



January 2014

European Social Charter (revised)

European Committee of Social Rights

Conclusions 2013

(GEORGIA)

Articles 11, 12 and 14
of the Revised Charter

This text may be subject to editorial revision.

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

Information on the Charter and the Committee as well as statements of interpretation and general questions formulated by the Committee appear in the General Introduction to the Conclusions.¹

The European Social Charter (revised) was ratified by Georgia on 22 May 2005. The time limit for submitting the 6th report on the application of this treaty to the Council of Europe was 31 October 2012 and Georgia submitted it on 27 August 2013. Comment on the report from WISG, Transgender Europe, and ILGA-Europe were registered on 25 September 2013.

This report concerned the accepted provisions of the following articles belonging to the thematic group "Health, social security and social protection":

- the right to safe and healthy working conditions (Article 2),
- the right to protection of health (Article 11),
- the right to social security (Article 12),
- the right to social and medical assistance (Article 13),
- the right to benefit from social welfare services (Article 14),
- the right of elderly persons to social protection (Article 23),
- the right to protection against poverty and social exclusion (Article 30).

Georgia has accepted Articles 11, 12§§1 and 3 and Article 14 from this group.

The reference period was 1 January 2008 to 31 December 2011.

The present chapter on Georgia concerns 7 situations and contains:

6 conclusions of non-conformity: Articles 11§1,2 and 3, 12§1 and 3, 14§2.

In respect of the other situation concerning Article 14§1, the Committee needs further information in order to assess the situation. The Committee considers that the absence of the information required amounts to a breach of the reporting obligation entered into by Georgia under the Charter. The Committee consequently asks the Government to comply with its obligation to provide this information in its next report on the articles in question.

The next report from Georgia deals with the accepted provisions of the following articles belonging to the thematic group "Labour rights":

- the right to just conditions of work (Article 2),
- the right to a fair remuneration (Article 4),
- the right to organise (Article 5),
- the right to bargain collectively (Article 6),
- the right to information and consultation (Article 21),
- the right to take part in the determination and improvement of the working conditions and working environment (Article 22),
- the right to dignity at work (Article 26).

- the right of workers' representatives to protection in the undertaking and facilities to be accorded to them (Article 28)
- the right to information and consultation in collective redundancy procedures (Article 29)

The deadline for the report was 31 October 2013.

¹*The conclusions as well as state reports can be consulted on the Council of Europe's Internet site (www.coe.int/socialcharter).*

Article 11 - Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

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

Right to the highest possible standard of health

The Committee notes from WHO that life expectancy at birth in 2009 (average for both sexes) was 73,77. The life-expectancy rate is still low relative to other European countries (for example, the EU-27 average that same year was 79,0).

The death rate (deaths/1,000 population) was 10.71 in 2010, a marginal increase from the previous year.

The Committee notes that around 55% of deaths are attributed diseases of the circulatory system, followed by tumors (30%), traumas, intoxications and other external factors (6%), and digestive system diseases (2.2%). It asks what measures are taken to combat the major causes of mortality.

Infant mortality decreased slightly since the last reference period. In 2010 the rate was 11.2 per 1,000 live births, down from 14.1 per 1,000 live births in 2007. The Committee notes this decline, but considers that the rate is still high relative to other European countries (for example, the EU-27 rate in 2010 was 4.1 per 1,000).

As regards the maternal mortality rate, the Committee notes that it has increased during the reference period. In 2011 the rate reached 27.58 deaths per 100,000 live births, up from 14.4 in 2008 (and reaching a peak of 52.1 in 2009). These rates are significantly above the average in other European countries.

In its previous conclusion the Committee found that the situation was not in conformity with Article 11§1 on the grounds that it had not been established that measures to reduce infant and maternal mortality rates were adequate (Conclusions 2009). The Committee notes from the report some of the measures taken by the Government to improve the situation, mainly the infrastructure upgrading of healthcare centres for mothers and children, and the implementation of various programmes and health examinations in this area. However, in view of the increasing rate of maternal mortality, as well as the prevailing high infant mortality rate, the Committee finds that insufficient efforts have been undertaken in this field, and therefore reiterates its previous finding of non-conformity on this ground.

Right of access to health care

The report indicates that the Law on Public Health of 27 June 2007 is the legal basis for the right to protection of health of the population. A National Healthcare Strategy for the period 2011-2015 has been adopted and aims at improving the health of the population and reducing the burden of disease and mortality. The Committee wishes to be kept informed on the implementation of this Strategy and its results, namely whether the outlined policy objectives (in terms of life expectancy, mortality and quality of life) are being met.

The Committee notes from the written information submitted by the Georgian representative to the Governmental Committee (Report concerning Conclusions 2009, T-SG(2011)1 final) that private health insurance is being promoted as the main mechanism for the pre-payment of health services (private insurance coverage for certain population categories, including households living below the poverty line, is nevertheless paid from public funds). The Committee also notes from another source¹ that health system regulation in Georgia is weak,

and that out-of-pocket payments remain the main source of funding for the health system, which reduces access to services for much of the population, particularly in access to pharmaceuticals. Pharmaceuticals are not covered under the state-sponsored private health insurance packages and have only limited cover under other state health programmes. On the basis of this information, the Committee considers that it has not been established that there is a public health system providing universal coverage. It invites the Government to keep it informed of any reforms moving towards the establishment of a public health system of universal coverage. It also asks whether new legislation on pharmaceuticals is envisaged.

The Committee notes from the report the statistics on healthcare facilities and professionals. It asks if measures are being taken to further increase the number of doctors.

The Committee recalls that the right of access to health care also requires that arrangements for access to care must not lead to unnecessary delays in its provision. It therefore asks again the next report to provide information about the rules that apply to the management of waiting lists and statistics on average waiting times in health care.

In the last examination of Article 11, the Committee adopted a general question addressed to all States on the availability of rehabilitation facilities for drug addicts, and the range of facilities and treatments. The Committee requests that information on this also be included in the next report.

As regards the right to protection of health of transgender persons the Committee received submissions from the International Lesbian and Gay Association (European Region) (ILGA) stating that in Georgia there is a requirement that transgender people undergo medical treatment, including sterilisation, as a condition of legal gender recognition. It also claims that the authorities fail to provide medical facilities for gender reassignment treatment, and to ensure that medical insurance covers, or contributes to the coverage of such medically necessary treatment, on a non-discriminatory basis. The Committee invites the Government to submit comments on this matter.

Conclusion

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

- the measures taken to reduce infant and maternal mortality rates have been insufficient;
- it has not been established that there is a public health system providing universal coverage.

¹*Health Systems in Transition, Georgia, WHO.*

Article 11 - Right to protection of health

Paragraph 2 - Advisory and educational facilities

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

Education and awareness raising

The Committee notes from the written information submitted by the Georgian representative to the Governmental Committee (Report concerning Conclusions 2009, T-SG(2011)1 final) that information campaigns to prevent and control chronic diseases are conducted by different agencies of the healthcare system. Some of the campaigns have targeted the prevention of HIV, Tuberculosis, tobacco and drug consumption. The campaigns are periodic, using different channels and with a defined coverage. As the current report provides no information on this, the Committee recalls that the next report should include up-dated information on the whole range of activities undertaken by public health services, or other bodies, to promote health and prevent diseases.

As regards health education in schools, the Committee also notes from the written information submitted by the Georgian representative to the Governmental Committee (Report concerning Conclusions 2009, T-SG(2011)1 final) that national educational standards of secondary schools include information on the risks of tobacco consumption, alcohol, drugs and other components of a healthy lifestyle. These issues are included in guides and textbooks for both pupils and teachers. Health education in schools is also being promoted through the establishment of a network of health promoting schools.

The current report clarifies that under the National Education Plan 2011-2016, health education at schools is addressed through separate subjects and activities (nature, biology, chemistry, social sciences, sports and supervisory meetings between teachers-students).

Counselling and screening

In its previous conclusion, the Committee found that the situation was not in conformity with this provision on the ground that measures for counselling and screening of pregnant women and children were not adequate (Conclusions 2009). Bearing in mind that the rate of infant and maternal mortality are still high in the country (see conclusion under Article 11§1) the Committee considers that the antenatal services and examinations for pregnant women have not improved sufficiently, and reiterates its conclusion of non-conformity on this ground.

Moreover, the Committee recalls that free medical checks for children must be carried out through the period of schooling. It therefore asks that information on this be included in the next report, including on the frequency of school medical examinations, their objectives, the proportion of pupils concerned and the level of staffing.

The report fails to provide, for the second time, any information on counselling and screening for the population at large. The Committee recalls that pursuant to this provision there should be screening, preferably systematic, for the diseases which constitute the principal cause of death. Preventive screening must play an effective role in improving the population's state of health. The Committee therefore asks again what mass screening programmes are available in the country. In the meantime, it considers that it has not been established that prevention through screening is used as a contribution to the health of the population.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 11§2 of the Charter on the grounds that:

- measures for counselling and screening of pregnant women and children are not adequate;
- it has not been established that prevention through screening is used as a contribution to the health of the population.

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

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

In its previous conclusion, the Committee found that the situation was not in conformity with this provision on the ground that it had not been established that adequate measures had been adopted in the field of environmental health, on tobacco consumption, alcohol use, drug abuse, food safety or to prevent accidents (Conclusions 2009). The current report provides information on most of these matters, thus clarifying the situation. However, there are still some outstanding questions, and a problem as regards the right to water in rural areas.

Healthy environment

The Committee takes note that the Environment Protection Law of 1996 is the framework legislation in the field of environmental protection. Specific laws have also been passed for the protection of air quality, water safety, on the protection of the population against the risks from ionising radiation and asbestos, as well as in the area of food safety.

According to the report, in 2010 availability of drinking water was still a major problem for 19% of the rural population. The Committee considers that having access to safe drinking water is central to living a life in dignity and upholding human rights. It also recalls that "under Article 11§1 of the Charter, health systems must respond appropriately to avoidable health risks, i.e. ones that can be controlled by human action, and states must guarantee the best possible results in line with the available knowledge." (Conclusions XV-2, Denmark). It therefore asks if any measures are being taken to improve access of rural population to safe water. In the meantime, it finds that it has not been established that adequate measures have been taken to ensure access to safe drinking water in rural areas.

The Committee asks the next report to provide information on the institutional structures for the proper implementation of the above-mentioned legislation. It also wishes to receive information on levels of air pollution, as well as on cases of water and food intoxication, and whether trends increased or decreased during the reference period.

Tobacco, alcohol and drugs

The Committee notes that WHO Framework Convention on Tobacco Control was ratified by Georgia on 14 February 2006. The Committee notes from the written information submitted by the Georgian representative to the Governmental Committee (Report concerning Conclusions 2009, T-SG(2011)1 final) that at the beginning of 2009 Parliament adopted changes to the law on tobacco control, which banned smoking in medical, educational, sport facilities and public transport, and partly restricted it in other public places and work environments. Size of health warnings have increased by 30%. The Committee asks to be kept informed on the implementation of the amended law and other tobacco control strategies. More generally, it wishes to receive updated information in the next report on the state of legislation on smoke-free environments, health warnings on tobacco packages, and if there is a ban on tobacco advertising, promotion and sponsorship, throughout the whole country.

According to the report, prevalence of tobacco smoking is high among adult men (55.5%), lower among women (4.8%). The age group 25-44 is the one with highest consumption.

The Committee notes the legislation in force concerning alcohol, which includes the prohibition to sell alcoholic drinks to minors, and a number of rules putting limits on alcohol advertising. As

regards consumption trends, it notes from the report that prevalence is high with 78.5% among adults. The 18-24 age group is the one with highest consumption.

The report states that the Law on "Drugs, psychotropic substances and precursors, and detoxification" is the legal basis for the fight against drugs. There are currently around 40,000 drug addicted persons in the country which have access to rehabilitation and replacement therapy. The Committee asks to be kept informed on the implementation of policy in this area.

Immunisation and epidemiological monitoring

The Committee wishes to receive updated information on the national immunisation programme, namely which vaccines are included and the coverage rate. It recalls from the last report that children were vaccinated against nine diseases, with a coverage rate between 76% and 100% (Conclusions 2009).

The Committee notes from the written information submitted by the Georgian representative to the Governmental Committee (Report concerning Conclusions 2009, T-SG(2011)1 final) that HIV prevalence rate increased between 2007-2008 from 26.9 to 42.2 (total number of cases registered by year). The report indicates that there are state programmes for the control of infectious diseases, tuberculosis and AIDS.

Accidents

The report states that the Law on Traffic safety is the legal basis for promoting road safety. A state programme in this area has also been prepared. In 2010, the number of deaths was 658 (an increase of 133 compared to 2009) and 7,560 injuries. The Committee wishes to receive information in the next report on specific measures taken to prevent the road accidents, as well as other accidents such as those at school, during leisure time and in the home environment.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 11§3 of the Charter on the ground that it has not been established that adequate measures have been taken to ensure access to safe drinking water in rural areas.

Article 12 - Right to social security

Paragraph 1 - Existence of a social security system

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

Risks covered, financing of benefits and personal coverage

In its previous conclusion (Conclusions 2009) the Committee asked for essential clarifications concerning the branches of healthcare and unemployment as well as regarding the number of risks for which protection was secured under the social security system.

As regards *healthcare*, the Committee notes from MISSCEO that medical insurance system is financed through taxation, local budgets and state subsidies. The following categories of persons are covered: households under the poverty line, children, old age people, and disabled persons. Pharmaceuticals for citizens living below the poverty line are provided within the insurance limits of GEL 50 (€ 23) with 50% of co-payment. The Committee further notes from the report that in accordance with the Resolution No 218 of December 2009 on defining the measures to be implemented with a view to providing health insurance to the population and terms and conditions for the issuance of the insurance voucher in the framework of the state programme, the right to the voucher was granted, among others, to the families registered at the general database of socially vulnerable families. In 2011 there were 749,964 families whose income was below the poverty line and who were the beneficiaries of the health insurance voucher. The Committee notes that apart from these families, other categories of persons were also insured, such as homeless children, state artists, teachers etc.

The Committee notes from another source¹ that the population of Georgia in 2011 stood at 4,4 million. The Committee asks what is the personal coverage of healthcare – i.e. the percentage of insured persons out of the total population. The Committee holds that if this information is not provided in the next report, there will be nothing to establish that the situation is in conformity with the Charter.

As regards *unemployment benefit* branch, according to the report unemployment benefit was repealed in 2006. The Committee thus notes that the social security system does not provide protection against unemployment risk.

As regards *family benefit*, since Georgia has not accepted Article 16 of the Charter, the Committee assesses the family benefits branch under this provision. It notes from MISSCEO that there is no special provision regarding child benefit, child raising or child care allowance or a single parent allowance.

The Committee further notes from the report that the family benefit is regulated by the Governmental Decree on Social Assistance No 145 of 2006. This decree defines the categories of families eligible for the benefit, such as those with disabled children under the age of 18, families with 7 or more children. At December 2011 there were 17, 626 beneficiaries of family benefit.

The Committee takes note of the state programmes aimed at financially supporting children with disabilities, the elderly and children without parental care, such as the programme for functioning of guardianship and care agency, daycare centres programme, family type services programme and child rehabilitation programme. It considers that this information is outside the material scope of Article 12 and should be reported under Articles 15 and 17 of the Charter.

The Committee recalls that in the meaning of Articles 12 and 16 of the Charter, the States are required to ensure economic protection of the family by appropriate means. The primary means

should be family or child benefits provided as part of social security, available either universally or subject to a means-test (Conclusions 2006, Statement of Interpretation on Article 16). The Committee observes that the family benefit system as described in the Georgian report cannot be assimilated with the family benefit branch of social security in the meaning of Articles 12 and 16 of the Charter. Therefore, the Committee holds that the social security system does not cover family benefits branch.

The Committee further recalls that Article 12 of the Charter guarantees the right to social security to workers and their dependents including the self-employed. States must ensure this right through the existence of a social security system established by law and functioning in practice. A social security system exists within the meaning of Article 12§1 when it covers the traditional risks and therefore provides the following benefits: medical care, sickness benefit, unemployment benefit, old age benefit, employment injury benefit, family benefit and maternity benefit. The Committee holds that in the absence of unemployment and family benefit branches, the number of risks covered by the system of social security is inadequate and therefore, the situation is not in conformity with the Charter.

As regards *old-age pension*, according to the report in 2011 there were 666,367 pensioners. The Committee notes from MISSCEO that all old age people (men at 65 years of age, women at 60) are covered.

As regards *sickness benefit*, the Committee notes from MISSCEO that it is guaranteed by the following legislation: the Labour Code of Georgia, Law of Georgia concerning Social Aids (2006), Order of Ministry of Labour, Health and Social Affairs No 281/n, 2007 concerning “temporary Incapacity Appraisal and Rules for Providing Sick-Leave Certificate”, Order of Ministry of Labour, Health and Social Affairs No 87/n 2009 on “Rules for appointment and provision of aid for Temporary Incapacity for work”. Sickness certificates can only be issued by doctors and institutions that have been licensed by the state. A sick leave certificate is required from the first day of absence. The claimant’s own doctor may authorise sickness for the first 10 calendar days only. After this period sick leave may be extended by the Head of the structural unit responsible for sickness certificates at the institution where the doctor is engaged.

The Committee requests that the next report provide information on the personal coverage of this risk – i.e. the percentage of persons insured against sickness out of the total active population (labour force).

Adequacy of the benefits

In the absence of the Eurostat median equivalised income indicator, the Committee notes from the report that in 2011 the subsistence minimum stood at GEL 156,9 (€72). According to the report, this indicator is derived on the basis of current average prices of food and non- food products.

As regards *old age pension*, the Committee notes from MISSCEO that a flat rate of GEL 80 (€ 37) was paid in 2011. The Committee further notes from the report that as of September 2011 old-age pension amounted to GEL 100 (€ 46). Supplements are paid in accordance with years worked with GEL 2 for up to 5 years and a maximum of GEL 10 for over 25 years of service. The Committee holds that the level of old-age benefit is inadequate.

As regards the level of *sickness benefit*, the Committee notes that it is paid at 100% of the previous wage. It asks what is the minimum level of sickness benefit. The Committee holds that if this information is not provided in the next report, there will be nothing to establish that the situation is in conformity.

As regards *maternity benefit*, the Committee notes that 126 days of maternity leave are paid and the basis for calculating the amount of maternity benefit is the average monthly wage of the employee. However, the Committee notes from MISSCEO that the basic amount of the cash benefit calculated based on salaries cannot exceed GEL 600 (€276). The Committee considers that the maximum amount of maternity benefit, calculated per month of the maternity leave (GEL 142) falls below the poverty threshold. Therefore, the minimum level of maternity benefit is inadequate.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 12§1 of the Charter on the grounds that:

- the number of risks covered by the system of social security is inadequate;
- the minimum level of old age benefit is inadequate;
- the minimum level of maternity benefit is inadequate.

¹http://www.geostat.ge/?action=page&p_id=151&lang=geo

Article 12 - Right to social security

Paragraph 3 - Development of the social security system

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

In its previous conclusion (Conclusions 2009) the Committee asked what progress was achieved in practice following the revision of social security legislation.

In reply the Committee takes note of the developments in the child care system, including children in institutions as well as small family type houses, children crisis centres, homeless children shelter etc, during 2008-2011. It notes that by the Order No 281 of the Minister of Labour, Health and Social Affairs child care standards were approved and by Order No 01/13/N of 2011 the day care centres service standards for persons with disabilities were approved. It also takes note of the 2011-2012 Action Plan regarding the major areas of child care system reform.

The Committee notes that children in care is outside the material scope of Article 12§3 and should be reported under Article 17§1.

The Committee notes furthermore that with the Resolution No 218 of 2009 that the coverage of health insurance has been expanded to cover, besides the families below the poverty line, homeless children, state artists, teachers etc. The Committee also notes that the level of old age pension was increased to GEL 100 in the reference period.

The Committee has held (Conclusions XIV-1, Statement of Interpretation on Article 12) that the system of social security should continue to play a crucial part in the redistribution of income and in maintaining social cohesion. In view of the close relationship between the economy and social rights, the pursuit of economic goals is not necessarily incompatible with this requirement. The states may consider that consolidating public finances in order to prevent deficits and debt interest from increasing, is one way of safeguarding the social security system. The Committee nevertheless, reserves the possibility of assessing whether the methods chosen by the State to achieve these objectives are appropriate.

The Committee recalls that in its decision on the merits of 7 December 2012 of the Complaint No 76/2012 – Federation of employed pensioners of Greece (IKA-ETAM) v. Greece §69, it held that it is necessary by virtue of the requirements of Article 12§3 for the state party to maintain the social security system on a satisfactory level that takes into account the legitimate expectations of beneficiaries of the system and the right of all persons to effective enjoyment of the right to social security. This requirement stems from the commitment of state parties to 'endeavour to raise progressively the system of social security to a higher level' which is expressly set out in the text of Article 12§3.

The Committee further recalls that Article 12§3 requires states to improve their social security system. The expansion of schemes, protection against new risks or increase of benefits are examples of such improvement. In order to ascertain whether the changes introduced do not infringe the principle and spirit of social security, the Committee makes a reasoned assessment of changes to the situation.

The Committee considers that the measures taken during the reference period are inadequate. The modifications carried out are not proportionate to the aim of raising the system of social security to a higher level. Therefore, the situation is not in conformity with the Charter.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 12§3 of the Charter on the ground that inadequate measures were taken to raise the system of social security to a higher level.

Article 14 - Right to benefit from social services

Paragraph 1 - Promotion or provision of social services

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

Organisation of the social services

In its last conclusion, the Committee asked to be informed about the reforms that were being introduced to adjust social service provision and establish a new national co-ordinating body under the authority of the Ministry of Labour, Health and Social Affairs. The Committee notes from the Governmental Committee's report that social services are available to several vulnerable groups, namely, children, persons with disabilities, the elderly and families living under the poverty line. Despite this answer, the Committee reiterates its question on whether there is a general social services system. In the meantime, it reserves its position on this point.

Effective and equal access

The report indicates that poor families can access social services free of charge and members of families living above the defined poverty line receive financial aid for services.

To access a social service the user has to refer to the local department of the Social Service Agency. In case the request for a social service is rejected, the user may appeal this decision before national courts.

In relation to equal access, the report states that according to the Law on Social Assistance any person who has a permanent residency in Georgia can have access to social services. In this regard, the Committee wishes the next report to indicate what the notion of "permanent residency" implies and whether temporary residents have access to social services.

Quality of services

The Committee asked in its last conclusion what conditions social service providers must satisfy to provide social services. Given the absence of information, the Committee reiterates its request. Should the next report not provide the information requested, there will be nothing to establish that the situation is in conformity with Article 14§1.

In relation to the monitoring procedures, the report refers to the study conducted by the organisation "BCG Research" following the order of the Ministry of Labor, Health and Social Affairs. This study relates to the monitoring of services from 2009 to 2011. The Committee wishes the next report to provide further information on the outcome of this study.

The report states that, in 2011, €10 million was spent on social services.

The Committee also asks whether there is any legislation on personal data protection.

Conclusion

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

The Committee considers that the absence of the information required amounts to a breach of the reporting obligation entered into by Georgia under the Charter. The Government consequently has an obligation to provide the requested information in the next report on this provision.

Article 14 - Right to benefit from social services

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

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

The report indicates that non-governmental organisations as well as civil society are actively involved in the implementation of social welfare service policies. In this regard, the Governmental Committee's report (Governmental Committee, Report concerning Conclusions 2009, Doc. T-SG(2011)1 final, §357) gives the example of the national action plan 2010-2012 for persons with disabilities, for which representatives of civil society together with local and international NGOs and the relevant ministries formed a working group. The Committee wishes the next report to provide further information on participation by individuals and voluntary and other organisations in the establishment and maintenance of social services.

In its last conclusion, the Committee asked the next report to provide information on the following issues:

- the measures designed to promote the involvement of voluntary organisations and individuals in the provision of social welfare services;
- the conditions these bodies must satisfy to be allowed to provide social services;
- how their activities are monitored;
- how representatives of civil society are involved in designing policies on social welfare services.

Given the absence of information on all these issues the Committee concludes that the situation is not in conformity with the Charter on the ground that it has not been established that measures are taken to encourage individuals and voluntary organisations to participate in the establishment and running of social welfare services.

The Committee wishes also to know whether and how the Government ensures that services managed by the private sector are effective and are accessible on an equal footing to all, without discrimination at least on grounds of race, ethnic origin, religion, disability, age, sexual orientation and political opinion.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 14§2 of the Charter on the ground that it has not been established that measures are taken to encourage individuals and voluntary organisations to participate in the establishment and running of social welfare services.