address.

Schools and universities remained open later than anywhere else in the South Caucasus. Public events were not cancelled until 16 March 2020 followed two days later by the closure of all educational institutions. Students returning to the region after Russian universities switched to remote teaching were encouraged to self-isolate on their return.

**Freedom of Movement**

People living in the occupied territories face restrictions on their freedom of movement. In particular, movement across the South Ossetian border has been restricted since late August 2020, following a stand-off between Georgian and South Ossetian de facto authorities over the Tsnelisi area. The problem is particularly serious in the Akhalgori district of South Ossetia, an area predominantly populated by ethnic-Georgians. The closure of the Mosabruni crossing point in Akhalgori resulted in a humanitarian crisis in the district. The situation has been so dire that it has led to some fatalities where residents have been unable to leave the region to obtain urgent medical care.

Prior to the border closure with Georgia on 27 February 2020, residents of Akhalgori were allowed to access Georgia-controlled territory only once every two months in order to collect their pensions and undergo medical treatment. The Roki tunnel, South Ossetia’s only other connection to the outside world through Russia’s North Ossetia, has been closed since 17 March 2020 due to heavy snowfall. Recently, South Ossetian cargo importers have complained of operational difficulties while crossing the Nizhny Zaramag checkpoint in North Ossetia as a result of the Russian regulations, which has led to a shortage of some basic products in South Ossetia.

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299 Эхо Кавказа, Закрытие границы в форме карантина, March 02 2020, available at: https://www.ekhokavkaza.com/a/30464838.html
304 https://oc-media.org/?s=tsnelisi&amp;x=13&amp;y=11
308 Кавказский узеь, Предприниматели перестали ввозить в Южную Осетию крупные партии товаров, February 21 2020, available at: https://www.kavkaz-uzel.eu/articles/346193/
Restrictions on freedom of movement have had a serious impact on the local populations' access to livelihoods and essential services including health care and for medical evacuations. Access to medicine remains a problem, as in February 2020, the de facto authorities seized Tbilisi-produced medicines in local pharmacies. There are concerns that this practice exacerbated the humanitarian situation. In October 2019, a woman died as she was unable to secure an urgent medical evacuation. There are reports of similar cases where residents have been unable to secure medical treatment in time.

**Arbitrary Detentions**

The de facto authorities continue to arbitrarily detain individuals (including women and juveniles) for violating border restrictions; such measures raise serious human rights concerns. It was reported that between 2017-2019, the Russian military arrested 312 people travelling towards South Ossetia, among them 48 women and 12 juveniles.

The issue of so-called illegal border crossings has arisen due to a lack of clarity around the requirement for “permission documents” to enable to leave South Ossetia and travel. According to the Council of Europe, around 300 people were able to cross the border during a 10-day window in February 2020. However, those individuals without proper “documents” were refused permission to cross the border. The inability to go the territory controlled by the Georgian government and collect pensions there further weakens the socio-economic conditions of the affected population.

**Freedom of Expression**

The right to freedom of expression is suppressed in South Ossetia and a climate of fear and intimidation has forced the de facto authorities’ critics to leave the region. Others who remain in South Ossetia have self-censored out of fear of criminal prosecution and harassment. A recent case concerns Irina Kelekhshaeva who published an article in “Ekhokavkaza” on 22 November 2019, concerning allegations of ill-treatment and beatings in Tskinvali prison. Kelekhshaeva alleged that the Minister of Justice was present at the beatings. In response, the de facto Justice Minister, Lalieva, instituted legal proceedings.

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309 The Council of Europe, Consolidated report on the conflict in Georgia (October 2019 – March 2020) - Document presented by the Secretary General, April 04 2020, available at: https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016809e1775
310 Ibid.
312 Ibid.
313 By the end of January, the de facto authorities in South Ossetia indicated that the main crossing point would be open for ten days every two months for the collection of pensions by ethnic Georgians only. However, due to the COVID-19 pandemic, the whole Administrative Boundary Line was closed by the end of February. See The Council of Europe, Consolidated report on the conflict in Georgia (October 2019 – March 2020) - Document presented by the Secretary General, April 04 2020, para 47, available at: https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016809e1775
314 The Council of Europe, Consolidated report on the conflict in Georgia (October 2019 – March 2020) - Document presented by the Secretary General, April 04 2020, available at: https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016809e1775
against her on the grounds of disseminating defamatory information. According to the Democracy Research Institute, the investigation against Kelekhsaeva might be linked to the article “Ekhokavkaza”, which is the main source of dissemination of impartial information in the region.\textsuperscript{316}

**Cooperation with International Organisations**

The \textit{de facto} authorities in South Ossetia have been reluctant to engage with the WHO and other international organisations (further IOs) given their demands for international recognition as an independent state. The \textit{de facto} authorities see IOs’ collaboration with the Georgian government as undermining their claim to independence.\textsuperscript{317} Most recently, in March 2020 the WHO sought to send a team of specialists to the region but were refused admission unless they entered through Russia instead of Georgia; Tskhinvali subsequently shut its border with Russia.\textsuperscript{318}

At the time of writing, the International Committee of the Red Cross (ICRC) is the only international organisation operating in South Ossetia. It has provided supplies to the local jail and to the health structures in local towns and villages.\textsuperscript{319} Despite the ICRC support to the region, there is a lack of medical staff on the ground to assess local health needs.\textsuperscript{320} The \textit{de facto} authorities are putting the health of the population at risk by failing to co-operate with international organisations and the WHO during the pandemic and prioritising political demands.\textsuperscript{321}

**Recommendations**

**Recommendations to the Georgian government**

**EMERGENCY LEGISLATION**

- Ensure that any measures introduced during the emergency period are governed solely by primary legislation with appropriate safeguards akin to those under a state of emergency. Emergency measures should not afford the Executive unfettered discretion to act “at will” and should include clear conditions and limits on powers.

- Ensure that any emergency measures are accompanied by judicial and/or parliamentary oversight as an important check and balance against government overreach.


\textsuperscript{321} Ibid.
• The newly amended “Law on Public Health”, according to which government decrees and other by laws can be given priority over the laws, should be repealed by parliament or by the Constitutional Court in accordance with the principles of the rule of law and the Georgian constitution.

• Concerns about the constitutionality and legality of the new legislative amendments to the Code of Administrative Offenses and the Criminal Code of must be resolved by the Constitutional courts as soon as practicable.

**PENALTIES**

• Review the sanctions regime for violating emergency measures to ensure that fines are commensurate to salaries and are being applied in a proportionate and non-discriminatory way.

**ABUSE OF POWERS BY THE POLICE**

• Ensure that internal mechanisms investigate any allegations of abuse by law enforcement officials robustly and make findings available to the public. Investigations should be carried out in a timely and efficient manner by the State Inspector and in line with international human rights standards.

**FREEDOM OF MOVEMENT**

• Ensure that penalties for violating freedom of movement restrictions are proportionate and are not enforced in an excessive manner by the police or other actors.

• Identify those in need of transportation for chronic health-related reasons (such as tuberculosis, hepatitis C and dialysis programmes) and bring them to appropriate medical facilities and/or their place of residence in case public transportation is closed during the state of emergency.

**RIGHT TO A FAIR TRIAL**

• Ensure that fair trial rights are upheld in all circumstances and that in-person hearings remain the rule rather than the exception.

• Ensure the allocation of adequate financial resources for ‘remote justice’ hearings and associated costs e.g. training, technical equipment, internet connection.

• Draft national guidelines and eligibility criteria for remote justice hearings, in line with international human rights standards, and in conjunction with key justice stakeholders, human rights institutions and external experts.

• Promote the concept of ‘open justice’ to allow the public to attend electronic court hearings.

**PRISONS**

• The government should take practical steps to relieve overcrowding in prisons and promote the use of non-custodial measures.

• Provide all prison staff and people in prison with adequate PPE and improve hygiene measures in places of detention.

• Ensure that prison monitoring and oversight bodies have regular and unfettered access to prisons and other places of detention. If ‘in person’ monitoring is not possible, the authorities
should provide alternative ways of monitoring these establishments e.g. remote access to detention registers, files and ‘virtual visits’. Personal Protective Equipment should be provided to all prisoners and prison staff. The government should improve hygiene practices in places of detention.

**ACCESS TO INFORMATION**

- Provide ample public information on all platforms (online, broadcast) about COVID-19 and preventive measures in all national minority languages. In particular, important public health messages should be translated into Azerbaijani and Armenian and broadcast several times a day.
- Conduct a needs assessment of ethnic minority groups to help determine gaps in provision of services and information.

**RIGHT TO ASSEMBLY**

- Ensure that blanket bans on public assemblies do not become the norm during the public health crisis. The authorities should actively engage with organisers and/or participants to find workable solutions to manage any attendant public health risks associated with public demonstrations.
- Ensure that fines are applied in a non-discriminatory and equitable manner.

**RIGHT TO HEALTH**

- Provide all medical professionals and other frontline workers with all necessary PPE and regular testing for COVID-19. Ensure that working conditions for medical professionals comply with international labour law and human rights standards.
- Take special measures to ensure that people living with disabilities receive adequate treatment if diagnosed with COVID-19. Investigate and hold to account all incidents of stigmatization or discrimination against people living with disabilities.

**RIGHT TO HOUSING**

- Ensure that homeless people are not discriminated against in the provision of shelter, food and medical care. Provide homeless people with housing in shelters or any other suitable venue even in cases of non-eligibility.
- Promote “joined up” and coordinated action between local municipalities, the police and Ministry of Internal Affairs to identify and register homeless people.
- Take into consideration the economic vulnerability caused by the pandemic and make sure that there is a moratorium on deducting money from salaries, pensions and scholarships.

**ECONOMIC RESPONSE**

- Take special measures to ensure that no group is ‘left behind’ in terms of economic support and social assistance. Vulnerable groups (including single mothers, homeless people, women sex workers, LGBTQI) should be able to access any financial support without bureaucratic challenges.
- Create and develop inclusive economic policies that safeguard the rights of vulnerable groups and empower them both during and post-crisis.
EQUALITY AND THE PROHIBITION OF DISCRIMINATION

WOMEN

• Ensure that women are not discriminated against in the provision of support services and that protective mechanisms are in place for victims of domestic and other forms of gender-based violence. Women should be given access to sexual and reproductive health services, especially marginalised and the most vulnerable women.

• Take steps to ensure that public health campaigns reach marginalised women, women from ethnic minority backgrounds and women with disabilities (through proactive outreach, translation etc).

PEOPLE WITH DISABILITIES

• Ensure a disability-inclusive response to the crisis. In particular, the authorities should ensure the continuation of vital health services to people living with disabilities.

• Adopt a consultative approach in order to develop a vision and strategic document on how to address the needs of persons with disabilities during and in the aftermath of the pandemic.

ETHNIC MINORITY GROUPS

• Provide COVID-19 public health information in languages used by minority groups as far as possible.

• Provide humanitarian support to the self-governed municipalities of Bolnisi and Marneuli. Programmes of social support and humanitarian aid to Marneuli and Bolnisi self-governments should be based on broader and fairer social and economic criteria for assessing the social vulnerability of families, and their work should be more efficient, professional and impartial.

• Any fines should be proportionate and take into account the situation of this economically vulnerable community.

LGBTQI PEOPLE

• Take special measures to protect the LGBTI community and fully include them in COVID-19 policy response and planning. In the immediate short term, the LGBTQI community should be provided with rental subsidies, shelter or alternative housing options.

Recommendations to the de facto authorities of the occupied territories of Abkhazia and South Ossetia

• Ensure that the human rights of the both populations are fully protected and remain central to the management of the public health crisis.

• Desist from using disinformation campaigns that target the Georgian authorities and lead to hostility and promote the use of cooperative language.

• Allow international monitors access to the territory to monitor human rights violations and provide assistance to the population.