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European Social Charter (revised)
European Committee of Social Rights
Conclusions 2009 (GEORGIA)
Articles 11,12 and14
of the Revised Charter

This text may be subject to editorial revision.

Introduction

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, the 1998 Additional Protocol and the Revised Charter. In respect of national reports, it adopts "conclusions"; in respect of collective complaints, it adopts "decisions".

A presentation of this treaty as well as statements of interpretation formulated by the Committee appear in the General Introduction to the Conclusions¹.

The Revised European Social Charter was ratified by Georgia on 01 July 2005. The time limit for submitting the 2nd report on the application of this treaty to the Council of Europe was 31 October 2008 and Georgia submitted it on 20 September 2009.

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

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

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

The applicable reference period was 01 July 2005 – 31 December 2007

The present chapter on Georgia contains 7 conclusions :

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

In respect of the other situation, concerning Article 12§3, the Committee needs further information in order to assess the situation. The Government is therefore invited to provide this information in the next report on the articles in question.

The next Georgian report deals with the accepted provisions of the following articles belonging to the third 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 2009.

⁷ *The conclusions as well as state reports can be consulted on the Council of Europe's Internet site (www.coe.int/socialcharter).*

Article 11 - The 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.

State of health of the population – General indicators

The Committee notes from another source¹ that the right to the protection of health is enshrined in the Article 37 of the Constitution of Georgia and the Law on Protection of Health of 10 December 1997.

The Committee 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). To comply with Article 11§1, the main indicators of a country's state of health must reflect an improvement and not be too significantly below the average for all European countries.

Life expectancy and principal causes of death

The Committee notes from the report that the average life expectancy in 2007 amounted to 75,1 in 2007- 70,5 for men and 79,4 for women (the EU average² in 2004 was 75,2 for men and 81,5 for women). The Committee asks what are the principal causes of death.

Infant and maternal mortality

Infant and maternal mortality are an avoidable risk which States must deal with if they are to comply with Article 11§1 of the Charter (Conclusions 2005, Moldova). Consequently, indicators related to infant mortality and maternal mortality should be as close as possible to zero, particularly in highly developed health care systems.

According to the report the infant mortality rate amounted to 14,1 deaths per 1,000 live births in 2007 (the EU 27 average in 2006 was 4,7 per 1,000 live births). The Committee also notes from another source³ that in 2006 the infant mortality rate amounted to 29 deaths per 1000 live births. As concerns the maternal mortality rate, the Committee notes from the report that it amounted to 20,2 deaths per 100,000 live births in 2007 and according to another source⁴, to 66 per 100,000 live births in 2005. The Committee notes that both infant and maternal mortality rates are very high and that there is a clear disparity between the situation in Georgia and that in other European countries. It concludes that it has not been established that efforts made to reduce these rates are adequate. Therefore this situation amounts to a breach of the Charter. The Committee asks what are

the principal causes of maternal and infant mortality and what measures are taken to reduce their rates.

Health care system

Access to health care

The health care system must be accessible to everyone. Restrictions on the application of Article 11 may not be interpreted in such a way as to impede disadvantaged groups' exercise of their right to health. This interpretation is the logical consequence of the non-discrimination provision in Article E of the Charter, in conjunction with the substantive rights of the Charter (Conclusions XVII-2 and 2005, Statement of interpretation on Article 11, §5). The Committee pointed that this approach calls for a strict interpretation of the way the personal scope of the Charter is applied in conjunction with Article 11 on the right to protection of health, particularly with its first paragraph on access to health care.

The right of access to health care requires that the cost of health care should be borne, at least in part, by the community as a whole (Conclusions I, Statement of Interpretation on Article 11). This also requires that the cost of health care must not represent an excessively heavy burden for the individual. Steps must therefore be taken to reduce the financial burden on patients from the most disadvantaged sections of the community. The Committee examines the conformity of the situation in the light of Parliamentary Assembly Recommendation 1626 (2003) on 'the reform of health care systems in Europe: reconciling equity, quality and efficiency', which invites member states to take as their main criterion for judging the success of health system reforms, effective access to health care for all, without discrimination, as a basic human right (Conclusions XVII-2 and 2005, Statement of Interpretation on Article 11, §5). The Committee examines the situation in law and in practice, including facts and figures, on access to health care for the disadvantaged groups of the population.

In this regard it notes from the report that improving access to health care is one of the key objectives of the reforms launched in health care system. According to the report, persons whose income is below the poverty line are the main target group of State health care programmes. Medical assistance programme for this group was launched in 2006 and has covered more than 600,000 persons in 2006 and 674,000 persons in 2007. The beneficiaries receive primary health care as well as hospital services free of charge.

In the absence of any reference in the report to other disadvantaged groups, the Committee requests that the next report provide information about the functioning of health insurance systems, both public and private, including the coverage. Moreover and importantly, the Committee asks

whether those persons who would not qualify for the medical assistance programme mentioned above (state medical insurance programme for population below the poverty line) through a means-test but for whom the cost of health care could still represent a heavy burden (e.g. the unemployed), receive any assistance to cover their medical costs in case of need. 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 on this point.

The Committee takes note of various State health care programmes approved by the Minister of Labour, Health and Social Affairs. It asks for the percentage of the population who has benefited from these programmes.

The right of access to health care also requires that arrangements for access to care must not lead to unnecessary delays in its provision. The management of waiting lists and waiting times in health care are considered in the light of Committee of Ministers Recommendation (99)21 'on criteria for the management of waiting lists and waiting times in health care'. The Committee asks for information about the rules that apply to the management of waiting lists and the statistics on average waiting times in health care.

According to the report the State health care budget amounted to 8,4% of GDP in 2006.

Health care professionals and facilities

The right of access to health care requires that the number of health care professionals and equipment must be adequate. The Committee notes from the report that number of doctors per 100,000 persons amounted to 454,6 whereas number of beds per 100,000 persons to 331,9. According to the report on the basis of the Resolution No 11 of the Government of 26 January 2007 on 'General development plan of the hospital sector', investment programme was launched to build a new medical infrastructure. This resolution defines the main principles and standards of the hospital sector arrangement. The Committee also notes from the report that significant activities were carried out in terms of development of professional human resources. It notes in particular the State programme for training and retraining of medical personnel, within the framework of which 292 family doctors, 241 general practice nurses and 192 healthcare sector managers were trained. The Committee requests that the next report contain the general description of primary, secondary and tertiary care.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 11§1 of the Revised Charter on the ground that it has not been

established that measures taken to reduce infant and maternal mortality rates, which are significantly higher than in other European countries, are adequate.

¹Ministry of Labour, Health and Social Protection of Georgia- <http://www.moh.gov.ge>

²Eurostat

³WHO

⁴*Ibid.*

Article 11 - The 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.

Health education

Public information and awareness-raising

The Committee recalls that under Article 11§2 national rules must provide for public information, education and participation. States must demonstrate through concrete measures that they implement a public health education policy in favour of the general population and population groups affected by specific problems (Marangopoulos Foundation for Human Rights (MFRH) v. Greece, complaint No 30/2005, decision on the merits of 6 December 2006, §§ 216 and 219).

Informing the public, particularly through awareness-raising campaigns, must be a public health priority. Measures should be taken to prevent activities that are damaging to health (smoking, alcohol, drugs) and to promote the sense of individual responsibility (healthy eating, sex education, environment). Activities may be more or less developed in accordance with the nature of the public health problems in the countries.

The Committee notes from the report that State health care programmes include the campaign for promoting the healthy lifestyle with a view to raising public awareness on health risks. The research on the risk factors for health was carried out in 2006-2007, with 2472 people participating in the survey. The results have revealed that only 12.5% of respondents were informed about the risks related to tobacco consumption (which, according to the report, is very high), 13.5% about the negative effects of excess weight. The Committee asks what measures are planned with a view to raising public awareness on the health risks covered in survey.

The Committee takes note of the National Action Plan for combating drug addiction which is being elaborated and wishes to be informed about the results of its implementation.

Health education in schools

Health education must continue throughout school life and form part of school curricula. The Committee considers that, after the family, school is the most appropriate setting for health education because the general purpose of education is to impart the knowledge and skills necessary for life. It refers in particular to the Committee of Ministers Recommendation No R(88)7 on school health education and the role and training of teachers. Health education in school shall cover the following subjects: prevention of smoking and alcohol abuse, sexual and reproductive education, in particular with regard to prevention of sexually transmitted diseases and AIDS, road safety and promotion of healthy eating habits (Conclusions XV-2, Belgium).

The Committee asks for the next report to state if and how smoking and alcohol prevention, reproductive health and sex education, road safety and promotion of healthy eating are incorporated into schools syllabuses and whether all pupils are concerned by this. 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.

Counselling and screening

Population at large

The Committee recalls that under Article 11§2 preventive screening must play an effective role in improving the population's state of health. Consequently, the Committee believes that, in fields where it has proved to be an effective means of prevention, screening must be used to the full. In particular, there should be screening, preferable systematic, for all the diseases that constitute the principle causes of death. The Committee asks the next report to provide detailed information on examinations and screenings carried out, their frequency and accessibility.

Pregnant women, children and adolescents

The Committee recalls that under Article 11§2 states should provide free and regular consultation and screening for pregnant women and children throughout the country.

According to the report free medical examinations of pregnant women and children are carried out through the State programme for obstetrical service and the State programme of outpatient service. These programmes include free medical visits to a doctor during the pregnancy period and after the childbirth. Programmes also include screening for phenylketonuria and hyperphenylalaninemia among new born babies and children as well as outpatient surveillance of children (0-15 age group). However, the Committee notes that the maternal and infant mortality rates are very high and holds that counselling and screening measures for pregnant women

and children are not adequate and therefore this situation amounts to a breach of Article 11§2 of the Charter.

Conclusion

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

Article 11 - The right to protection of health

Paragraph 3 - Prevention of diseases

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

Policies on the prevention of avoidable risks

Reduction of environmental risks

Air - Article 11 requires that States to:

- develop and regularly update sufficiently comprehensive environmental legislation and regulations;
- take specific steps, such as modifying equipment, introducing threshold values for emissions and measuring air quality, to prevent air pollution at local level and to help to reduce it on a global scale. In the case of global pollution, emission control is assessed with reference to the objectives set for implementation of the United Nations Framework Convention on Climate Change (UNFCCC) of 9 May 1992 and of the Kyoto Protocol to the UNFCCC of 11 December 1997;
- ensure that environmental standards and rules are properly applied, through appropriate supervisory machinery, effective and efficient, that is comprising measures which have been established to be sufficiently dissuasive and have a direct effect on pollution emission levels;

The Committee requests that all relevant information be provided in the next report. The Committee also request that information be provided on measures taken to address water and noise pollution.

Ionising radiation - The report provides no information on ionising radiation the Committee recalls that the dose limits should be in accordance with the 1990 recommendations of the International Commission for Radiation Protection. The assessment will vary depending on the extent to which energy production is based on nuclear power. All countries are required to protect their population against the consequences of nuclear accidents

taking place abroad and having an effect on the country concerned. It asks the next report to provide all relevant information.

Asbestos - Article 11 requires the prohibition of the use, production and sale of asbestos and products containing it. There must also be legislation requiring the owners of residential property and public buildings to search for any asbestos and where appropriate remove it, and placing obligations on enterprises concerning waste disposal. The Committee requests the next report to provide all relevant information.

Food safety

The report provides no information on this topic, the Committee recalls that to comply with the Charter in this area, states must establish national food hygiene standards with legal force that take account of relevant scientific data, establish and maintain machinery for monitoring compliance with these standards throughout the food chain, develop, implement and regularly update systematic prevention measures, particularly through labeling, and monitor the occurrence of food-borne diseases. It requests that all the relevant information be provided in the next report.

Measures to combat smoking, alcoholism and drug addiction

Smoking- According to the report between 27-39% of the population are tobacco users, and public awareness of the risks associated with tobacco use is low. The Committee asks the next report to provide details of the legislation on the sale and advertising of tobacco products as well as any restrictions on smoking in public places and places the public has access to. The Committee recalls that to be effective, any prevention policy must restrict the supply of tobacco through controls on production, distribution, advertising and pricing. In particular, the sale of tobacco to young persons must be banned as must smoking in public places, including transport, and advertising on posters and in the press should also be prohibited. The Committee assesses the effectiveness of such policies on the basis of statistics on tobacco consumption.

As regards alcohol and drug abuse the Committee wishes to receive information on trends in consumption as well as information on the legislation governing the sale and supply of alcohol.

Prophylactic measures

Epidemiological monitoring

In 2006 the number of infectious and parasitic diseases registered fell by 16.5%., however the number of persons infected with HIV is a serious problem.

This provision of the Revised Charter requires that countries must demonstrate their ability to cope with infectious diseases, such as arrangements for reporting and notifying diseases, and emergency measures in case of epidemics. The Committee asks for all relevant information to be provided in the next report.

Accidents

Under Article 11§3 states must take steps to prevent accidents. The main sorts of accident covered are road accidents, domestic accidents, accidents at school, and accidents during leisure time, including those caused by animals.

The report simply states that death and injury caused by road traffic accidents are a serious problem, and that new legislation other initiatives are being elaborated in order to reduce accidents. The Committee asks the next report to provide information on these as well as information on any other measures taken to prevent other types of accidents and information on trends in accidents.

Immunisation

Children are vaccinated against nine diseases; TB, measles, diphtheria, whooping cough, polio, mumps, tetanus viral hepatitis and German measles. The coverage rate varies between 76% and 100%. The Committee asks the next report to provide updated information.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 11§3 on the grounds that it has not been demonstrated that adequate measures have been adopted in the field of environmental health, on tobacco consumption, alcohol use, drug abuse, food safety or to prevent accidents.

Article 12 - The 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.

The Committee notes that, during the reference period, the social security system was reformed. Changes affecting the number of risks covered, the personal coverage of the various schemes and the level of the benefits granted will be assessed below. For other changes, the Committee refers to its assessment under Article 12§3.

Risks covered, financing of benefits and personal coverage

Under Article 12 of the Revised Charter the right to social security encompasses the right to access and maintain benefits without discrimination in order to secure:

- affordable health care;
- benefits in case of loss of earnings caused by sickness, unemployment, old age, employment injury, disability, and maternity;
- family support, particularly for children and adult dependents.

Moreover, the Committee has held that under Article 12§1 of the Revised Charter the social security system should protect a significant proportion of the population in the following branches: health care, sickness, unemployment, old age, employment injury, family, and maternity (Conclusions 2006, Bulgaria).

The Committee takes note that the social security system of Georgia is based on the following legal acts, all adopted during the reference period:

- Decree of Minister of Labour, Health and Social Affairs on Sickness benefit for employees (2005);
- Law on State Pension (23 December 2005);
- Law on State compensation and Academic scholarship (27 December 2005);
- Labour Code (25 May 2006);
- Governmental Regulation Nb. 145 on Social Assistance (28 July 2006).

The Committee further notes from the report that the social security system consists of the following components:

- Insurance for households who are under poverty lines (health care);
- Sickness benefit;
- Old age pension;
- State compensation and Academic scholarship;
- Disability pension;
- Maternity benefit;
- Family benefit;
- Employment injuries expenses;
- Survivor's benefit.

The Committee observes that it is not clear from the report whether health care is secured outside work-related relationships. From information in the report under Article 11, the Committee understands that a medical assistance program for the population living below the poverty line has been operating since July 2006. It asks the next report to contain more information, including statistical data, as to the actual personal coverage of health care and the way it operates.

It also observes that the report does not contain any information on the existence of protection against suspension of earnings caused by unemployment. It asks the next report to contain such information.

Pending receipt of the above essential clarifications concerning the branches of health care and unemployment, the Committee reserves its position as regards the number of risks for which protection is secured.

To assess to what extent persons in Georgia are guaranteed an effective right to social security with respect to the benefits provided under each branch, the Committee has to regularly be provided with percentage figures concerning the coverage of the population for all social security branches. The Committee thus requests the next report to contain such data.

Meanwhile, the Committee notes from the report that in 2007:

- 674 000 beneficiaries living below the poverty line received primary health care as well as hospital services “free of charge”;
- 611 879 beneficiaries received old age pensions;
- 31 258 beneficiaries received state compensation and academic scholarship;
- 160 638 beneficiaries received disability pension;
- approximately 500 women per month received maternity benefit;
- 29 000 families received family benefits;

- 55 862 beneficiaries received survivor benefit.

Pending receipt of the above mentioned requested figures, the Committee reserves its position as to the proportion of persons in Georgia guaranteed an effective right to social security with respect to the benefits provided under each branch.

The Committee notes that the social security system of Georgia rests on collective funding: it is funded by the State budget (except for sickness benefit and employment injuries which are financed by employers) and by taxes (25%) paid by employers and from employees' wages. The Committee recalls that the principle of collective funding is a fundamental feature of a social security system as foreseen by Article 12 as it ensures that the burden of risks are spread among the members of the community, including employers, in an equitable and economically appropriate manner and contributes to avoiding discrimination of vulnerable categories of workers (Conclusions 2006, the Netherlands).

The Committee asks what the Government does to combat undeclared work and how it deals with delays or refusals by employers to pay social security contributions (Conclusions 2006, Lithuania).

Adequacy of benefits

A social security system must guarantee an effective right to social security with respect to the benefits provided under each branch (Conclusions XIII-4, General Introduction on Article 12). The Committee recalls that Article 12§1 requires that social security benefits are adequate, which means that, when they are income-replacement benefits, their level should be fixed such as to stand in reasonable proportion to the previous income and it should never fall below the poverty threshold defined as 50 % of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value (Conclusions 2006, Bulgaria). It is therefore essential that information on all social security benefits be systematically provided so that their adequacy may be assessed. Such information should include in particular the minimum level of benefits and the duration of their payment. Where the poverty threshold as defined above is not available on Eurostat, the Government should indicate such poverty line. The Committee notes that there is an official indicator, known as the "living minimum". It asks the Government to provide information on its amount in the next report. It also notes from another source⁵ that in 2005 the average monthly income of a household was GEL 347 (€ 134)⁶.

Sickness

The Committee notes that employees have the right to receive sickness benefit for the whole period of their sickness and cash benefits calculated on the basis of their wages. The report specifies that employers should provide such benefits. The Committee asks whether any mechanisms/sanctions exist to ensure that such benefits are indeed paid.

Moreover, the Committee asks whether any safety nets exist in case of failure of employers or insolvency.

Old age

The Committee notes that the only criteria to be entitled to old age pension is the attainment of retirement age which is 60 for women and 65 for men.

The report indicates that until August 2007, the minimum pension was fixed by law and was the same for all: € 11 (GEL 28) per month. The report informs that since August 2007, on the basis of the number of years worked, such amount may be raised at the most (for over 25 years of service) by € 4 (GEL 10) per month.

Taking note of the values of household incomes quoted above, the Committee holds that such amount of minimum pension cannot be deemed to guarantee living conditions respectful of human dignity and thus is held to be manifestly inadequate and not in conformity with Article 12§1 of the Revised Charter.

Disability

The report indicates that in 2005, based on the degree of disability, persons with disabilities were granted either a pension of € 14 (GEL 35) or one of € 11 (GEL 28). The Committee assumes such pensions were paid on a monthly basis but stands to be corrected. It notes that, in addition to such pension, persons with disabilities are provided free of charge social services.

However, as mentioned above, both amounts cannot be deemed to guarantee living conditions respectful of human dignity and thus are held to be manifestly inadequate and not in conformity with Article 12§1 of the Revised Charter.

Maternity

The report indicates that compensation of pregnancy, maternity or adoption leaves is paid from the State Budget. The Committee asks for more details in this regard as the report merely indicates that the method of calculation is set by law.

The report specifies however that cash benefit for maternity leave is calculated based on wages but may not exceed € 240 (GEL 600). The Committee asks whether this is a one-off lump sum. It also notes that an employer and an employee can reach an agreement regarding an additional compensation paid by an employer. The Committee asks the next report to contain more information in this regard, including figures. Meanwhile it reserves its position as to the adequacy of the maternity benefit.

Family

The report indicates that family benefits are being reformed. No amount is indicated. The Committee asks the next report to up-date it on the outcome of the changes being introduced .

Regarding the adequacy of family benefits in particular, the Committee recalls that:

- it considers that child allowance is an adequate income supplement when it represents a sufficient percentage of the monthly median equivalised net income;
- it asks for information on economic measures taken in favour of single-parent families;
- it asks whether housing benefits specifically targeted at families (e.g. grants or subsidies for the purchase or construction of family home, tax relief on mortgage repayments, subsidised loans for acquiring the first home, subsidised rent for families, housing allowances, etc.) are available and under what condition.

Survivors

The report indicates that the amount of survivor's benefit was either of € 14 (GEL 35) for the death of both parents or of € 11 (GEL 28) for the death of one parent. The Committee asks the next report to clarify whether such benefits were paid on a monthly basis.

In any event, as mentioned above, both amounts cannot be deemed to guarantee living conditions respectful of human dignity and thus are held to be manifestly inadequate and not in conformity with Article 12§1 of the Revised Charter.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 12§1 of the Revised Charter on the ground that the minimum levels of old age, disability and survivors benefits are manifestly inadequate.

¹IMF country report No. 06/360, October 2006.

² No conversion rate for GEL in EUR is available for 2005. However, in 2007, GEL 347 were € 134.

Article 12 - The right to social security

Paragraph 3 - Development of the social security system

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

The Committee has noted in its conclusion under Article 12§1 that many of the legal acts which are the basis of the system of social security of Georgia were revised during the reference period.

The Committee also noted that during the reference period, as well as in 2008, amendments to such acts were adopted to increase the levels of benefits and modify entitlement conditions with a view to extend the protection offered.

The report also informs that in 2006 the Government initiated a social security programme aimed at reforming the system of family aid in place until 2005. According to the report the latter system was cumbersome and did not guarantee an efficient distribution of state funds. The Government thus created a database with information concerning families living below the poverty level. The Committee has noted the procedure families should follow to have their needs registered.

The Committee observes that in substance such programme is related to social assistance. It recalls that it considers as social assistance, benefits for which individual need is the main criterion for eligibility, without any requirement of affiliation to a social security scheme aimed to cover a particular risk, or any requirement of professional activity or payment of contributions (Conclusions XIII-4, Statement of Interpretation on Articles 12 and 13).

The Committee asks for further information on the progress achieved in practice following the revision of social security legislation and the adoption of the above mentioned programme.

Conclusion

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

Article 14 - The right to benefit from social welfare services

Paragraph 1 - Provision or promotion of social welfare services

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

Organisation of the social services

The report describes the reforms that are being introduced in relation to access to social services for children. Efforts have been made to restructure these services, particularly through the creation in 2005 of an interministerial Government Commission for Child Protection and Deinstitutionalisation and the transfer of responsibilities for child care from the Ministry of Education and Science to its regional structures, the Education Resource Centres. No mention is made of any action taken with regard to other target groups. The Committee asks what social services are available for children and what services are provided for the other specific target groups and any other person in need.

The Committee would reiterate that the right to social services enshrined in Article 14§1 of the Charter requires the states party to set up a series of social services capable of achieving or maintaining well-being and overcoming any problems of social adjustment. The right to social services must have the potential to cover the entire population. Social welfare services are designed for all persons who find themselves in a dependent situation, particularly vulnerable groups and individuals faced with social problems.

The Committee notes from the report that reforms are 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. There is no other general social services system in Georgia. The Committee considers therefore that the situation in Georgia is not in conformity with Article 14§1 of the Revised Charter.

The Committee asks for information on the progress of the current reform to be included in the next report.

Effective and equal access

An individual right of access to counselling and advice from social services shall be guaranteed to everyone. Access to other kinds of service may be subject to eligibility criteria but these shall not be too restrictive and must, at all events, ensure care in case of urgent need.

The Committee would also point out that users' legal rights must be protected. This implies in particular that they must have means of making complaints and

referring urgent cases of discrimination and infringements of human dignity to an independent body.

In reference to the above-mentioned reform, the Committee therefore asks, in order to assess the existence of an effective and equal access, the next report to precise:

- what is the main eligibility criteria for access to social services ;
- how decisions on the provision of social services are taken and what are the remedies available for persons whose requests for a social service have been rejected;
- whether services are free;
- whether nationals of other States Parties residing legally and working regularly in Georgia have access to social services on an equal footing with Georgian nationals.

Quality of services

The Committee points out that social services must have resources matching their responsibilities and the changing needs of users. This implies, in particular, that there must be mechanisms for supervising the adequacy of services, public as well as private.

In order to assess the quality of services, the Committee therefore asks the next report to mention:

- what conditions social service providers must satisfy to provide social services;
- what monitoring procedures have been set up to ensure that they are met in practice;
- what is the total annual public spending devoted to social services and what are these services in detail.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 14§1 of the Revised Charter because there is no general social services system.

Article 14 - The right to benefit from social welfare services*Paragraph 2 - Public participation in the establishment and maintenance of social welfare services*

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

The Committee notes, on the basis of the current report, that Georgia does not have a general social services system. In this respect it refers to its conclusion and questions under Article 14§1.

The report mentions some measures in favor of social workers, in particular the establishment of appropriate university courses and the launch in 2005 of the EU TACIS TEMPUS project for 2005-2008 on the “Establishment of a social work programme in Georgia”. The Government also plans to set up in-service training, particularly for specialists working with children.

Except this information, the report does not mention any other information concerning the participation of voluntary organisations or social workers to the establishment and running of social services. The situation in Georgia is therefore not in conformity with Article 14§2 of the Revised Charter.

The Committee asks the next report to provide for 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;
- if and how representatives of civil society are involved in devising policies on social welfare services.

Conclusion

The Committee concludes that the situation in Georgia is not in conformity with Article 14§2 of the Revised 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.