

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Georgia. For a category and indicator-level summary, please see the Country Profile for Georgia.

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 2

Georgia has a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens. Georgia adopted its National Antimicrobial Resistance Strategy through a government decree on 11 January 2017 [1]. The National Antimicrobial Resistance Strategy is accompanied by the National Action Plan 2017-2020. This document is based on the World Health Organization's global strategic objectives for AMR. Georgia's Ministry of Health, through its National Center for Disease Control and Public Health (NCDC), is the responsible body for the overall coordination and monitoring of the strategy. Eight specific objectives were outlined in the strategy: in addition to surveillance, IPC and use of antibiotics, the objectives cover laboratory capacity, awareness, and food and feed safety. The strategy obliges healthcare facilities to monitor hospital-acquired infections and antibiotic resistance by routine examination of patients, including blood sampling for culture and laboratory analyses. Objective 3 of the strategy's action plan specifically covers AMR surveillance, with 3 sub-objectives: to create a national AMR profile for Georgia, for 11 laboratories to voluntarily join the Central Asia and Eastern European Surveillance on Antimicrobial Resistance (CAESAR) project, and for 10 hospitals to identify the AMR profile of infections. Based on the strategy, the NCDC should prepare annual reports that describe the AMR situation and the strategy's implementation. However no evidence of such reports for the years 2017, 2019 and 2020 was found from the Ministry of Health and NCDC official websites. [2,3]

[1] Government of Georgia. 11 January 2017. "Decree of the Government of Georgia N29. Antimicrobial Resistance Strategy and Action Plan 2017-2020." ("ანტიმიკრობული რეზისტენტობის საწინააღმდეგო 2017-2020 წლების ეროვნული სტრატეგიის დამტკიცების შესახებ.") [<https://matsne.gov.ge/ka/document/view/3550177?publication=0>] Accessed 25 November 2020

[2] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 25 November 2020.

[3] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). [<https://www.ncdc.ge/>] Accessed 25 November 2020.

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2, Yes, but not all 7+1 pathogens = 1, No = 0

Current Year Score: 1

There is a national laboratory that tests for some but not all priority AMR pathogens. According to the World Health Organization's 2019 Joint External Evaluation of Georgia, functional infrastructure for AMR surveillance is in place and includes a national reference laboratory, the Lugar Centre, which conducts education and capacity building, and which organizes external quality control for antimicrobial susceptibility testing. [1] The Lugar Center at the National Center for Disease Control and Public Health (NCDC) acts as the national reference laboratory for AMR and provides technical and human resource support across the country. The Lugar Center tests for priority AMR pathogens and provides antimicrobial susceptibility testing services for aerobic and anaerobic microorganisms according to CLSI (Clinical and Laboratory Standards Institute) and EUCAST (European Committee on Antibiotic Susceptibility Testing) guidelines, including some, but not all, priority AMR pathogens. It tests for the following priority AMR pathogens: E.coli, K. pneumoniae, S. aureus, S. pneumoniae and Salmonella spp. [2] Georgia is a member of the Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR), and it has an established AMR surveillance system. The CAESAR network provides a comprehensive system for monitoring the prevalence and trends of antimicrobial resistance to the target group of invasive bacteria (bacteria isolated from blood and alcohol primarily sterile samples). 2017 was the first year when Georgia reported on AMR [3]. The Global Health Security Agenda Pilot Assessment carried out in Georgia in January 2015 does not provide any relevant evidence on laboratory capability with regard to AMR pathogens [4]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf]. Accessed 23 January 2021.

[2] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). "General Bacteriology Laboratory of Lugar Public Health Center." [https://www.ncdc.ge/Pages/User/LetterContent.aspx?ID=299ee1f1-51f2-4273-9fec-5ba5c557bc96] Accessed 29 November 2020.

[3] World Health Organization (WHO). 2014. "Central Asian and Eastern European Surveillance of Antimicrobial Resistance." [https://www.euro.who.int/__data/assets/pdf_file/0005/354434/WHO_CAESAR_AnnualReport_2017.pdf?ua=1] Accessed 25 November 2020.

[4] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923]. Accessed 27 November 2020.

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Georgian government conducts environmental detection for antimicrobial residues or AMR organisms. The National Food Safety Agency, a public entity under the Ministry of Environmental Protection and Agriculture, conducts surveillance and monitoring of water supply for the presence of microbes in waterways [1]. There is no available evidence of AMR testing in soil or waterways on the websites of the Ministry of Health or the Ministry of Environmental Protection and Agriculture. [2,3] [4] Neither the Global Health Security Agenda Pilot Assessment report for Georgia, nor National AMR Strategy or its Action Plan 2017-2020, make mention of environmental surveillance for residues or organisms [4,5]. The World Health Organization's Library of National Action Plans does not list Georgia as having an AMR action plan. [6]

[1] National Food Safety Agency. "Case of the water bacteriological contamination detected in the village Tsereteli." ("სოფელ წერეთელში წყლის მიკრობიოლოგიური დაზიანებულება გამოვლინდა.") [http://nfa.gov.ge/ge/media-

centri/axali-ambebi0/siaxle1/sofel-weretelshi-wylis-mikrobiologiuri-dabindzureba-gamovlinda.page] Accessed 29 November 2018

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [https://www.moh.gov.ge]. Accessed 25 November 2020.

[3] Ministry of Environment Protection and Agriculture of Georgia. [https://www.mepa.gov.ge] Accessed 25 November 2020.

[4] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923]. Accessed 27 November 2020.

[5] Government of Georgia. 11 January 2017. "Decree of the Government of Georgia N29. Antimicrobial Resistance Strategy and Action Plan 2017-2020." ("ანტიმიკრობული რეზისტენტობის საწინააღმდეგო 2017-2020 წლების ეროვნული სტრატეგიის დამტკიცების შესახებ.") [https://matsne.gov.ge/ka/document/view/3550177?publication=0]. Accessed 25 November 2020

[6] World Health Organization. "WHO Library of National Action Plans". [http://www.who.int/antimicrobial-resistance/national-action-plans/library/en]. Accessed 25 November 2020.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 2

There is a regulation in place requiring prescriptions for antibiotic use for humans, and there is no evidence of gaps in enforcement. Based on Ordinance 01-53, issued by the Ministry of Health in 2014, prescriptions are required for antibiotics, anti-fungal medicines, and drugs containing sedatives. [1,2]. An e-prescription system has been active since 2016, enabling the collection, monitoring and analysis of data on all prescriptions in support of the National AMR Plan's second objective, to support the creation of a systematized central database for the better surveillance of antibiotics prescribed by hospitals. [3] However, the World Health Organization's 2019 Joint External Evaluation of Georgia reports that the country's medical personnel lack knowledge on AMR and antibiotic usage. [4]

[1] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. "From September 2014 prescription for antibiotic use is reinforced". [https://www.moh.gov.ge/news/3312/]. Accessed 29 November 2020.

[2] Government of Georgia. 18 July 2014. "Ordinance from the Minister of Health on establishing second group of drugs and introducing prescription N3 form 01-53/ ("მეორე ჯგუფს მიკუთვნებული ფარმაცევტული პროდუქტის (სამკურნალო საშუალების) რეცეპტის გამოწერის წესისა და ფორმა №3 - რეცეპტის ბლანკის ფორმის დამტკიცების შესახებ") [https://matsne.gov.ge/ka/document/view/2391429?publication=0] Accessed 25 November 2020.

[3] Government of Georgia. 11 January 2017. "Decree of the Government of Georgia N29. Antimicrobial Resistance Strategy and Action Plan 2017-2020." ("ანტიმიკრობული რეზისტენტობის საწინააღმდეგო 2017-2020 წლების ეროვნული სტრატეგიის დამტკიცების შესახებ.") [https://matsne.gov.ge/ka/document/view/3550177?publication=0]. Accessed 25 November 2020

[4] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf]. Accessed 23 January 2021.

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Georgia has any national legislation or regulation in place requiring prescriptions for antibiotic use for animals. There is no available evidence of this on the websites of the Ministry of Health, the Ministry of Agriculture or State Regulatory Agency for Medical Activities. [1,2,3] However, the AMR National Strategy gives recommendations to the relevant veterinary agencies to devise a new Strategy, which will be aligned with the AMR National Strategy and Action Plan. The new strategy to be developed for the veterinary sector should include (though not be limited to) the following key aspects: restricting use of antibiotics in veterinary medicine; monitoring antibiotics used in veterinary medicine (including control of antibiotic residues in primary animal products); raising farmers' awareness about antibiotic misuse among; and strengthening and expanding monitoring of bacterial contamination of food (including veterinary laboratory capacity). [4] The World Health Organization's 2019 Joint External Evaluation of Georgia states that there is a need for further regulation of the veterinary sector, including authorization of veterinarians, mandated prescription for antibiotic use in animals, and a ban on the use of antibiotics for growth promotion in animals. [5]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge/>]. Accessed 29 November 2020.

[2] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge/>]. Accessed 25 November 2020.

[3] State Regulatory Agency for Medical Activities. [<http://rama.moh.gov.ge/geo/static/10/farmatsevtuli-saqmianoba>]. Accessed 29 November 2020.

[4] Government of Georgia. 11 January 2017. "Decree of the Government of Georgia N29. Antimicrobial Resistance Strategy and Action Plan 2017-2020." ("ანტიმიკრობული რეზისტენტობის საწინააღმდეგო 2017-2020 წლების ეროვნული სტრატეგიის დამტკიცების შესახებ.") [<https://matsne.gov.ge/ka/document/view/3550177?publication=0>]. Accessed 25 November 2020

[5] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

1.2 ZOOONOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has both a national plan and a law on zoonotic disease. The World Health Organization's 2019 Joint External Evaluation for Georgia confirms that legislation is in place regarding notifiable animal and human diseases. [1] The Animal Health National Program and Action Plan 2016-2020 was developed by the National Food Agency, which is responsible for its implementation. [2] This document aims to set strategic directions for animal health and veterinary sector development, and it includes combatting zoonotic diseases as one of its main long-term goals. The plan specifically names anthrax, brucellosis, rabies and Zika virus. The document's overarching purpose is to achieve long-term improvements in animal health and welfare that meet the needs of stakeholders, enable safe food production, improve public health, increase sustainability of

the local economy, and enable trade. [2] In terms of legislation, there is the Code for the Safety of Food Products and Animal Feed, and for Veterinary and Plant Protection (adopted 2012), which has specific clauses that regulate zoonotic diseases, including for example provisions for veterinary quarantines to prevent the spread of zoonoses. [3] This Code applies to the production, processing and distribution of food/feed, animals, plants, products of animal and plant origin in the territory of Georgia, to primary production, animal health and welfare, plant health, veterinary drugs, pesticides and agrochemicals, as well as to environmental protection based on the purpose of this Code. [3]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[2] National Food Agency, Ministry of Environmental Protection and Agriculture of Georgia. National Program on Animal Health of Georgia 2016-2020 and Animal Health Action Plan ("ცხოველთა ჯანმრთელობის ეროვნული პროგრამა და სამოქმედო გეგმა 2016-2020") [<http://www.fao.org/faolex/results/details/es/c/LEX-FAOC200970>] Accessed 7 May 2018.

[3] Parliament of Georgia. 8 May 2012. "Code for the Safety of Food Products and Animal Feed, and for Veterinary and Plant Protection." ("სურსათის/ცხოველის საკვების უვნებლობის, ვეტერინარიისა და მცენარეთა დაცვის კოდექსი.") [<https://matsne.gov.ge/ka/document/view/1659434>]. Accessed 25 November 2020.

1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Georgia has any national legislation, plans or equivalent strategy documents that include measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. There is no such evidence on the websites of the Ministry of Health or the Ministry of Environmental Protection and Agriculture. [1, 2] There is no mention of risk identification and reduction for zoonotic disease spillover events from animals to humans in the Animal Health National Program and Action Plan 2016-2020 or the Code for the Safety of Food Products and Animal Feed, and for Veterinary and Plant Protection (adopted 2012, last amended 2020). [3, 4] The Ministry of Environmental Protection and Agriculture does have a State Laboratory, which is responsible for laboratory research on animals, plants and food safety, including diagnostics of diseases that can be transmitted between animals and humans, but there is no public evidence that its responsibilities include risk identification and reduction for zoonotic disease spillover events from animals to humans. [3]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 26 November 2020

[2] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>] Accessed 26 November 2020

[3] National Food Agency, Ministry of Environmental Protection and Agriculture of Georgia, Animal Health National Programme and Action plan 2016-2020, ("ცხოველთა ჯანმრთელობის ეროვნული პროგრამა და სამოქმედო გეგმა 2016-2020") www.mepa.gov.ge/m/Download/ShowCharity/4?who=pdf Accessed December 2018.

[4] Parliament of Georgia. 8 May 2012. "Code for the Safety of Food Products and Animal Feed, and for Veterinary and Plant Protection." ("სურსათის/ცხოველის საკვების უვნებლობის, ვეტერინარიისა და მცენარეთა დაცვის კოდექსი.") [<https://matsne.gov.ge/ka/document/view/1659434>]. Accessed 25 November 2020.

[5] Laboratory of the Ministry of Agriculture. [<http://lma.gov.ge/index.php?lang=en>] Accessed 26 November 2020

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Georgia has national plans, guidelines, or laws that account for the surveillance and control of multiple zoonotic pathogens of public health concern. According to the World Health Organization's 2019 Joint External Evaluation for Georgia, the National Food Safety Agency has developed the National Animal Health Program, which includes surveillance of zoonotic disease through both passive and active (brucellosis) surveillance systems, as well as vaccination programs for brucellosis, anthrax and rabies. [1] The Animal Health National Programme and Action Plan 2016-2020 mentions the Electronic Integrated Disease Surveillance System (EIDSS) as an effective tool for collaboration between the ministries responsible for human and animal health. It includes the Ministries of Agriculture and Health and Signed by the Prime Minister of Georgia in 2015.[2] The Code for the Safety of Food Products and Animal Feed, and for Veterinary and Plant Protection (adopted 2012, last amended 2020) includes a requirement to inform the authorities of notifiable zoonotic diseases, but does not otherwise mention surveillance or control measures.[3] A vaccination programme is in place for humans with high risk of exposure to rabies (e.g. hunters, veterinarians, etc.) and tularaemia (laboratory staff), regulated by Ministerial Decree #01-57/N. [4]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[2] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 27 November 2020.

[3] Parliament of Georgia. 8 May 2012. "Code for the Safety of Food Products and Animal Feed, and for Veterinary and Plant Protection." ("სურსათის/ცხოველის საკვების უვნებლობის, ვეტერინარიისა და მცენარეთა დაცვის კოდექსი.")

[<https://matsne.gov.ge/ka/document/view/1659434>]. Accessed 25 November 2020.

[4] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. 19 November 2015 "Decree of the Ministry 01-57/ნ On approval of the national calendar of prophylactic vaccinations and rules of immunization management" ("პროფილაქტიკური აცრების ეროვნული კალენდრისა და იმუნიზაციის მართვის წესების დამტკიცების შესახებ") [<https://matsne.gov.ge/ka/document/view/3055660?publication=0>]. Accessed 25 November 2020.

1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Georgia has a department, agency or similar unit dedicated to zoonotic disease that functions across ministries. According to the World Health Organization's 2019 Joint External Evaluation (JEE) of Georgia, Georgia's main authorities responsible for zoonoses are the Lugar Center at the National Center for Disease Control and Public Health (which conducts zoonotic surveillance in humans and wild animals, conducts diagnostic testing and develops recommendations), the National Food Agency (NFA) of the Ministry of Environmental Protection and Agriculture (which conducts zoonotic surveillance in animals and develops recommendations) and the Laboratory of the Ministry of Agriculture (which conducts diagnostic testing). [1] The JEE does not mention any of these bodies having an inter-ministerial role, and does not mention a dedicated body that co-ordinates across ministries. The JEE does state, however, that there is

intersectoral collaboration and information exchange, which is regulated by 2010's Ministerial Decree #42/n-#2-22 (an agreement between the Ministry of Health and the Ministry of Environmental Protection and Agriculture, on rules for exchanging zoonotic disease information using the integrated national surveillance systems) and 2015's Governmental Decree #336 (which approves rules for providing functional integrated surveillance of infectious diseases). [1] According to Decree #42/n-#2-22, information on zoonoses is exchanged between: the State Sub-Department of the Ministry of Environmental Protection and Agriculture, the National Service for Food Safety, Veterinary and Plant Protection and the National Center for Disease Control and Public Health (NCDC). [2] The JEE also notes the existence of the National Animal Health Programme Steering Group, which comprises representatives of the NFA, the Laboratory of the Ministry of Agriculture, the NCDC, and other state and non-state stakeholders. [1] This group, established in 2013, is responsible for inter-sectoral communication and co-ordination regarding animal health, including zoonotic disease control. The group has also developed a list of zoonotic diseases of greatest public health concern: brucellosis, anthrax, rabies, avian influenza, Crimean-Congo haemorrhagic fever, poxvirus infections, diseases caused by typhus group Rickettsiae (*Rickettsia prowazekii*), Q fever, haemorrhagic fever with renal syndrome, tularaemia, and plague. [1] There is no further relevant evidence on the websites of the Ministry of Health, the NCDC or the Ministry of Environmental Protection and Agriculture. [3, 4, 5]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[2] Joint Decree of Minister of Labor, Health and Social Affairs of Georgia and the Minister of Agriculture of Georgia, 16 February, 2010, "Decree #42/n-#2-22 On approving the rule of mutual information between the Ministry of Labor, Health and Social Affairs of Georgia and the Ministry of Agriculture of Georgia on the detection of the disease in order to protect the population from zoonotic diseases" ("ზონოზოზური დაავადებებისაგან მოსახლეობის დაცვის მიზნით საქართველოს შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტროსა და საქართველოს სოფლის მეურნეობის სამინისტროს შორის დაავადების გამომწვევის შემთხვევის შესახებ ურთიერთინფორმირების წესის დამტკიცების თაობაზე") [<https://matsne.gov.ge/ka/document/view/1005695?publication=0>] Accessed 23 January 2021.

[3] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 26 November 2020

[4] Levan Sakvarelidze National Center for Disease Control and Public Health. [<https://www.ncdc.ge>]. Accessed 29 November 2020.

[5] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>]. Accessed 26 November 2020

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has a national mechanism for owners of livestock to conduct and report on disease surveillance to a central government agency. The Code for the Safety of Food Products and Animal Feed, and for Veterinary and Plant Protection (adopted 2012, last amended 2020) includes a requirement to inform the authorities of notifiable zoonotic diseases, but does not otherwise mention surveillance, or elaborate on the reporting system. [1] Government Decree N348 on Approval of the Rules for Implementation of Preventive-Quarantine Measures Against Communicable Animal Diseases states that if an animal's owner suspects an infectious disease, he or she must immediately notify the National Food Safety Agency (NFSA). [2] As indicated on the NFSA's website, animal owners can report animal diseases via a hotline, by calling 1501. [3] In addition,

the NFSA administers the State Veterinary Control Program, which monitors the activities of commercial livestock owners and traders, as well as agricultural markets, to ensure compliance with health and safety standards and to detect and eliminate infectious diseases, including zoonoses. [3] According to Decree N 2-238 on Approval of the Rule of Notification/Reporting of Veterinary Suppliers, livestock owners must report diseases to their local NFSA unit within 24 hours, and can do so by telephone or e-mail. [5] The World Health Organization's 2019 Joint External Evaluation of Georgia states that Georgia should establish a compensation mechanism for farmers in case of animal diseases that require elimination of livestock, in order to ensure that economic loss is not a barrier to effective reporting and control of animal disease, but it does not otherwise mention livestock owners reporting animals' diseases. [6]

[1] Parliament of Georgia. 8 May 2012. "Code for the Safety of Food Products and Animal Feed, and for Veterinary and Plant Protection." ("სურსათის/ცხოველის საკვების უვნებლობის, ვეტერინარიისა და მცენარეთა დაცვის კოდექსი.") [https://matsne.gov.ge/ka/document/view/1659434]. Accessed 25 November 2020.

[2] Government of Georgia. 14 July 2015. "Decree of the Government of Georgia N348 " On approval of the rules for implementation of preventive-quarantine measures against animal communicable diseases" ("ცხოველთა გადამდები დაავადებების საწინააღმდეგო პროფილაქტიკურ-საკარანტინო ღონისძიებათა განხორციელების წესების დამტკიცების შესახებ") [https://matsne.gov.ge/ka/document/view/2909705?publication=0]. Accessed 23 January 2021.

[3] National Food Safety Agency. "State Veterinary Control program, 2018." ("ვეტერინარული კონტროლის 2018 წლის სახელმწიფო პროგრამა.") [http://nfa.gov.ge/Ge/VeterinarianStatePrograms]. Accessed 23 January 2021.

[5] Ministry of Agriculture of Georgia, 16 November, 2015 "Decree N2-238 On approval of the rule of notification / reporting of veterinary suppliers" (" ვეტერინარული საქმიანობის მიმწოდებლების შეტყობინების/ანგარიშგების წესის დამტკიცების შესახებ") https://matsne.gov.ge/ka/document/view/3053847?publication=0]. Accessed 23 January 2021.

[6] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf]. Accessed 23 January 2021.

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of a law or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals. The only law related to protection of personal data is the Law of Georgia on Personal Data Protection (adopted 2011, last amended 2019), which safeguards the personal data and confidentiality of information gathered through various surveillance activities [1]. This law is intended to ensure protection of human rights and freedoms, including the right to privacy, in the course of personal data processing. The law makes no explicit reference to livestock, or to data generated through the surveillance of personal property [1]. The Global Health Security Agenda Pilot Assessment carried out in Georgia in January 2015 does not mention laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for the owners of animals [2]. There is no further relevant evidence on the websites of the National Center for Disease Control and Public Health, the Ministry of Health, or the Ministry of Environment Protection and Agriculture. [3,4,5],

[1] Parliament of Georgia, 28 December 2011, Law of Georgia on Personal Data Protection (პერსონალურ მონაცემთა დაცვის შესახებ") [https://matsne.gov.ge/ka/document/view/1561437] Accessed 29 November 2020

[2] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [https://www.ncdc.gov/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923]. Accessed 27 November 2020.

[3] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 26 November 2020

[4] Levan Sakvarelidze National Center for Disease Control and Public Health. [<https://www.ncdc.ge>]. Accessed 29 November 2020.

[5] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>]. Accessed 26 November 2020

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence that that Georgia conducts surveillance of zoonotic disease in wildlife. No such evidence was found on the websites of the Ministry of Agriculture or the Ministry of Health [1,2] The Global Health Security Agenda Pilot Assessment conducted for Georgia in 2015 does not mention surveillance of zoonotic disease in wildlife. [3] However, the veterinary and food safety organizations are required to register a wide array of findings and diseases including zoonoses in the Electronic Information Disease Surveillance system (EIDSS), which is also used for human disease surveillance, and information on defined zoonotic animal infection cases or clusters are available through this system. [4, 5] According to the World Health Organization's 2019 Joint External Evaluation (JEE) of Georgia, apart from some research projects (e.g. on rabies in bats), there have been no official surveillance programme for zoonotic diseases in wildlife. In this regard, the JEE calls for more intensive involvement of Ministry of Agriculture as a competent authority for wildlife, and for closer collaboration with National Food Safety Agency on development and implementation of zoonosis surveillance and control programmes. [6]

[1] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge/>]. Accessed 29 November 2018.

[2] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.moh.gov.ge>] Accessed 29 November 2020.

[3] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 27 November 2020.

[4] National Food Agency, Ministry of Environmental Protection and Agriculture of Georgia. "Animal Health National Programme and Action plan 2016-2020." ("ცხოველთა ჯანმრთელობის ეროვნული პროგრამა და სამოქმედო გეგმა 2016-2020") [www.mepa.gov.ge/m/Download/ShowCharity/4?who=pdf] Accessed December 2018

[5] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 27 November 2020.

[6] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

1.2.3 International reporting of animal disease outbreaks

1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?

Yes = 1 , No = 0

Current Year Score: 1

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a

Number of veterinarians per 100,000 people

Input number

Current Year Score: 91.07

2019

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

Current Year Score: 13.44

2019

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a

Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?

Yes = 1 , No = 0

Current Year Score: 0

The national plan on zoonotic disease does not include mechanisms for working with the private sector in controlling or responding to zoonoses. Although the Animal Health National Strategy and its action plan mention the importance of private sector involvement on agricultural issues, they mention no specific mechanism for working with the private sector in controlling or responding to zoonoses. [1] There is no evidence of private sector involvement in disease control or response on the official websites of the Ministry of Health, the National Center for Disease Control and Public Health, or the Ministry of Agriculture. [2,3,4] The Global Health Security Agenda Pilot Assessment conducted for Georgia in 2015 does not mention a national plan on zoonotic disease or other legislation, regulation or plan include mechanisms for working with the private sector in controlling or responding to zoonoses [5]

[1] National Food Agency, Ministry of Environmental Protection and Agriculture of Georgia, Animal Health National Programme and Action plan 2016-2020, ("ცხოველთა ჯანმრთელობის ეროვნული პროგრამა და სამოქმედო გეგმა 2016-2020) www.moa.gov.ge/m/Download/ShowCharity/4?who=pdf Accessed 29 November 2018.

[2] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 27 November 2020.

[3] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). [<http://ncdc.ge/Default.aspx>] Accessed 29 November 2018.

[4] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>] Accessed 27 November 2020.

[5] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 27 November 2020

1.3 BIOSECURITY

1.3.1 Whole-of- government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Georgia has a record of the facilities in which especially dangerous pathogens and toxins are stored or processed. No such evidence was found from the official websites of the Ministry of Health, Ministry of Defense or Ministry of Agriculture. [1,2,3] While the Global Health Agenda Pilot Assessment for Georgia, conducted in 2015, notes that the country has consolidated all of its especially dangerous pathogens in one location, at the Lugar Center in Tbilisi, the report makes no mention of an inventory record. [4] The National Center for Disease Control and Public Health (NCDC) Lugar Center website also has no evidence of a record. [5] Although Georgia has submitted Confidence Building Measures in 2017, 2018, 2019, 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available [6]. There is no further relevant information in the Verification Research, Training and Information Centre's database of legislation related to biological weapons and materials. [7] According to the World Health Organization's Joint External Evaluation (JEE) of Georgia, all work with especially dangerous pathogens takes place at the Lugar Centre, and peripheral laboratories are obliged to send all such isolates to the Lugar Centre and to destroy any especially dangerous pathogens remaining on site, which ensures that a minimal number of laboratories deal with especially dangerous pathogens. The JEE further notes that the culture of risk group 4 viruses is prohibited throughout the country, and that timely transportation of primary samples is realized according to national regulations, which are in compliance with international regulations on transportation of dangerous goods. [8]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 27 November 2020.

[2] Ministry of Defense of Georgia. [<https://mod.gov.ge/>]. Accessed 27 November 2020.

[3] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>] Accessed 27 November 2020.

[4] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 27 November 2020.

[5] Levan Sakvarelidze National Center for Disease Control and Public Health. [<http://ncdc.ge/>] Accessed 27 November 2020.

[6] United Nations Office at Geneva. Biological Weapons Convention Implementation Support Unit BWC. [<https://bwc-ecbm.unog.ch/state/Georgia>] Accessed 27 November 2020

[7] Verification Research, Training and Information Centre. "BWC Legislation Database. G."

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/g/>]. 26 November 2020.

[8] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Georgia has legislation or regulations related to biosecurity that address requirements such as physical containment, operation practices, failure reporting systems and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed.

According to the World Health Organization's 2019 Joint External Evaluation for Georgia, the country lacks substantial biosecurity legislation or regulations, and there is low awareness of biorisk management, though some elements of biosecurity (e.g. assessment of dual use research) are implemented in public laboratory networks. [1]

The 2006 Law on Public Health contains a chapter dedicated to biosecurity (chapter v), which includes restrictions on the possession, use, transfer and transportation of extremely dangerous pathogens (article 17), rules for the destruction of extremely dangerous pathogens, (article 18) and rules for the import and export of extremely dangerous pathogens (article 19), but it does not address biosecurity requirements such as physical containment, operation practices, failure reporting systems or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. [2]

There is also Decree # 82, which was issued in 2016, and which contains the Technical Regulation on Approval of Sanitary Norms for Working with Biological Agents. [3] This regulation defines the basic sanitary and epidemiological requirements for institutions working with biological agents, with the aim of controlling the risks associated with the storing and processing biological agents in laboratories, medical and research facilities, and veterinary field conditions. The regulation obliges institutions to: develop and implement biorisk management systems that ensure the management and mitigation of risks to the environment, society and employees that may be exposed to direct and indirect effects of biological agents; ensure the effective implementation of the rules and procedures defined by the order; ensure the certification and verification of the biorisk management system by an independent third party; introduce a structure that ensures the level of awareness of laboratory biosafety and biosecurity recommendations (guidelines) and the best practical methods used by the scientific community. However, the regulation does not include any biosecurity requirements such as physical containment, operation practices, failure reporting systems, or cybersecurity. [3]

Although Georgia has submitted Confidence Building Measures in 2017, 2018, 2019 and 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available. [4]

There is no further relevant evidence on the websites of the Ministry of Health, Ministry of Defense or Ministry of Agriculture. [5, 6, 7] There is no further relevant information in the Verification Research, Training and Information Centre's database of legislation related to biological weapons and materials. [8]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[2] Parliament of Georgia 27 June 2006, Law of Georgia on Public Health ("კანონი საზოგადოებრივი ჯანმრთელობის შესახებ") <https://matsne.gov.ge/ka/document/view/21784?publication=32> Accessed 28 November 2020

[3] Government of Georgia 19 February 2016, "Decree of the Government of Georgia N82 "Technical Regulation - Approval of sanitary norms for working with biological agents." ("ტექნიკური რეგლამენტის - ბიოლოგიურ აგენტებზე მუშაობის სანიტარიული ნორმების დამტკიცების შესახებ") <https://matsne.gov.ge/ka/document/view/3198620?publication=0>
Accessed 28 November 2020

[4] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC. [<https://bwc-ecbm.unog.ch/state/Georgia>] Accessed 27 November 2020.

[5] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 27 November 2020.

[6] Ministry of Defense of Georgia. [<https://mod.gov.ge/>].Accessed 27 November 2020.

[7] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>] Accessed 27 November 2020.

[8] Verification Research, Training and Information Centre. "BWC Legislation Database. G."

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/g/>]. 26 November 2020.

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Georgia has an established agency responsible for the enforcement of biosecurity legislation and regulations.

According to the World Health Organization's 2019 Joint External Evaluation for Georgia, the country lacks substantial biosecurity legislation or regulations. [1]

The 2006 Law on Public Health, which the Ministry of Health is responsible for implementing and enforcing, contains a chapter dedicated to biosecurity (chapter v), which includes restrictions on the possession, use, transfer and transportation of extremely dangerous pathogens (article 17), rules for the destruction of extremely dangerous pathogens, (article 18) and rules for the import and export of extremely dangerous pathogens (article 19), but it does not address biosecurity requirements such as physical containment, operation practices, failure reporting systems or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. [2]

According to its official website, the Biosafety Committee at the National Center for Disease Control's (NCDC) Lugar Center is responsible for providing policies, standard operating procedures (SOPs) and methodological guidelines to ensure the fulfilment of requirements related to the safe use of different biological materials according to the principles of biosafety and biosecurity, but the NCDC website does not provide further details on its responsibilities regarding biosecurity, or explicitly mention an enforcement role. [3, 4] The Global Health Security Agenda Pilot Assessment conducted in Georgia in 2015 rates the country's whole-of-government biosafety and biosecurity systems as being in place and sustainable (with a score of 4 out of 4), but it does not provide many further details, and does not mention an agency responsible for biosecurity enforcement [5]. Although Georgia has submitted Confidence Building Measures in 2017, 2018 and 2019, 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available [6]. There is no further relevant information in the Verification Research, Training and Information Centre's database of legislation related to biological weapons and materials. [7]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[2] Parliament of Georgia 27 June 2006, Law of Georgia on Public Health ("კანონი საზოგადოებრივი ჯანმრთელობის

- შესახებ“) <https://matsne.gov.ge/ka/document/view/21784?publication=32> Accessed 28 November 2020
- [3] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). 2018. "Biosafety Committee". [<https://ncdc.ge/Pages/User/LetterContent.aspx?ID=2fd8140d-956a-45a0-bc6c-63f9fdd63346>] Accessed 29 November 2020
- [4] Parliament of Georgia. 27 June 2006. "Law of Georgia on Public Health" ("კანონი საზოგადოებრივი ჯანმრთელობის შესახებ“) <https://matsne.gov.ge/ka/document/view/21784?publication=31> Accessed 28 November 2020
- [5] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 27 November 2020
- [6] United Nations Office at Geneva (UNOG). "Biological Weapons Convention Implementation Support Unit BWC." [<https://bwc-ecbm.unog.ch/state/Georgia>] Accessed 27 November 2020
- [7] Verification Research, Training and Information Centre. "BWC Legislation Database. G." [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/g/>]. 26 November 2020.

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Georgia has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. The National Center for Disease Control and Public Health (NCDC) has a National Repository for Bacteria and Viruses, which has been in operation since 1971, and which is responsible for safely storing especially dangerous pathogens, conventionally pathogenic microorganisms, and conditionally pathogenic microorganisms, including typical and non-typical strains isolated in Georgia with scientific and practical value, and reference strains. [1] The repository is intended to ensure viability and secure storage of microorganisms, to study their biochemical and serological characteristics, and to provide different NCDC laboratories with microorganisms for scientific research. [2] Georgia's Global Health Security Agenda Pilot Assessment (GHSAPA), conducted in 2015, affirms that Georgia has consolidated all especially dangerous pathogens at one location: the Lugar Center in Tbilisi (which is part of the NCDC). [3] The GHSAPA further states that consolidation of especially dangerous pathogens at the Lugar Center is required by law, and that all especially dangerous pathogens must be transferred there for storage in the repository or must be destroyed. [2] The World Health Organization's 2019 Joint External Evaluation for Georgia also confirms that all dangerous pathogens and toxins are stored and handled at the Lugar Center. [3] Although Georgia has submitted Confidence Building Measures in 2017, 2018 and 2019, 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available [4].

[1] Levan Sakvarelidze National Center for Disease Control and Public Health. "National Repository for Bacteria and Viruses." [<http://www.ncdc.ge/Pages/User/LetterContent.aspx?ID=9567c409-cea0-4f34-8cf5-656d8cdd2623>] Accessed 29 November 2020.

[2] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 27 November 2020

[3] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[4] United Nations Office at Geneva (UNOG). "Biological Weapons Convention Implementation Support Unit BWC." [<https://bwc-ecbm.unog.ch/state/Georgia>] Accessed 27 November 2020

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence of in-country capacity to conduct polymerase chain reaction (PCR) diagnostic testing for anthrax or ebola. Guidelines issued by the Ministry of Health in 2015 refer to PCR as a diagnostic algorithm for anthrax identification, but do not clearly identify in-country PCR testing capacity for anthrax [1]. On its website, the Lugar Center at the National Center for Disease Control and Public Health (NCDC) states that its molecular (genome) laboratory uses classic, real-time and reverse transcription polymerase chain reaction (PCR, RT-PCR, real-time-PCR) for detection of various pathogens in clinical and environmental samples [2]. The NCDC's latest annual report, from 2019, reports conducting PCR for diagnoses of hepatitis C, AIDS and meningitis, but does not mention PCR testing for anthrax or ebola. [3] No evidence of in-country capacity for PCR testing for anthrax or ebola is available on the websites of the Ministry of Health, Ministry of Defense or Ministry of Agriculture. [4,5,6]

[1] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. 25 June 2015. "Management of Anthrax, Protocol." ("ჯილეხის მართვის პროტოკოლი.")

[<https://www.moh.gov.ge/uploads/guidelines/2017/05/31/6ed1212f48ece951459bcc356bc2b95b.pdf>] Accessed 29 November 2020.

[2] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). "Services."

[<http://www.ncdc.ge/Pages/User/LetterContent.aspx?ID=1024b2ff-d0d2-41f4-bcc7-0e4637827f71>] Accessed 29 November 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). 2020. "NCDC Report 2019."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=905c9f60-81ca-4de9-a62e-0bfd670c2d81>] Accessed 29 November 2020

[4] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 29 November 2020.

[5] Ministry of Defense of Georgia. [<https://mod.gov.ge/>]. Accessed 27 November 2020

[6] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>] Accessed 27 November 2020

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Georgia requires biosecurity training, using a standardized approach, for personnel working in facilities with especially dangerous pathogens, toxins, or biological materials with pandemic potential. The World Health Organization's 2019 Joint External Evaluation (JEE) for Georgia reports that training programs have been developed and implemented in the key laboratories of the National Center for Disease Control and Public Health, while the Laboratory of the Ministry of Agriculture has conducted a training needs assessment and identified gaps in biosafety and biosecurity training, but has not yet implemented comprehensive training. [1] The JEE also notes that Georgia provides some academic training on work with dangerous pathogens, but this is mainly focused on key laboratories. [1] The JEE does not, however,

mention requirements for standardized training. [1] In 2017 Tbilisi State Medical University's accreditation council approved a special protocol/curriculum for biosecurity/biosafety training. [2] This training program mainly focuses on good laboratory practice, working procedures, as well as behavioural norms and local rules, and also includes information about the methods to reduce and prevent biorisks while working on the potentially hazardous materials. [2] The biosafety and biosecurity training infrastructure is reported to be in place at the National Level at the National Center for Disease Control and Public Health (NCDC) Lugar Center, at the Zonal Diagnostic Laboratories and the Laboratory Support Stations in the human and veterinary laboratories, but there is no evidence that its use is formally required, or that it is used in practice beyond these facilities. [3] Although Georgia has submitted Confidence Building Measures in 2017, 2018, 2019 and 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available. [4] There is no further evidence of biosecurity training requirements on the websites of the Ministry of Health, Ministry of Defense, or Ministry of Agriculture. [5,6,7] There is no further relevant information in the Verification Research, Training and Information Centre's database of legislation related to biological weapons and materials. [8]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf]. Accessed 23 January 2021.

[2] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). 2018. Article Biosecurity training accreditation [http://178.134.28.190/Category/Article/11236] Accessed 23 January 2021.

[3] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). 2018. Biosafety Training [http://ncdc.ge/Pages/User/LetterContent.aspx?ID=ff39af02-a14b-4127-a359-52af3e9b4a75] Accessed 23 January 2021.

[4] United National Office at Geneva. Biological Weapons Convention Implementation Support Unit BWC. [https://bwc-ecbm.unog.ch/state/Georgia] Accessed 27 November 2020.

[5] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [https://www.moh.gov.ge]. Accessed 27 November 2020.

[6] Ministry of Defence of Georgia. [https://mod.gov.ge/] Accessed 27 November 2020.

[7] Ministry of Environment Protection and Agriculture of Georgia. [https://www.mepa.gov.ge] Accessed 27 November 2020.

[8] Verification Research, Training and Information Centre. "BWC Legislation Database. G." [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/g/]. Accessed 23 January 2021.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no publicly available evidence that regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to drug testing, background checks, and psychological or mental fitness checks. No such evidence was found on the websites of the Ministry of Health, the National Center for Disease Control and Public Health, or the Ministry of Agriculture [1,2,3] The Global Health Security Agenda Pilot Assessment report for Georgia makes no mention of such requirements. [4] Although Georgia has

submitted Confidence Building Measures in 2017, 2018, 2019 and 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available [5]. There is no evidence of any requirement of drug testing, background checks, or mental fitness checks for personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential in Georgia's Law on Licenses and Permits. [6] There is no further evidence of biosecurity training requirements on the websites of the Ministry of Health, Ministry of Defense, or Ministry of Agriculture. [4,5,6] There is no further relevant information in the Verification Research, Training and Information Centre's database of legislation related to biological weapons and materials. [7]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 29 November 2020

[2] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). [<http://www.ncdc.ge>] Accessed 29 November 2020

[3] Ministry of Environment Protection and Agriculture of Georgia. "[<https://www.mepa.gov.ge>] Accessed 29 November 2020

[4] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 29 November 2020

[5] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC.

[<https://bwc-ecbm.unog.ch/state/Georgia>] Accessed 29 November 2020

[6] Parliament of Georgia. 24 June 2006, "Law of Georgia on the Licenses and Permits." ("კანონი ლიცენზიებისა და ნებართვების შესახებ") [<https://matsne.gov.ge/ka/document/view/26824?publication=91>]. Accessed 22 November 2020

[7] Verification Research, Training and Information Centre. "BWC Legislation Database. G."

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/g/>]. 26 November 2020.

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has publicly available information on national regulations on the safe and secure transport of infectious substances, which specifically include categories A and B. Ordinance N82, issued 19 February 2016, on Approval of Technical Guidelines of Sanitary Norms for Working with the Biological Agents, specifically addresses transportation of infectious substances. [1] According to this ordinance, transportation of biological substances within Georgia (as well as internationally) is regulated by WHO/HSE/GCR2012.12 guidelines, while international air transportation is regulated by the International Air Transport Association's dangerous goods regulations requirements (which specifically mention categories A and B). [1] Although Georgia has submitted Confidence Building Measures in 2017, 2018, 2019 and 2020 under the Biological Weapons Convention, but access to the reports is restricted and the contained information is not publicly available [2].

[1] Government of Georgia. 19 February 2016. "Decree of the Government of Georgia N82 Approval Technical Guidelines of Sanitary Norms of Working with the Biological Agents." ("ტექნიკური რეგლამენტის - ბიოლოგიურ აგენტებზე მუშაობის სანიტარიული ნორმების დამტკიცების შესახებ")

[<https://matsne.gov.ge/ka/document/view/3198620?publication=0>] Accessed 29 November 2020

[2] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC.

[<https://bwc-ecbm.unog.ch/state/Georgia>] Accessed 29 November 2020

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 1

There is legislation in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential. The 2013 Law on the Control of Military and Dual-Use Goods establishes the principles for implementation of export control of "arms, military technology, raw materials, materials, equipment, technologies, scientific-technical information, and services connected with their production and use". Dual-use goods are defined as including, inter alia, goods that can be used to manufacture biological weapons. [1, 2]. Article 8 of chapter IV of this law specifically underlines conditions in which specialized non-nuclear materials, dual-use products, and technologies, facilities, and equipment can be exported to other countries, requiring a "contract and an import certificate from the end user, issued on the authority of a state agency and acknowledging the recipient state's obligation to use the imported product only for that state's needs, and acknowledging that the item must not be re-exported or transferred to a third country without consent on the part of Georgia." Although Georgia has submitted Confidence Building Measures under the Biological Weapons Convention in 2017, 2018, 2019 and 2020, access to the reports is restricted and the contained information is not publicly available [3].

[1] Verification Research, Training and Information Centre (VERTIC). 2019. " Georgia".

[http://vertic.org/media/National%20Legislation/Georgia/GE_Export_Control_Dual-Use.pdf]. Accessed 28 November 2020

[2] Parliament of Georgia 29 November 2013 "Law of Georgia On the Control of Military and Dual-Use Goods" ("სამხედრო და ორმაგი დანიშნულების პროდუქციის კონტროლის შესახებ")

[<https://matsne.gov.ge/ka/document/view/2113659?publication=1>] Accessed 28 November 2020

[3] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC.

[<https://bwc-ecbm.unog.ch/state/Georgia>] Accessed 29 November 2020

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has in place national biosafety legislation.

The 2016 Ordinance on Approval of Technical Guidelines of Sanitary Norms for Working with the Biological Agents, outlines a set of safety guidelines for organizations that work with biological agents. [1] This document specifically outlines roles and responsibilities, and requirements for laboratory workers working with dangerous pathogens. [1]

The 2006 Law on Public Health states that the Ministry of Health (MoH) shall implement a unified state policy in order to ensure biosafety of the population. [2] Specifically, it states that the MoH shall carry out comprehensive organizational, medical, biological, engineering and technological measures in order to ensure public health and to protect the environment and the personnel who are exposed to pathogenic biological agents, including by compiling and maintaining a list of extremely dangerous pathogens, as well as by developing sanitary and hygiene procedures and standards for laboratories working with extremely dangerous pathogenic biological agents, qualification requirements for personnel, and the principles for the health supervision of the personnel. The Law on Public Health contains several further articles about biosafety, including article 17, 18 and 19 - about restrictions on possession, use, transfer, transportation, destruction, import and export of extremely dangerous pathogens - as well as article 20 - about functions of the MoH's office responsible for biosafety - and article 21 - about the National Integrated Epidemiological Surveillance System for infectious diseases. [2]

The 2014 Waste Management Code contains rules for the safe management and disposal of hazardous waste, including infectious waste from medical laboratories, medical research institutions and medical institutions. [3]

The World Health Organization's 2019 Joint External Evaluation for Georgia states that the country has legislation covering biosafety requirements - specifically naming the Law on Public Health and the Waste Management Code - but it notes that the biosafety standards contained in this legislation are not fully implemented beyond the key laboratories of the National Center for Disease Control and Public Health and the Ministry of Agriculture. [4] Similarly, the Global Health Security Agenda pilot assessment, carried out in Georgia 2015, confirms that the country has adopted advanced biosafety and biosecurity systems, at least at the central level. [6] Although Georgia has submitted Confidence Building Measures in 2017, 2018, 2019 and 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available [6].

[1] Government of Georgia. 19.02.2016. " Decree of the Government of Georgia N82. Approval Technical Guidelines of Sanitary Norms of Working with the Biological Agents ("ტექნიკური რეგლამენტის - ბიოლოგიურ აგენტებზე მუშაობის სანიტარიული ნორმების დამტკიცების შესახებ")

[<https://matsne.gov.ge/ka/document/view/3198620?publication=0>] Accessed 29 November 2020

[2] Parliament of Georgia. 27 June 2006. "Law of Georgia on Public Health" ("კანონი საზოგადოებრივი ჯანმრთელობის შესახებ") <https://matsne.gov.ge/ka/document/view/21784?publication=31> Accessed 28 November 2020

[3] Parliament of Georgia. 26 December 2014. "Law of Georgia on Waste Management Code" ("ნარჩენების მართვის კოდექსი") <https://matsne.gov.ge/ka/document/download/2676416/1/en/pdf> Accessed 28 November 2020

[4] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[5] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 29 November 2020

[6] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC.

[<https://bwc-ecbm.unog.ch/state/Georgia>] Accessed 29 November 2020

1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has an established agency responsible for the enforcement of biosafety legislation and regulations. According to the 2006 Law on Public Health, the Ministry of Health is responsible for implementing a unified national biosafety policy, and for

carrying out comprehensive organizational, medical, biological, engineering and technological measures in order to ensure public health and to protect the environment and the personnel who are exposed to pathogenic biological agents. [1] Ordinance N82, issued 19 February 2016, on Approval of Technical Guidelines of Sanitary Norms for Working with the Biological Agents, outlines the importance of establishing biosafety committees in institutions (such as laboratories) that deal with biological substances. [2] Based on this ordinance, organizations that work with biological agents and substances are responsible for forming biosafety committees and appointing biosafety officers, responsible for implementation of the regulations outlined in the ordinance. However, these regulations are implemented only at the organizational level (i.e. Lugar Laboratory at the National Center for Disease Control and Public Health has one such committee). [2] Although Georgia has submitted Confidence Building Measures in 2017, 2018, 2019 and 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available [3,4]. The World Health Organization's 2019 Joint External Evaluation for Georgia reports that biosafety requirements are implemented in public-sector laboratories, but notes a lack of enforcement in the private sector. [5]

[1] Parliament of Georgia. 27 June 2006. "Law of Georgia on Public Health" ("კანონი საზოგადოებრივი ჯანმრთელობის შესახებ") <https://matsne.gov.ge/ka/document/view/21784?publication=31> Accessed 28 November 2020

[2] Parliament of Georgia. 19.02.2016. " Decree of the Government of Georgia N82. Approval Technical Guidelines of Sanitary Norms of Working with the Biological Agents ("ტექნიკური რეგლამენტის - ბიოლოგიურ აგენტებზე მუშაობის სანიტარიული ნორმების დამტკიცების შესახებ") [<https://matsne.gov.ge/ka/document/view/3198620?publication=0>] Accessed 29 November 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health. "Biosafety Committee". [<https://www.ncdc.ge/Pages/user/LetterContent.aspx?ID=6c15f50b-7939-41b6-8904-97669c0285df>] Accessed 29 November, 2020

[4] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC [<https://bwc-ecbm.unog.ch/state/Georgia>] Accessed 29 November 2020.

[5] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 1

Georgia requires biosafety training, using a standardized, required approach, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential.

According to Decree N82 on Approval of Technical Guidelines of Sanitary Norms of Working with the Biological Agents (adopted 2016), facilities where work with biological agents is carried out must provide employees with systemic safety training in order to prevent infections, incidents and accidents. The decree specifies that employees must become acquainted with the biosafety and biosecurity manual, standard operating procedures and other documents related to the performance of their duties. [1].

The World Health Organization's Global Health Security Agenda Pilot Assessment of Georgia, conducted in 2015, states that

the Lugar Center, under the National Center for Disease Control and Public Health, is a regional resource for biosafety and biosecurity training, and reports that Georgia's public health laboratories are required to have comprehensive biosafety and biosecurity programs in place, and all personnel are required to complete biosafety and biosecurity training prior to being granted laboratory access. [2] In 2014, the Georgian Biosafety Association translated the third edition of the World Health Organization's Laboratory Biosafety Manual (which was originally published in 2004) into Georgian, and since then the document has been widely used by public health laboratories [3].

The World Health Organization's 2019 Joint External Evaluation (JEE) for Georgia reports that biosafety training programs are developed and implemented in the public network laboratories. [4] It further reports that special training is provided on proper usage of personal protective equipment (PPE) in both laboratories and clinics, and this was intensified during the global Ebola crises and a recent outbreak of Crimean-Congo Haemorrhagic fever in Georgia. However, the JEE also notes that there are no mechanisms in place to assess the implementation of biosafety and biosecurity legislation in laboratories outside the public sector, and that efforts are needed to enforce biosafety requirements in private laboratories. [4]

Although Georgia has submitted Confidence Building Measures under the Biological Weapons Convention in 2017, 2018, 2019 and 2020, access to the reports is restricted and the contained information is not publicly available [5].

[1] Parliament of Georgia. 19 February 2016 "Decree of the Government of Georgia N82. Approval Technical Guidelines of Sanitary Norms of Working with the Biological Agents" ("ტექნიკური რეგლამენტის - ბიოლოგიურ აგენტებზე მუშაობის სანიტარიული ნორმების დამტკიცების შესახებ")

[<https://matsne.gov.ge/ka/document/view/3198620?publication=0>] Accessed 29 November 2020

[2] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.gov/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 29 November 2020

[3] World Health Organization. Laboratory Biosafety Manual. Third Edition. Translated by Lela Bakanidze. Published by Georgian Biosafety Association. 2014 ISBN 978 9941 0 5958 2 ("ლაბორატორიული ბიოუსაფრთხოების სახელმძღვანელო მესამე გამოცემა") [http://apps.who.int/iris/bitstream/handle/10665/42981/9789941059582_geo.pdf] Accessed 29 November, 2020

[4] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[5] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC.

[<https://bwc-ecbm.unog.ch/state/Georgia>] Accessed 29 November 2020

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Georgia has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, or other dual-use research. There is no mention of such an assessment research on the official websites of the Ministry of Health, the Ministry of Agriculture or

the Ministry of Defense [1,2,3] The World Health Organization's Global Health Security Agenda Pilot Assessment of Georgia, conducted in 2015, does not mention such an assessment either. [4] Although Georgia has submitted Confidence Building Measures in 2017, 2018, 2019 and 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available [5]. There is no further relevant information in the Verification Research, Training and Information Centre's database of legislation related to biological weapons and materials. [6]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [https://www.moh.gov.ge]. Accessed 29 November 2020.

[2] Ministry of Defense of Georgia. [https://mod.gov.ge]. Accessed 27 November 2020

[3] Ministry of Environment Protection and Agriculture of Georgia. [https://www.mepa.gov.ge] Accessed 27 November 2020

[4] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923]. Accessed 29 November 2020

[5] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC.

[https://bwc-ecbm.unog.ch/state/Georgia] Accessed 29 November 2020

[6] Verification Research, Training and Information Centre. "BWC Legislation Database. G."

[https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/g/]. 26 November 2020.

1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Georgia has a national policy requiring oversight of dual-use research. No such evidence was found on the official websites of the Ministry of Health, the National Center for Disease Control and Public Health, the Ministry of Defense or the Ministry of Agriculture [1,2,3,4] The World Health Organization's Global Health Security Agenda Pilot Assessment of Georgia, conducted in 2015, does not mention such a policy [5] No relevant provisions are contained in the 2013 Law on the Control of Military and Dual-Use Goods. [6] Although Georgia has submitted Confidence Building Measures in 2017, 2018, 2019 and 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available [7]. There is no further relevant information in the Verification Research, Training and Information Centre's database of legislation related to biological weapons and materials. [8]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [https://www.moh.gov.ge]. Accessed 29 November 2020

[2] Levan Sakvarelidze National Center for Disease Control and Public Health [http://www.ncdc.ge] Accessed 29 November 2020

[3] Ministry of Environment Protection and Agriculture of Georgia. "https://www.mepa.gov.ge] Accessed 29 November 2020

[4] Ministry of Defence of Georgia. [https://mod.gov.ge] Accessed 29 November 2020

[5] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923]. Accessed 29 November 2020

[6] Parliament of Georgia 29 November 2013, " On the Control of Military and Dual-Use Goods" („სამხედრო და ორმაგი დანიშნულების პროდუქციის კონტროლის შესახებ")

https://matsne.gov.ge/ka/document/view/2113659?publication=1 Accessed 29 November 2020.

[7] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC.

[https://bwc-ecbm.unog.ch/state/Georgia] Accessed 29 November 2020

[8] Verification Research, Training and Information Centre. "BWC Legislation Database. G." [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/g/]. 26 November 2020.

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of an agency that is responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, and/or other dual use research in Georgia. There is no mention of such an agency on the official websites of the Ministry of Health, the National Center for Disease Control and Public Health, the Ministry of Agriculture or the Ministry of Defense. [1,2,3,4] The World Health Organization's Global Health Security Agenda Pilot Assessment of Georgia, conducted in 2015, does not mention any such agency. [5] There is mention of such an agency in the Law on the Control of Military and Dual-Use Goods. [6] Although Georgia has submitted Confidence Building Measures in 2017, 2018, 2019 and 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available [7]. There is no further relevant information in the Verification Research, Training and Information Centre's database of legislation related to biological weapons and materials. [8] The World Health Organization's 2019 Joint External Evaluation for Georgia states that some elements of biosecurity, including assessment of dual use research of concern, are implemented in Georgia's public laboratory networks, but awareness of biorisk management in other national level diagnostic and research laboratories is poorly developed. [9]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [https://www.moh.gov.ge]. Accessed 29 November 2020

[2] Levan Sakvarelidze National Center for Disease Control and Public Health [http://www.ncdc.ge] Accessed 29 November 2020

[3] Ministry of Environment Protection and Agriculture of Georgia. "[https://www.mepa.gov.ge] Accessed 29 November 2020

[4] Ministry of Defence of Georgia. [https://mod.gov.ge] Accessed 29 November 2020

[5] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923]. Accessed 29 November 2020

[6] Parliament of Georgia 29 November 2013, " On the Control of Military and Dual-Use Goods" („სამხედრო და ორმაგი დანიშნულების პროდუქციის კონტროლის შესახებ") [https://matsne.gov.ge/ka/document/view/2113659?publication=1 Accessed 29 November 2020.

[7] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC. [https://bwc-ecbm.unog.ch/state/Georgia] Accessed 29 November 2020

[8] Verification Research, Training and Information Centre. "BWC Legislation Database. G." [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/g/]. 26 November 2020.

[8] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf]. Accessed 23 January 2021.

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of a requirement in Georgia for screening synthesized DNA before it is sold. There is no mention of such a requirement on the websites of the Legislative Herald of Georgia, the Ministry of Health, the State Regulation Agency for Medical Activities, the Ministry of Defense, the Ministry of Agriculture or the National Center for Disease Control and Public Health. [1,2,3,4,5] The World Health Organization's Global Health Security Agenda Pilot Assessment of Georgia, conducted in 2015, does not mention such a requirement, and neither does its 2019 Joint External Evaluation for Georgia [7, 8]. The 2013 Law on the Control of Military and Dual-Use Goods does not specifically mention synthesized DNA. [9] The 2014 Law on Living Genetically Modified Organisms does not say anything about screening genetically modified organisms against lists of known pathogens and toxins before sale. [10] Although Georgia has submitted Confidence Building Measures in 2017, 2018, 2019 and 2020 under the Biological Weapons Convention, access to the reports is restricted and the contained information is not publicly available. [11] There is no further relevant information in the Verification Research, Training and Information Centre's database of legislation related to biological weapons and materials. [12]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [https://www.moh.gov.ge] Accessed 29 November 2020

[2] State Regulatory Agency for Medical Activities [http://rama.moh.gov.ge/geo/static/10/farmatsevtuli-saqmianoba] Accessed 29 November 2020

[3] Ministry of Defence of Georgia. [https://mod.gov.ge] Accessed 29 November 2020 4] Ministry of Environment Protection and Agriculture of Georgia. [https://www.mepa.gov.ge] Accessed 29 November 2020

[5] Levan Sakvarelidze National Centre for Disease Control and Public Health [http://www.ncdc.ge] Accessed 29 November 2020

[7] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923] Accessed 29 November 2020

[8] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf] Accessed 23 January 2021.

[9] Parliament of Georgia. 29 November 2013, "On the Control of Military and Dual-Use Goods" („სამხედრო და ორმაგი დანიშნულების პროდუქციის კონტროლის შესახებ") [https://matsne.gov.ge/ka/document/view/2113659?publication=1] Accessed 29 November 2020.

[10] Parliament of Georgia 18 September, 2014 "Law of Georgia On Living Genetically Modified Organisms" ("ცოცხალი გენმოდიფიცირებული ორგანიზმების შესახებ") [https://matsne.gov.ge/ka/document/view/2516880?publication=2]. 26 November 2020.

[11] United Nations Office at Geneva (UNOG). Biological Weapons Convention Implementation Support Unit BWC. [https://bwc-ecbm.unog.ch/state/Georgia] Accessed 29 November 2020

[12] Verification Research, Training and Information Centre. "BWC Legislation Database. G." [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/g/]. 26 November 2020.

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 2

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1, No = 0

Current Year Score: 1

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 2

Georgia's national laboratory system has the capacity to carry out 6 of the 10 WHO-defined priority diagnostic tests. The World Health Organization's Global Health Security Agenda Pilot Assessment of Georgia, conducted in 2015, attests that the National Laboratory can conduct all 10 tests with short turnaround times [1]. The serological laboratory at the National Center for Disease Control and Public Health's Lugar Center performs serological diagnostics of all six tests common across all

countries, namely polymerase chain reaction (PCR) testing for influenza virus (flu); virus culture for poliovirus (polio); serology for HIV; microscopy for mycobacterium tuberculosis; rapid diagnostic testing for plasmodium spp. (malaria); and bacterial culture for Salmonella enteritidis serotype Typhi (typhoid). [2,3] The Lugar Center's general bacteriology laboratory conducts diagnostic and research activities on parasites, fungi and different gram positive/gram negative aerobes and/or anaerobes, such as: enterobacteriaceae, non-enterobacteriaceae, salmonella spp, shigella spp, clostridium spp, campilobacter spp, acinetobacter spp, staphylococcus spp, strepococcus spp, niseria spp, bartonella spp, and klebsiella spp. [2,3]. There is no evidence that Georgia has publicly defined its four country-specific tests, including on the websites of the Ministry of Health and the National Center for Disease Control and Public Health. [4,5]

[1] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 1 December 2020

[2] Levan Sakvarelidze National Center for Disease Control and Public Health "Structure of the Laboratory Network".

[<https://www.ncdc.ge/Pages/user/LetterContent.aspx?ID=39f75332-dcb7-496c-9a6a-5aeb6bb220b5>] Accessed 1 December 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health "General Bacteriology Laboratory of Lugar Public Health Center". [<https://www.ncdc.ge/Pages/user/LetterContent.aspx?ID=299ee1f1-51f2-4273-9fec-5ba5c557bc96>]

Accessed 1 December 2020

[4] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 1 December 2020

[5] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 1 December 2020

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 1

Georgia has national plans for conducting testing during public health emergencies, but there is insufficient evidence that they includes considerations for testing for novel pathogens, scaling capacity, or defining goals for testing. The National Flu Pandemic Preparedness and Response Plan includes a detailed plan for conducting testing during a flu pandemic, which foresees cooperation and coordination between the National Center for Disease Control and Public Health (NCDC) and local public health centers. [1] The Decree on the Approval of the List of Priority Persons Subject to Mandatory Testing for Coronavirus Infection (SARS-CoV-2) and its Conduct defines categories of person who should receive mandatory priority testing for COVID-19 during the ongoing pandemic. [2] However, neither of these documents have provisions on scaling capacity or define how the country can expand testing beyond routine capacity during an emergency situation. [1,2] There is no further relevant evidence on the websites of the NCDC or the Ministry of Health. [3,4]

[1] Levan Sakvarelidze National Center for Disease Control and Public Health "National response plan for Preparedness for a flu pandemic" ("გრიპის პანდემიისათვის მზადყოფნის და რეაგირების ეროვნული გეგმა")

<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=f06dfe2b-63ef-4539-9370-acc58aed608> Accessed 1 December 2020

[2] Governmet of Georgia 15 June 2020, Decree of the Governmet of Georgia N975 On the approval of the list of priority persons subject to mandatory testing for coronavirus infection (SARS-CoV-2) (COVID-19) and its conduct"

("კორონავირუსით (SARS-CoV-2) გამოწვეულ ინფექციაზე (COVID-19) სავალდებულო ტესტირებას

დაქვემდებარებულ პრიორიტეტულ პირთა ნუსხისა და ჩატარების წესის დამტკიცების შესახებ")

[<https://matsne.gov.ge/ka/document/view/4896450?publication=14>] Accessed 1 December 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health [<https://www.ncdc.ge>] Accessed 1 December 2020

[4] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 1 December 2020

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has a national laboratory that serves as a reference facility that is accredited. The Global Health Security Agenda Pilot Assessment for Georgia, which was conducted in 2015, reports that some of the national reference laboratory testing functions of the Lugar Center at the National Center for Disease Control and Public Health (NCDC) have been accredited by the World Health Organization (WHO). [1] The WHO's 2019 Joint External Evaluation of Georgia reports that an internationally accepted national accreditation body is present in the country, and can accredit laboratories to international norms, but it also notes that there remains a need for accreditation of medical and veterinary diagnostic laboratories to be implemented and monitored. [2] According to the NCDC's website, the Lugar Center holds: management issues international certification according to ISO9001:2008 requirements; ISO15189 accreditation of serological and molecular testing of hepatitis C; and clinical laboratory accreditation standard ISO15189 in the field of general bacteriology and external antimicrobial resistance quality control program. [3, 4] From 2018 to 5 January 2020 the Lugar Center's serology laboratory also had ISO15189 accreditation in hepatitis, measles-rubella and rotavirus serology testing. [3, 4] By 2019, within the annual accreditation by WHO Regional Office for Europe, full accreditation of the National Laboratory for Measles and Rubella was performed. [5,6]

[1] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 1 December 2020

[2] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[3] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). Georgia Brief, Richard Lugar Center for public Health Research. [<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=a81ab769-ce2a-4438-b6bf-42d9cef32b6e>] Accessed 1 December 2020.

[4] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). "Annual Report 2019"

[<https://www.ncdc.ge/Pages/User/Documents.aspx?ID=a0cdd978-3a70-445c-b0cf-0ddbdf7d4481>] Accessed 1 December 2020

[5] Levan Sakvarelidze National Center for Disease Control and Public Health.

[<https://www.ncdc.ge/Pages/User/LetterContent.aspx?ID=363d8095-5f09-4a4c-8e7a-c2c7a3fb9a71>] Accessed 1 December 2020

[6] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). "Annual Report 2019"

[<https://www.ncdc.ge/Pages/User/Documents.aspx?ID=a0cdd978-3a70-445c-b0cf-0ddbdf7d4481>] Accessed 1 December 2020

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has a national laboratory that serves as a reference facility that is subject to external quality assurance review. The Lugar Center at the National Center for Disease Control and Public Health - which serves as a reference facility in Georgia - has three laboratories that are accredited by World Health Organization (WHO) (on polio, influenza and measles/rubella), and five laboratories connected to the WHO laboratory network with external quality assurance (rotavirus, invasive meningitis, malaria, salmonellosis, anti-microbial resistance). [1] In 2016, for example the Lugar Center participated in proficiency testing within the WHO external quality control program, which involved sending samples to the Luxembourg Measles/Rubella referral laboratory for repeat testing, and testing and retesting cases concordance between laboratories was 100%. [2] Similarly, in 2016, the Lugar Center participated in proficiency testing under the WHO program "Hospital-based sentinel surveillance of rotavirus gastroenteritis and evaluation of disease burden in Georgia". [2] The World Health Organization's 2019 Joint External Evaluation for Georgia reports that a quality assurance system is in place for the reference laboratory, and partially in place for other network laboratories. [3]

[1] Levan Sakvarelidze National Center for Disease Control and Public Health.

[<https://www.ncdc.ge/Pages/User/LetterContent.aspx?ID=363d8095-5f09-4a4c-8e7a-c2c7a3fb9a71>] Accessed 1 December 2020

[2] National Center for Disease Control and Public Health of Georgia Annual Report 2016, June 2017

[<https://ncdc.ge/Handlers/GetFile.ashx?ID=af53c8f1-7461-41b2-b5ff-89140c6e2188>] Accessed 1 December 2020

[3] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1 , No = 0

Current Year Score: 1

There is an evidence of a nationwide specimen transport system in Georgia. The World Health Organization's 2019 Joint External Evaluation (JEE) for Georgia reports that a system is in place to transport specimens from more than 80% of Georgia's intermediate-level and district-level laboratories to national laboratories for advanced diagnostics. [1] It notes that specimen transportation is performed through courier contracts as well as by the National Center for Disease Control and Public Health and Laboratory of the Ministry of Agriculture. The JEE further explains that specimen referral network is documented and sample referral guidelines exist for each priority disease, and that a tracking and documentation system is in place for specimen shipment and receipt.

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 0

There is no evidence that Georgia has a plan to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale up testing during an outbreak. There is no evidence of such a plan on the websites of the National Center for Disease Control and Public Health or the Ministry of Health. [1, 2] No relevant provisions are contained in the 2009 Influenza Pandemic Preparedness Plan, the 2014 Ebola Incident Action Plan, the 2017 National Disaster Risk Reduction Strategy or the 2006 Law on Public Health. [3, 4, 5, 6] 2020's Decree N322 on the Approval of Isolation and Quarantine Rules states that during the COVID-19 pandemic a different procedure for the issuance of a licence/permit shall be established for medical institutions and, in agreement with the Ministry, the State Regulation Agency of Medical Activities shall be granted the right to issue a temporary licence/permit for medical activities by a relevant act with terms and conditions other than those established by the legislation. [7] However, the decree does not explicitly mention testing capacity. No relevant information is contained in the World Health Organization's 2019 Joint External Evaluation of Georgia, or in Georgia's 2015 Global Health Security Agenda Pilot Assessment. [8, 9]

[1] Levan Sakvarelidze National Center for Disease Control and Public Health [<https://www.ncdc.ge>] Accessed 2 December 2020

[2] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 2 December 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health Influenza Pandemic Preparedness Plan [<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=02c348a1-ad61-4184-9845-24293f3090e2>] Accessed 11 December 2020

[4] Government of Georgia 1 September 2014 "Decree of the Government of Georgia N1807 On approval of the operational response plan for cases of Ebola virus disease" ("ებოლას ვირუსით გამოწვეული დაავადების შემთხვევებზე ოპერატიული რეაგირების გეგმის დამტკიცების შესახებ") [<https://matsne.gov.ge/ka/document/view/2533387?publication=0>] Accessed 6 December 2020

[5] Government of Georgia, 11 January 2017 "Decree of the Government of Georgia N4 National Disaster Risk Reduction Strategy of Georgia" ("საქართველოს კატასტროფის რისკის შემცირების 2017-2020 ეროვნული სტრატეგია და სამოქმედო გეგმა") [http://gov.ge/files/469_59429_120118_4.pdf] Accessed 6 December 2020

[6] Parliament of Georgia. 27 June 2006. "Law of Georgia on Public Health" ("კანონი საზოგადოებრივი ჯანმრთელობის შესახებ") [<https://matsne.gov.ge/ka/document/view/21784?publication=31>] Accessed 28 November 2020

[7] Government of Georgia 23 May 2020 "Decree of the Government of Georgia N 322 On the Approval of Isolation and Quarantine Rules" ("იზოლაციისა და კარანტინის წესების დამტკიცების შესახებ") [<https://matsne.gov.ge/ka/document/view/4877009?publication=73>]. Accessed 7 December 2020

[8] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[9] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 1 December 2020.

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,
Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis
= 1, No = 0

Current Year Score: 1

Georgia conducts ongoing event-based surveillance for infectious disease, but there is no evidence that data are analyzed on a daily basis. The World Health Organization's 2019 Joint External Evaluation of Georgia states that country conducts event-based surveillance, as part of which an early warning system for unusual respiratory events monitors unusual individual cases or clusters. [1] The JEE further states that the National Center for Disease Control and Public Health receives immediate and weekly reports from all health facilities in the country, including reports submitted through the Electronic Integrated Disease Surveillance System (EIDSS), to which all public health centres in Georgia have the capacity to report. [1] The JEE does not, however, explicitly state that data are analyzed every day. [1] The EIDSS is governed by the 2015 Decree on Approval of the Rule of Notification/Reporting of Veterinary Suppliers, according to which the system is used for both the human and animal health sectors, for the reporting of 129 named diseases, of which 72 require immediate notification. [2] The decree does not, however, mention frequency of analysis. [2] There is no mention of event-based surveillance on the websites of the Ministry of Health or the Ministry of Agriculture, or in Georgia's 2015 Global Health Security Agenda Pilot Assessment. [3, 4, 5]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[2] Ministry of Agriculture of Georgia 16 November 2015, "Decree of the Ministry N 2-238 On approval of the rule of notification / reporting of veterinary suppliers" ("ვეტერინარული საქმიანობის მიმწოდებლების შეტყობინების/ანგარიშგების წესის დამტკიცების შესახებ")

[<https://matsne.gov.ge/en/document/view/3053847?publication=0>] Accessed 29 November 2020.

[3] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 2 December 2020

[4] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>] Accessed 2 December 2020

[5] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 2 December 2020

2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Georgian government has reported a potential public health emergency of international concern to the World Health Organization (WHO) within the last two years, including in relation to COVID-19. There is no such evidence on the websites of the WHO or the Ministry of Health. [1, 2, 3]

- [1] World Health Organisation. "WHO Disease Outbreak News page, Emergencies, preparedness, response, Georgia". [<http://www.who.int/csr/don/archive/country/geo/en/>]. Accessed 2 December 2020
- [2] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 2 December 2020
- [3] World Health Organisation. [<http://www.euro.who.int/en/countries/georgia/areas-of-work>] Accessed 2 December 2020

2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1 , No = 0

Current Year Score: 1

The Georgian government operates an electronic reporting surveillance system at both the national and the sub-national level. According to the Global Health Security Agenda Pilot Assessment (GHS PA) conducted in Georgia in 2015, the Electronic Information and Disease Surveillance System (EIDSS) is used in the human health, animal health and food safety sectors for notification, data processing and reporting, as well as linkages to other systems. [1] There are 78 notifiable diseases and conditions that can be reported through EIDSS, 42 of which require urgent notification. The GHS PA explains that the data are collected on forms and entered into the system by trained public health personnel in the districts [1]. Application of EIDSS as a device for the surveillance of especially dangerous pathogens in the country started in 2004, and all diseases under surveillance have been included in EIDSS since 2010. [2] Since 2012 EIDSS has been the sole, unified system allowing the rapid mobilization of data and real-time analysis, connecting animal and human health. [2] Since 2011 all regional and district public health centers and regional branches of the National Center for Disease Control and Public Health (NCDC) have been required to use the system on a daily basis. According NCDC website, the EIDSS network comprises 190 sites, of which 90 are at Ministry of Health facilities, 97 are at Ministry of Agriculture facilities, and 3 are shared by the two Ministries. [3]

- [1] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 2 December 2020
- [2] Levan Sakhvarelidze National Center for Disease Control and Public Health (NCDC) [<https://ncdc.ge/Handlers/GetFile.ashx?ID=a5ffe065-0d92-46e9-9f7f-b5f285a541e9>] Accessed 2 December 2020
- [3] Levan Sakhvarelidze National Center for Disease Control and Public Health. Electronic Integrated Disease Surveillance System (EIDSS) [<http://www.ncdc.ge/Pages/User/LetterContent.aspx?ID=4b7761f5-6f58-4796-b4ad-69b3ce158f1b>] Accessed 2 December 2020

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Georgia's electronic reporting surveillance system collects country-wide ongoing real-time data from laboratories. Georgia's Electronic Information and Disease Surveillance System (EIDSS) has a website, but access is limited to registered users. [1] According to the National Center for Disease Control and Public Health's Strategic Plan 2018-2022 adaptation, the EIDSS requires development of capabilities to ensure the full operation of the system throughout the country, with suitable levels of sustainability, flexibility and efficiency. [2] There is no evidence of real-time data laboratory

collection on the website of the National Center for Disease Control and Public Health or the Ministry of Health. [3,4] However, the World Health Organization's 2019 Joint External Evaluation for Georgia states that EIDSS ensures the exchange of information in real time between the healthcare and veterinary sectors. [5]

[1] Electronic Integrated Disease Surveillance System (EIDSS). 2018. [<https://eidss.ge/en-KA-Eidss/Account/Login>] Accessed 2 December 2020

[2] Levan Sakvarelidze National Center for Disease Control and Public Health "Levan Sakvarelidze National Center for Disease Control and Public Health Strategic Plan 2018-2022" [<https://www.ncdc.ge/Pages/User/News.aspx?ID=fade4aa1-397c-4b59-8bc4-dd097ff81228>] Accessed 2 December 2020

[3] Levan Sakhvarelidze National Center for Disease Control and Public Health. [<https://ncdc.ge>] Accessed 2 December 2020

[4] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 2 December 2020

[5] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 2

Electronic health records (EHRs) are widely in use in Georgia. According to the Ministry of Health's 2019 Decree on Electronic Health Records, from 1 January 2020 all inpatient and outpatient medical facilities (except for outpatient/day-to-day, high-risk dermatocosmetology/healthcare providers) are required to provide health information to all identified patients using EHRs. A) Transfer information about the outpatient visit to the EHR system within 1 working day after the end of the outpatient visit; B) Information on inpatient cases must be written to the EHR system within 5 working days after the patient is discharged. [1] The decree states that the purpose of the EHR system is to collect, store, share and process electronic records of patient health status from authorized persons in accordance with the established procedure, thus promoting the development of a continuous, effective, patient-centered and quality, integrated health care system. [1] In addition, since 2016 Georgia has used an electronic registration system (the Electronic Module of Pregnant Women and Newborn Healthcare) for monitoring maternal and child health, and prenatal and obstetric services. [2] This registers prenatal visits for each pregnant woman, as well as pregnancy outcomes, including the health status of newborns. [2] Medical institutions are obliged to ensure the transmission of information on all cases specified in Article 5.1 of this Order in the Electronic Records (EHR) system in accordance with the procedure set out in Annex 1, otherwise they will be subject to quality control and other supervisory measures, as well as penalties.[3]

[1] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. 3 January 2019, (decree N01-1 Determining the operation and production rules of the Electronic Health Record System (EHR) ("ჯანმრთელობის შესახებ ელექტრონული ჩანაწერების სისტემის (EHR) ფუნქციონირებისა და წარმოების წესის განსაზღვრის შესახებ") [<https://matsne.gov.ge/ka/document/view/4390457?publication=0>]. Accessed 2 December 2020

[2] UNICEF Georgia; 2015 A new electronic system for the maternal and newborn health surveillance is being introduced in Georgia [http://unicef.ge/44/osrulta_da_akhshshobilta_janmrtelobis_metvalkureobis_akhali_sistema/352/lngeng] Accessed

3 December 2020

[3] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. 10 May 2019, (decree N01-416 "amendment of the decree Determining the operation and production rules of the Electronic Health Record System (EHR)") „ჯანმრთელობის შესახებ ელექტრონული ჩანაწერების სისტემის (EHR) ფუნქციონირებისა და წარმოების წესის განსაზღვრის შესახებ“ საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის მინისტრის 2019 წლის 3 იანვრის N01-1/ნ ბრძანებაში ცვლილების შეტანის შესახებ
<https://matsne.gov.ge/ka/document/view/4546664?publication=0> Accessed 3 December 2020

2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1 , No = 0

Current Year Score: 1

The national public health system in Georgia has access to electronic health records (EHRs) of individuals in the country. According to 2019's Decree N01-1 on Electronic Health Records. National Center for Disease Control and Public Health has access to Georgia's EHR system. [1] The decree states that the National Center for Disease Control and Public Health and local public health authorities have access to individuals' patient health records. [1]

[1] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. 3 January 2019, (decree N01-1 Determining the operation and production rules of the Electronic Health Record System (EHR) ("ჯანმრთელობის შესახებ ელექტრონული ჩანაწერების სისტემის (EHR) ფუნქციონირებისა და წარმოების წესის განსაზღვრის შესახებ") [<https://matsne.gov.ge/ka/document/view/4390457?publication=0>]. Accessed 2 December 2020

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Georgia has data standards to ensure that health data are comparable. According to a World Health Organization 2017 review of Georgia's health system, Georgia does not have unified or integrated information technology systems within the health sector, but the country's government views their development as a priority, and is seeking to do so with support from various donor organizations. [1] In January 2019, the government adopted Decree N01-1 on Electronic Health Records, which established a unified electronic health record system, the use of which has been mandatory since the start of 2020, but this decree does not mention data comparability. [2] There is no evidence of data standards to ensure comparability of health data on the websites of the Ministry of Health or the National Center for Disease Control and Public Health. [3,4]

[1] Richardson E, Berdzuli N. 2017. "Health Systems in Transition. Georgia Health System Review". World Health Organization [http://www.euro.who.int/__data/assets/pdf_file/0008/374615/hit-georgia-eng.pdf?ua=1] Accessed 2 December 2020

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. 3 January 2019, (decree N01-1 Determining the operation and production rules of the Electronic Health Record System (EHR) ("აღმართელობის შესახებ ელექტრონული ჩანაწერების სისტემის (EHR) ფუნქციონირებისა და წარმოების წესის განსაზღვრის შესახებ") [<https://matsne.gov.ge/ka/document/view/4390457?publication=0>]. Accessed 2 December 2020

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 [https://matsne.gov.ge/ka/document/view/4390457?publication=0]. Accessed 2 December 2020
 [3] Levan Sakvarelidze National Center for Disease Control and Public Health [http://www.ncdc.ge] Accessed 2 December
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 [4] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.
 [https://www.moh.gov.ge]. Accessed 2 December 2020

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence of established mechanisms at the ministries responsible for animal, human and wildlife surveillance to share data. According to the Global Health Security Agenda Pilot Assessment conducted in Georgia in 2015, the Electronic Information and Disease Surveillance System (EIDSS) is used in the human health, animal health and food safety sectors for notification, data processing and reporting, as well as linkages to other systems. [1] The Ministries of Health, Agriculture and Environment have access to the database, which is designed to strengthen and support monitoring and prevention of human and animal diseases within the One Health concept, and to facilitate International Health Regulations (IHR) 2005 compliance. [2] The EIDSS can share data with other electronic tools used at regional or international levels, and it allows observation of registered cases, samples collected and types of tests conducted, and provides final results of disease surveillance to system users in real-time.[3]

- [1] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."
 [https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923]. Accessed 2 December 2020
 [2] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). 2020 "Annual Report 2019"
 [https://www.ncdc.ge/Pages/User/Documents.aspx?ID=a0cdd978-3a70-445c-b0cf-0ddbdf7d4481] Accessed 3 December
 2020
 [3] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."
 [https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf]. Accessed 23 January 2021.

2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that country makes de-identified health surveillance data on disease outbreaks publicly available via reports on government websites. There are no such reports on the websites of the Ministry of Health, Ministry of Agriculture or the National Center for Disease Control and Public Health (NCDC). [1,2,3] In 2015 the NCDC provided weekly updates on disease outbreaks, including measles and influenza, but there is no evidence of such reports more recently. [3] The World Health Organization's 2019 Joint External Evaluation of Georgia states that an epidemiological bulletin is published annually at central level, that weekly influenza reports are published during the influenza season, and that weekly measles reports are published during outbreaks, but it makes no mention of year-round weekly reporting. [4]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 3 December 2020.

[2] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>] Accessed 3 December 2020

[4] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://ncdc.ge/>]. Accessed 3 December 2020.

[3] Levan Sakvarelidze National Center for Disease Control and Public Health. 2015 epid bulletins

[<https://www.ncdc.ge/Pages/User/Documents.aspx?ID=f2170773-a494-43d0-97fd-bfb0a06a6aa6>]. Accessed 3 December 2020.

[4] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 1

Georgia makes de-identified COVID-19 surveillance data available via daily reports on government websites. The Georgian government maintains a website at stopcov.ge, which presents daily data on confirmed cases, recovered cases and deaths, as well as a range of information regarding COVID-19 restrictions, recommendations, government report, the anti-crisis economic plan and other related matters. [1] In addition, the National Center for Disease Control and Public Health publishes daily and aggregate data on the number of COVID-19 on its own website. [2]

[1] Government of Georgia [<https://stopcov.ge/>] Accessed 3 December 2020

[2] Levan Sakvarelidze National Center for Disease Control and Public Health [<https://www.ncdc.ge>] Accessed 3 December 2020

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has a law that safeguards the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. The 2011 Law on Personal Data Protection categorizes health-related data as a "special category of data", the disclosure of which is prohibited. [1] Such data may only be processed for the following purposes: for the protection of public health, by a healthcare institution (or employee thereof) for provision of healthcare to a natural person, and for the management and operation of the health care system. When such data are processed, it is prohibited to publicly disclose the data to the public or a third party without the consent of the subject. [1]

[1] Parliament of Georgia. 28 December 2011, "Law of Georgia on Personal Data Protection." ("პერსონალურ მონაცემთა დაცვის შესახებ") [<https://matsne.gov.ge/ka/document/view/1561437?publication=22>] Accessed 29 November 2020

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has a law that safeguards the confidentiality of identifiable health information for individuals do not mention protection from cyber-attacks. Article 16 of the 2011 Law on Personal Data Protection puts responsibility for safeguarding confidentiality of data (including health-related data) on any natural or legal person who processes personal data for or on behalf of the data controller. More specifically, it states that the data controller "must be assured that the data processor applies appropriate organizational and technical measures to protect data" and must "monitor data processing by a data processor". [1] According to this law, personal data refers to the identification through "an identification number or by a person's physical, physiological, psychological, economic, cultural or social characteristics". [1] The 2012 Law on Information Security aims to promote the efficient and effective maintenance of information security, defines rights and responsibilities for public and private sectors in the field of information security maintenance, and identifies mechanisms for exercising state control over the implementation of information security policy. [2] This law has a section dedicated to cyber-security, but this section does not explicitly mention health data [2]. Nonetheless, article 3 defines the law's scope as encompassing all legal persons and state authorities that are "critical information system subjects", defined as a state body or a legal person the uninterrupted operation of which is essential to the state's defense and/or economic security, and/or the maintenance of state authority and/or public life. [2]

[1] Parliament of Georgia, 28 December 2011, "Law of Georgia on Personal Data Protection" (პერსონალურ მონაცემთა დაცვის შესახებ") [<https://matsne.gov.ge/ka/document/view/1561437?publication=22>] Accessed 29 November 2020

[2] Parliament of Georgia. 5 June 2012 "Law of Georgia on Information Security " ("ინფორმაციული უსაფრთხოების შესახებ") [<https://matsne.gov.ge/ka/document/view/1679424?publication=4>] Accessed 3 December November 2020

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease = 2, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Georgia's government has made any commitment via public statements, legislation, or a cooperative agreement to share surveillance data for one or more diseases during a public health emergency with other countries in the region. There is no such evidence on the websites of the Ministry of Health or the National Center for Disease Control and Public Health. [1,2] However, the World Health Organization's (WHO's) 2019 Joint External Evaluation of Georgia states that Georgia is on the WHO's list of countries providing surveillance data on ILI/SARI, rotavirus, invasive meningitis, measles and acute flaccid paralysis, and that data on ILI/SARI and HIV are entered into the European Surveillance System (TESSy), the joint surveillance platform of the WHO and the European Centre for Disease Control. [3]

[1] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 29 November 2020

[2] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 29 November 2020

[3] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no evidence that Georgia has a national system to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency. In response to the COVID-19 pandemic, Georgia has launched contact tracing efforts, led by the contact tracing group of the National Center for Disease Control and Public Health (NCDC) and municipal public health centers, which brings together epidemiologists and infectious disease specialists. [1,2] Since April 2020, a special mobile application has been used to facilitate contact tracing. [1,2] However, there is no evidence of a national system to provide support at the sub-national level to conduct contact tracing in the event of a public health emergency on the websites of the Ministry of Health or the National Center for Disease Control and Public Health. [3,4]

[1] Government of Georgia. 1 June, 2020. "Measure Implemented by the Government of Georgia Against Covid-19, Report" (Covid-19 -ის წინააღმდეგ საქართველოს მთავრობის მიერ გატარებული ღონისძიებათა ანგარიში)[https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT__ENG.pdf] Accessed 6 December 2020

[2] National Center for Disease Control and Public Health "COVID - 19 in Georgia Report of the National Center for Disease Control and Public Health The Fourth Revision" [<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=363920f6-716c-4be0-8b46-fddeb0d60231>] Accessed 6 December 2020

[3] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 29 November 2020

[4] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 29 November 2020

[5] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 29 November 2020

[6] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 29 November 2020

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 1

Georgia provides financial support to enable infected people and their contacts to self-isolate or quarantine as recommended, but there is no evidence of other wraparound services, except for those specific to COVID-19. According to the 2009 Decree on the Appointment of Assistance due to Temporary Incapacity for Work and on the Approval of the Issuance Rule, financial support (calculated on the basis of income) is provided to persons unable to work due to a requirement to self-isolate at home or quarantine at a designated facility. [1] The decree does not mention any further forms of support or assistance. [1] According to the 2020 Ordinance on the Approval of Isolation and Quarantine Rules, people self-isolating due to COVID-19 are subject to "periodic monitoring" and may receive medical assistance, including transport to hospital. [2] This ordinance does not apply to any diseases other than COVID-19. [2] During the COVID-19 pandemic, the government has been operating "COVID hotels" throughout the country for low-risk asymptomatic and mild cases who are unable to self-isolate at home. [3,4] These facilities are staffed by medical teams equipped with first-aid gear and pharmaceuticals, including pulse oximeters allowing for rapid condition severity assessment. [3,4] There is no further relevant evidence on the website of the Ministry of Health or in the 2010 Labor Code. [5,6]

[1] Ministry of Labour, Health and Social Affairs of Georgia. 20 February 2009, (Decree N87/6 Appointment of assistance due to temporary incapacity for work And on the approval of the issuance rule" ("დროებითი შრომისუუნარობის გამო დახმარების დანიშვნისა და გაცემის წესის დამტკიცების თაობაზე") [<http://parliament.ge/uploads/other/96/96140.pdf>] Accessed 6 December 2020

[2] Government of Georgia. 23 May 2020. "Ordinance on the Approval of Isolation and Quarantine Rules." ("იზოლაციისა და კარანტინის წესების დამტკიცების შესახებ.") [<https://matsne.gov.ge/ka/document/view/4877009>]. Accessed 27 January 2021.

[3] National Center for Disease Control and Public Health "COVID - 19 in Georgia Report of the National Center for Disease Control and Public Health The Fourth Revision" [<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=363920f6-716c-4be0-8b46-fddeb0d60231>] Accessed 6 December 2020

[4] Government of Georgia. 1 June 2020. "Measure Implemented by the Government of Georgia Against Covid-19, Report" (Covid-19 -ის წინააღმდეგ საქართველოს მთავრობის მიერ გატარებული ღონისძიებათა ანგარიში)[https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT__ENG.pdf] Accessed 6 December 2020

[5] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 29 November 2020

[6] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 29 November 2020

[7] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 29 November 2020

[<https://www.moh.gov.ge>]. Accessed 29 November 2020

[6] Parliament of Georgia. 17 December 2010. ORGANIC LAW OF GEORGIA – LABOUR CODE OF GEORGIA (" საქართველოს შრომის კოდექსი") <tps://matsne.gov.ge/ka/document/view/1155567?publication=17> Accessed 29 November 2020

2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Georgia makes de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites. No data on contact tracing is included on the government's website dedicated to COVID-19. [1] There is no such data published on the websites of the websites of the Ministry of Health or the National Center for Disease Control and Public Health. [2,3]

[1] Government of Georgia. [<https://stopcov.ge/>] Accessed 6 December 2020

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 29 November 2020.

[3] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 29 November 2020.

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 2

There is a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency.

In September 2019 the Georgian government issued Decree N454 on Approval of the Technological Scheme for Implementation of Sanitary-Quarantine Control in the Border Zone and Customs Control Zones of Georgia and the Rules for Implementation of Sanitary-Quarantine Control, which aims to prevent the introduction and further spread of infectious diseases through implementation of sanitary-quarantine control in the country's border zone and customs control zones. [1] According to the decree, during public health emergencies, persons arriving from foreign countries through an international airport shall be subject to thermal screening, as well as in-depth interviews by the epidemiologists of Legal Entity of Public Law the Revenue Service, and registration through the completion of a registration card. The decree further states that, based on information provided by the World Health Organization, the Ministry of Health shall develop recommendations regarding permanent or temporary procedures and measures to be taken at the border (e.g. decontamination, isolation,

quarantine, restrictions or bans on entry), which shall be provided to the Revenue Service (which is Georgia's border agency). [1] Furthermore, the World Health Organization's 2019 Joint External Evaluation of Georgia reports that public health and border control authorities have a legal regulation for information exchange procedures during emergencies.[2] In 2020, in response to the COVID-19 pandemic, Georgia issued Decree N 322 on the Approval of Isolation and Quarantine Rules, which introduced various rules and procedures for people entering the country. [3]

[1] Government of Georgia 16 September 2019, " Decree of the Government of Georgia N454 On Approval of the Technological Scheme for Implementation of Sanitary-Quarantine Control in the Border Zone and Customs Control Zones of Georgia and the Rules for Implementation of Sanitary-Quarantine Control" ("საქართველოს სასაზღვრო ზოლსა და საბაჟო კონტროლის ზონებში სანიტარიულ-საკარანტინო კონტროლის განხორციელების ტექნოლოგიური სქემისა და სანიტარიულ-საკარანტინო კონტროლის განხორციელების წესის დამტკიცების შესახებ") [https://matsne.gov.ge/ka/document/view/4657394?publication=0] Accessed 7 December 2020

[2] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf]. Accessed 23 January 2021.

[3] Government of Georgia 23 May 2020 " Decree of the Government of Georgia N 322 On the Approval of Isolation and Quarantine Rules" ("იზოლაციისა და კარანტინის წესების დამტკიცების შესახებ") [https://matsne.gov.ge/ka/document/view/4877009?publication=73]. Accessed 7 December 2020

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?

- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

Applied epidemiology training is available in Georgia, but there is no evidence that the Georgian government provides resources to send citizens to another country to participate in applied epidemiology training program. According to the Global Health Security Agenda Pilot assessment conducted in Georgia in 2015, there has been a well-functioning field epidemiology and laboratory training program (FELTP) in Georgia since 2009, with over 40 graduates, with diverse backgrounds, working mostly in relevant positions, chiefly at the central level. The assessment reports that there is approximately one trained field epidemiologist per 100,000 people, around half of whom are trained in human health. [1] In 2018 the United States' Center for Disease Control and Prevention (CDC) established a 3-month frontline FELTP training program in Georgia, focused on helping Georgian epidemiologists from the sub-national level build surveillance and outbreak response skills. [2] This program was subsequently expanded and named the South Caucasus Field Epidemiology Training Program (SC/FELTP), which now builds capacity for the three countries of the South Caucasus - Georgia, Azerbaijan and Armenia - by providing relevant professionals with training in field epidemiology, veterinary epidemiology, and laboratory quality management systems. [2] There is no evidence of the Georgian government providing resources to send citizens to

another country to participate in applied epidemiology training programs on the Ministry of Health's website or the CDC FELTP webpages. [3,4]

- [1] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923]. Accessed 2 December 2020
- [2] Center for Disease Control and Prevention. 9 May 2019. "Global Health - Georgia." [https://www.cdc.gov/globalhealth/countries/georgia/default.htm] Accessed 6 January 2021.
- [3] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [https://www.moh.gov.ge]. Accessed 29 November 2020
- [4] Centers for Disease Control and Prevention (CDC). 2019. Global Health Georgia Field Epidemiology and Laboratory Training Program [https://www.cdc.gov/globalhealth/countries/georgia/default.htm] Accessed 6 December 2020

2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1 , No = 0

Current Year Score: 1

Field epidemiology training programs available to Georgians are explicitly inclusive of animal health professionals. The South Caucasus Field Epidemiology Training Program (SC/FELTP) is open to epidemiologists, veterinarians and laboratory managers in field epidemiology, veterinary epidemiology and laboratory quality management systems from Georgia, Armenia, Azerbaijan and Ukraine. [1] It is a two-year competency-based program run by Georgia's National Center for Disease Control and Public Health with support from the United States' Center for Disease Control and Prevention. [1] The Global Health Security Agenda Pilot Assessment of Georgia, conducted in January 2015, noted that veterinarians over the age of about 50 had received training for public health, but more recent and current veterinary undergraduate training had very limited orientation towards public health. [2]

- [1] Center for Disease Control and Prevention. 9 May 2019. "Global Health - Georgia." [https://www.cdc.gov/globalhealth/countries/georgia/default.htm] Accessed 6 January 2021.
- [2] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923]. Accessed 2 December 2020.

2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1 , No = 0

Current Year Score: 1

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 2

Georgia has an overarching national public health emergency response plan in place, which addresses planning for multiple communicable diseases with pandemic potential. In 2014 Georgia adopted Decree N347 on Approval of the Especially Dangerous Pathogens and Biological Incident Outbreak Action Plan. [1] This document describes the response measures to be taken at the national level in response to the spread of diseases caused by dangerous pathogens. It provides general information and basic assumptions about the expected impact of these pathogens. It is a national framework document that sets out operational procedures for the agencies and organizations responsible for planning, implementing and supporting response measures at the local level that meet both local and national requirements and are essential for developing an effective, sustainable, objective, national approach. [1] In addition, in 2017 Georgia adopted the National Disaster Risk Reduction Strategy, as well as a corresponding action plan for 2017-2020. [2] The National Disaster Risk Reduction Strategy has a section dedicated to "biological hazards", which covers pandemics, outbreaks of highly dangerous infections, veterinary hazards and phytosanitary hazards. The priority of the document is to establish an integral, flexible and efficient crisis management system which, through joint and coordinated efforts of institutions defined in the Georgian legislation, will ensure identification, assessment, prevention, and management of natural and man-made disasters and the fastest elimination or minimization of their negative consequences. [2] Georgia also has an Influenza Pandemic Preparedness Plan and an Ebola Incident Action Plan, where the roles of various actors are described in normal and emergency situations. [3, 4, 5] In addition, the World Health Organization's 2019 Joint External Evaluation of Georgia reports that the country has a strong legislative base for its emergency preparedness and response system, including the Law on National Security and the National Civil Security Plan. [6] The National Civil Security Plan has 17 functions, six of which pertain to the provision of medical services, and for each of the functions the plan outlines the roles and responsibilities of the lead and supporting agencies. [6]

[1] Government of Georgia. 13 May 2014. "Decree N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan. ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ") [<https://matsne.gov.ge/document/view/2344612?publication=0>]. Accessed 30 November 2020

[2] Government of Georgia, 11 January 2017 "Decree of the Government of Georgia N4 National Disaster Risk Reduction Strategy of Georgia" ("საქართველოს კატასტროფის რისკის შემცირების 2017-2020 ეროვნული სტრატეგია და სამოქმედო გეგმა") [http://gov.ge/files/469_59429_120118_4.pdf] Accessed 6 December 2020

[3] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[<https://www.ncdc.gov/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 2 December 2020

[4] Levan Sakvarelidze National Center for Disease Control and Public Health Influenza Pandemic Preparedness Plan

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=02c348a1-ad61-4184-9845-24293f3090e2>] Accessed 11 December 2020

[5] Government of Georgia 1 September 2014 "Decree of the Government of Georgia N1807 On approval of the operational response plan for cases of Ebola virus disease" ("ებოლას ვირუსით გამოწვეული დაავადების შემთხვევებზე ოპერატიული რეაგირების გეგმის დამტკიცების შესახებ") [

<https://matsne.gov.ge/ka/document/view/2533387?publication=0>] Accessed 6 December 2020

[6] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

Current Year Score: 1

Georgia has updated its overarching national public health emergency response plan in the last three years. Decree N347 on Approval of the Especially Dangerous Pathogens and Biological Incident Outbreak Action Plan was adopted in May 2014 and has subsequently been amended in December 2014, August 2015 and February 2019. [1, 2] The 2019 amendment updates the obligations and responsibilities of various key agencies and ministries, and also adds that the health minister will approve a list of biological agents and associated syndromes of epidemic and pandemic potential. [1, 2] In addition, in 2017 Georgia adopted the National Disaster Risk Reduction Strategy, as well as a corresponding action plan for 2017-2020, but these have not subsequently been updated. [3] Furthermore, the National Civil Security Plan was adopted in 2015 and last amended in 2017. [4]

[1] Government of Georgia. 13 May 2014. "Decree N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan. ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ") [<https://matsne.gov.ge/document/view/2344612>]. Accessed 30 November 2020

[2] Government of Georgia. 19 February 2019 "Amedment of the decree N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan. ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ")

<https://matsne.gov.ge/ka/document/view/4487621?publication=0> Accessed 30 November 2020

[3] Government of Georgia,. 11 January 2017 "Decree of the Government of Georgia N4 National Disaster Risk Reduction Strategy of Georgia" ("საქართველოს კატასტროფის რისკის შემცირების 2017-2020 ეროვნული სტრატეგია და სამოქმედო გეგმა") [http://gov.ge/files/469_59429_120118_4.pdf] Accessed 6 December 2020

[4] Government of Georgia,.24 September 2015 "Decree of the Government of Georgia N508 National Civil Security Plan" (სამოქალაქო უსაფრთხოების ეროვნული გეგმის დამტკიცების შესახებ")

[<https://matsne.gov.ge/ka/document/view/2993918?publication=0>]. Accessed 6 December 2020

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no evidence that Georgia's overarching national public health emergency response plan includes considerations for pediatric or other vulnerable populations. There is no mention of children or other vulnerable groups in 2014's Decree N347 on Approval of the Especially Dangerous Pathogens and Biological Incident Outbreak Action Plan. [1] The National Disaster

Risk Reduction Strategy (adopted 2017) briefly mentions children and disabled people in the context of awareness raising, and includes a general statement of the importance of considering these groups in risk analysis, risk assessment, risk reduction and disaster response, but does not include any substantial measures to address any vulnerable populations. [2] There is no further relevant information on the website of the Ministry of Health, in the report published as a result of Georgia's 2015 Global Health Security Agenda Pilot Assessment, or in the World Health Organization's 2019 Joint External Evaluation for Georgia. [3, 4, 5]

- [1] Government of Georgia. 13 May 2014. "Decree N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan. ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ") [<https://matsne.gov.ge/document/view/2344612>] Accessed 30 November 2020
- [2] Government of Georgia, 11 January 2017 "Decree of the Government of Georgia N4 National Disaster Risk Reduction Strategy of Georgia" ("საქართველოს კატასტროფის რისკის შემცირების 2017-2020 ეროვნული სტრატეგია და სამოქმედო გეგმა") [http://gov.ge/files/469_59429_120118_4.pdf] Accessed 6 December 2020
- [3] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>] Accessed 7 December 2020
- [4] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [<https://www.ncdc.gov/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef09923>]. Accessed 2 December 2020.
- [5] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1 , No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Georgia has any specific mechanisms for engaging with the private sector to assist with outbreak emergency preparedness or response. The Disaster Risk Reduction Strategy (adopted 2017) includes general mentions of the importance of providing the private sector with information about emergencies and the places where they are occurring, of taking these factors into account when issuing licences and construction permits, of involving the private sector in campaigns to raise public awareness of risks and emergencies, and of involving the private sector in research on disaster management. [1] The strategy does not, however, outline any specific mechanisms for engagement with the private sector. [1] There is no evidence of specific mechanisms for engaging with the private sector to assist with outbreak emergency preparedness or

response on the websites of the Ministry of Health, the State Security Service or the National Center for Disease Control and Public Health [2,3,4]

[1] Government of Georgia. 11 January 2017 "Decree of the Government of Georgia N4 National Disaster Risk Reduction Strategy of Georgia" ("საქართველოს კატასტროფის რისკის შემცირების 2017-2020 ეროვნული სტრატეგია და სამოქმედო გეგმა") [http://gov.ge/files/469_59429_120118_4.pdf] Accessed 6 December 2020

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 7 December 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 9 December 2020

[4] State Security Service of Georgia [<https://sbg.gov.ge/en/>] Accessed 9 December 2020

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease= 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 2

Georgia has policies in place to implement non-pharmaceutical interventions (NPIs) during pandemics of more than one disease.

The 2009 Influenza Pandemic Preparedness Plan (IPPP), which only applies to influenza, prescribes certain NPIs, such as: the wearing of masks by infected persons and their caregivers, mandatory isolation of infected persons, voluntary self-isolation of people who live with an infected person, social distancing, hygiene measures, and closure of schools. [1] However, the IPPP advises against other NPIs, such as: international and domestic travel restrictions, screening international travellers upon entering the country, general disinfection of public places, and use of masks in public places by non-infected persons. [1] Annex 6 of the IPPP is titled "Interim planning guidelines for the use of non-pharmaceutical interventions to mitigate influenza pandemic". However, in the version of the IPPP available on the website of the National Center for Disease Control and Public Health (NCDC), annex 6 itself is not included, just a note that the annex is presented in a separate document. [1] There is no evidence that this annex is publicly available, including on the websites of the NCDC and the Ministry of Health. [2, 3]

The 2015 National Civil Security Plan - which covers "bacteriological contamination (infection)" and "mass poisoning and diseases", among other things - also notes that there are number of NPIs that can be introduced during epidemics and pandemics. [4] For example, it notes that the police shall provide transportation routes for the sick and the unimpeded movement of ambulances, isolating quarantine areas and maintaining public order. This plan is generally applicable to diseases. [4]

However, there is no mention of NPIs in Decree N347 on Approval of the Especially Dangerous Pathogens and Biological Incident Outbreak Action Plan (adopted 2014), the Ebola Incident Action Plan (adopted 2014) or the National Disaster Risk Reduction Strategy (adopted 2017). [5, 6, 7]

Based on the recommendations issued and the experience available so far, Georgia began implementing a number of non-

pharmaceutical measures in response to the spread of COVID-19, such as: closing educational institutions and transitioning the educational process to a remote mode of operation, banning mass and public gatherings, restricting individual economic activities, physical distancing, and declaring a state of emergency throughout the country, which included the implementation of strict quarantine measures and a curfew. [8]

[1] Levan Sakvarelidze National Center for Disease Control and Public Health "National response plan for Preparedness for a flu pandemic" ("გრიპის პანდემიისათვის მზადყოფნის და რეაგირების ეროვნული გეგმა")

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=f06dfe2b-63ef-4539-9370-acc58aed608>] Accessed 1 December 2020

[2] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 7 December 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 9 December 2020

[4] Government of Georgia. 24 September 2015. "Decree of the Government of Georgia N508 National Civil Security Plan" (სამოქალაქო უსაფრთხოების ეროვნული გეგმის დამტკიცების შესახებ)

[<https://matsne.gov.ge/ka/document/view/2993918?publication=0>]. Accessed 6 December 2020

[5] Government of Georgia. 13 May 2014. "Decree N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan. ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ")

[<https://matsne.gov.ge/document/view/2344612>]. Accessed 30 November 2020

[6] Government of Georgia. 1 September 2014 "Decree of the Government of Georgia N1807 On approval of the operational response plan for cases of Ebola virus disease" ("ებოლას ვირუსით გამოწვეული დაავადების შემთხვევებზე ოპერატიული რეაგირების გეგმის დამტკიცების შესახებ")

[<https://matsne.gov.ge/ka/document/view/2533387?publication=0>] Accessed 6 December 2020

[7] Government of Georgia. 11 January 2017 "Decree of the Government of Georgia N4 National Disaster Risk Reduction Strategy of Georgia" ("საქართველოს კატასტროფის რისკის შემცირების 2017-2020 ეროვნული სტრატეგია და სამოქმედო გეგმა") [http://gov.ge/files/469_59429_120118_4.pdf] Accessed 6 December , 2020

[8] Government of Georgia. 1 June, 2020. "Measure Implemented by the Government of Georgia Against Covid-19, Report" (Covid-19 -ის წინააღმდეგ საქართველოს მთავრობის მიერ გატარებული ღონისძიებათა ანგარიში)

[https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT__ENG.pdf] Accessed 6 December 2020

3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?

- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?

- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

In the past year, Georgia has activated its national emergency response plan for an infectious disease outbreak, but there is no evidence that it has completed a national biological threat-focused exercise. On 28 January 2020, in accordance with article 6 of the 2007 Law on Public Health, the government approved an Emergency Response Plan containing measures to

prevent the spread of the virus and to ensure prompt response to cases of infection. [1] As part of the plan's implementation, on 28 January 2020 a special Interagency Coordination Council was established in order to ensure effective and coordinated response. [2] On 21 March 2020, in response to the global COVID-19 pandemic, Georgia's president declared a national state of emergency, which eventually ended on 22 May 2020. [3] Additionally, from 31 March a "nationwide quarantine" was introduced, which included: a curfew from 21:00 to 06:00; suspension of public transport; limits on the number of passengers allowed per vehicle; a ban on gatherings of more than three people; closure of non-essential retail; a 2-metre social distancing rule; a ban on people aged 70 and older from leaving their houses, except to buy groceries or medicine or to visit a hospital; and thermal screening at checkpoints established in major cities. [4] There is insufficient evidence on the WHO Simulation Exercise page on status of participation in an exercise by Georgia. An exercise is listed for the European region for November 2019 but the status of the PHE is unknown. [5]

- [1] Government of Georgia 28 January 2020 "Decree of the Government of Georgia N164 On the Approval of Measures to Prevent the Possible Spread of the Novel Coronavirus in Georgia and the Emergency Response Plan for Cases of Novel Coronavirus Disease" ("საქართველოში ახალი კორონავირუსის შესაძლო გავრცელების აღკვეთის ღონისძიებებისა და ახალი კორონავირუსით გამოწვეული დაავადების შემთხვევებზე ოპერატიული რეაგირების გეგმის დამტკიცების შესახებ") [<https://matsne.gov.ge/document/view/4821121?publication=31>] Accessed 28 December 2020
- [2] Government of Georgia. 1 June, 2020. "Measure Implemented by the Government of Georgia Against Covid-19, Report" (Covid-19 -ის წინააღმდეგ საქართველოს მთავრობის მიერ გატარებული ღონისძიებათა ანგარიში") [https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT__ENG.pdf] Accessed 6 December 2020
- [3] Parliament Authorized Presidential Decree over State of Emergency 21 March 2020 [http://www.parliament.ge/en/saparlamento-saqmianoba/plenaruli-sxdomebi/plenaruli-sxdomebi_news/parlamentmasagangebo-mdgomareobis-gamocxadebis-shesaxeb-saqartvelos-prezidentis-brdzaneba-daamtka.page] Accessed 28 December 2020
- [4] Government of Georgia 23 March, 2020 "Decree of the Government of Georgia N181 On the Approval of Measures to be Implemented in connection with the Prevention of the Spread of the Novel Coronavirus (COVID-19) in Georgia" ("საქართველოში ახალი კორონავირუსის გავრცელების აღკვეთის მიზნით გასატარებელი ღონისძიებების დამტკიცების შესახებ") [<https://matsne.gov.ge/en/document/view/4830610?publication=0>] Accessed 6 December 2020
- [5] World Health Organization (WHO). 2020. "Simulation exercise" [<https://extranet.who.int/sph/simulation-exercise>]. Accessed 6 December 2020

3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 1

There is evidence found that Georgia has in the past year undergone an exercise to identify a list of gaps and best practices through either an after-action review (post-emergency response) or a biological threat-focused IHR exercise with the World Health Organization (WHO). The WHO website indicates that Georgia has performed an after-action review in November 2019. However, there is no evidence this was followed by a published report. [1] There is no relevant evidence on the websites of the Ministry of Health, the National Center for Disease Control and Public Health or the State Security Service. [2,3,4]

[1] World Health organization (WHO). Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). "After Action Review" [<https://extranet.who.int/sph/after-action-review>] Accessed 9 December 2020

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 8 December 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 9 December 2020

[4] State Security Service of Georgia [<https://sbg.gov.ge/en/>] Accessed 9 December 2020

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Georgia has in the past year undergone a national-level biological threat-focused exercise that has included private sector representatives. The World Health Organization's website does not indicate that Georgia has performed an after-action review. [1, 2] There is no relevant evidence on the websites of the Ministry of Health, the National Center for Disease Control and Public Health or the State Security Service. [3,4,5]

[1] World Health Organization. "After Action Review." [<https://extranet.who.int/sph/after-action-review>] Accessed 9 December 2020

[2] World Health Organization. 22 February 2021. "Simulation Exercise." [<https://extranet.who.int/sph/simulation-exercise>]. Accessed 23 February 2021.

[3] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 8 December 2020

[4] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 9 December 2020

[5] State Security Service of Georgia [<https://sbg.gov.ge/en/>] Accessed 9 December 2020

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has in place an emergency operations center (EOC). In 2020, within the framework of a "system update" of the Ministry of Internal Affairs, considering international best practices, the 112 Center and the Joint Operations Center were merged to form the Public Safety Command Center 112 (PSCC). [1] The merger aimed to provide higher quality coordination and to elevate the level of the operative response to emergencies. [1] The PSCC provides telephone services for the efficient management of emergencies, as well as 24/7 non-interrupted video surveillance throughout the country, in order to monitor for crime and violations of road safety. [1] In addition, the Ministry of Health has an Emergency Coordination and Emergency

Assistance Center (ECEAC), which is intended to provide fast and quality emergency medical and referral care and coordination both during ordinary times and during emergencies (including epidemics and pandemics). [2] The ECEAC works in coordination with the Ministry of Internal Affairs' PSCC. [2] Furthermore, according to the National Center for Disease Control and Public Health (NCDC) Strategic Plan for 2018-2020, the NCDC will establish its own EOC to respond to small-scale and large-scale emergencies that pose a threat to public health. [3]

[1] Ministry of Internal Affairs of Georgia [https://112.gov.ge/?page_id=1677&lang=en] Accessed 9 December 2020

[2] Ministry of Labour, Health and Social Affairs of Georgia 8 May 2017 "Approval of the Statute of the Legal Entity of Public Law - Emergency Coordination and Emergency Assistance Center". ("საჯარო სამართლის იურიდიული პირის - საგანგებო სიტუაციების კოორდინაციისა და გადაუდებელი დახმარების ცენტრის დებულების დამტკიცების შესახებ") [<https://www.matsne.gov.ge/ka/document/view/3657777?publication=0>] Accessed 9 December 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health. Strategic Plan 2018-2020.

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=22705b5c-31b7-40f4-a0f7-163796f933c6>] Accessed 9 December 2020

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has an emergency operations center (EOC) that is required to conduct a drill for public health emergencies at least once per year. The Ministry of Health's Emergency Coordination and Emergency Assistance Center, which is intended to provide emergency medical care during both ordinary situations and emergencies, is required by its statute to participate in a program of drills and training, including a drill specifically related to public health emergencies. [1] According to the National Civil Security Plan, drills for public health emergencies should be once per year. [2] Furthermore, the World Health Organization's 2019 Joint External Evaluation of Georgia states that the country carries out regular drills and training. [3]

[1] Ministry of Labour, Health and Social Affairs of Georgia 8 May 2017 "Approval of the Statute of the Legal Entity of Public Law - Emergency Coordination and Emergency Assistance Center" ("საჯარო სამართლის იურიდიული პირის - საგანგებო სიტუაციების კოორდინაციისა და გადაუდებელი დახმარების ცენტრის დებულების დამტკიცების შესახებ") [<https://www.matsne.gov.ge/ka/document/view/3657777?publication=0>] Accessed 9 December 2020

[2] Government of Georgia 24 September, 2015 "Decree of the Government of Georgia N508 On the Approval National Civil Security Plan ("სამოქალაქო უსაფრთხოების ეროვნული გეგმის დამტკიცების შესახებ")

[<https://matsne.gov.ge/ka/document/download/2993918/0/ge/pdf>] Accessed 9 December 2020

[3] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Georgia has an emergency operations center (EOC) that has, within the past year, conducted a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. There is no such evidence on the websites of Georgia's Ministry of Internal Affairs, Ministry of Health, Center for Disease Control and Public Health or State Security Service. [1, 2, 3, 4]

[1] Ministry of Internal Affairs of Georgia. [<https://police.ge/>]. Accessed 9 December 2020

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 8 December 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 9 December 2020

[4] State Security Service of Georgia [<https://ssg.gov.ge/en/>] Accessed 9 December 2020

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?

- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient evidence that Georgia's public health and national security authorities have ever carried out an exercise to respond to a potential deliberate biological event, or that they have publicly available standard operating procedures (SOPs), guidelines, memoranda of understanding (MOUs), or other agreements for such response. The World Health Organization's 2019 Joint External Evaluation (JEE) of Georgia reports that there are systems for information exchange at every administrative level, but notes that the JEE team was not presented with any SOPs for such exchange. [1] The JEE further notes that Georgia lacks SOPs or MOUs governing joint or shared risk assessments during events of public health and security significance. The JEE does state that public health and security officials participate in multisectoral training and emergency response simulations, but it does not specify whether these have ever covered potential deliberate biological events. [1] There is no evidence of joint exercises to respond to a potential deliberate biological event, or of relevant SOPs, guidelines, MOUs or agreements, on the websites of the Ministry of Health, the Ministry of Internal Affairs, the Center for Disease Control and Public Health, or the State Security Service.

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 23 January 2021.

[3] Ministry of Internal Affairs of Georgia. [<https://police.ge/>]. Accessed 23 January 2021.

[4] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 23 January 2021.

[5] State Security Service of Georgia [<https://sbg.gov.ge/en/>] Accessed 23 January 2021.

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1 , No = 0

Current Year Score: 0

Georgia's risk communication plan does not outline how messages will reach populations and sectors with different communications needs. According to the World Health Organization's 2019 Joint External Evaluation (JEE) for Georgia, the National Center for Disease Control and Public Health (NCDC) has a communication strategy that covers such issues such as influenza and vaccination, which includes strategies to access hard-to-reach populations such as certain ethnic minorities and older homemakers. [1] However, the JEE does not provide any further details on this matter, and there is no evidence of such a plan on the NCDC's website. [1, 2] Ordinance N347 on Approval of Especially Dangerous Pathogens and Biological Incident Outbreak Action Plan (adopted 2014) has a section dedicated to risk communication, but it does not provide any guidance on how messages will reach populations and sectors with different communication needs, other than stating that Georgia's Red Cross Society is responsible for providing public health assistance to the breakaway territories of Abkhazia and South Ossetia, where Georgian authorities do not have access. [3] Function 2 of the National Civil Security Plan (adopted 2015) outlines elements of risk communication, but does not mention reaching populations and sectors with different communication needs. [4] There is no further relevant information on the websites of the Ministry of Health, the National Center for Diseases Control and Public Health, or the State Security Service [2,3,4]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021

[2] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). Home [<http://www.ncdc.ge>] Accessed 9 December 2020

[3] Government of Georgia. 13 May 2014 "Decree of the Government of Georgia N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan. ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ")

[<https://matsne.gov.ge/document/view/2344612?publication=0>]. Accessed 30 November 2020

[4] Government of Georgia, 24 September 2015 "Decree of the Government of Georgia N508 National Civil Security Plan" (სამოქალაქო უსაფრთხოების ეროვნული გეგმის დამტკიცების შესახებ")

[<https://matsne.gov.ge/ka/document/view/2993918?publication=0>]. Accessed 6 December 2020.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has a risk communication plan that is specifically intended for use during a public health emergency. Ordinance N347 on Approval of Especially Dangerous Pathogens and Biological Incident Outbreak Action Plan (adopted 2014) has a section dedicated to risk communication, which specifically covers public health emergencies, and which names the Georgian National Public Broadcaster as responsible for risk communication as well as outlining the stages of risk communication, assessment of risk and measures for continuation of the risk communication after the outbreak. [1] Furthermore, function 2 of the National Civil Security Plan (adopted 2015) establishes a legal foundation for emergency risk communication and provides a basis for activities to ensure network connectivity, establish and run warning systems, coordinate implementation, establish preparedness for electronic communications, mail and broadcasting, and protect IT resources, recovery and sustainable functionality. [2] In addition, the World Health Organization's 2019 Joint External Evaluation (JEE) for Georgia reports that the National Center for Disease Control and Public Health has a separate communications unit and a communication strategy that covers such issues such as influenza and vaccination, which includes strategies to access hard-to-reach populations such as certain ethnic minorities and older homemakers, though there is no evidence that this strategy is public available. [3] The JEE also states that the Ministry of Internal Affairs can communicate through state-owned broadcasting, and by means of private broadcasting companies with which they have written agreements to ensure timely information is disseminated to the population during emergencies. [3]

[1] Government of Georgia. 13 May 2014 "Decree N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan. ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ") [<https://matsne.gov.ge/document/view/2344612?publication=0>]. Accessed 30 November 2020

[2] Government of Georgia., 24 September 2015 "Decree of the Government of Georgia N508 National Civil Security Plan" (სამოქალაქო უსაფრთხოების ეროვნული გეგმის დამტკიცების შესახებ") [<https://matsne.gov.ge/ka/document/view/2993918?publication=0>]. Accessed 6 December 2020.

[3] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

Georgia's risk communication plan does not designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. There is no such provision in Ordinance N347 on Approval of Especially Dangerous Pathogens and Biological Incident Outbreak Action Plan (adopted 2014) or the National Disaster Risk Reduction Strategy (adopted 2017). [1. 2] There is no evidence of such a provision on the websites of the Ministry of Health or the National Center for Disease Control and Public Health (NCDC). [3, 4] During the COVID-19 pandemic, a number of different people have spoken to the public, including the NCDC's general director, the NCDC's deputy director, famous doctors and the deputy of the administration of the government. [5, 6, 7]

- [1] Government of Georgia. 13 May 2014 "Decree of the Government of Georgia N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan." ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ")
[<https://matsne.gov.ge/document/view/2344612?publication=0>]. Accessed 30 November 2020
- [2] Government of Georgia. 11 January 2017. "Decree of the Government of Georgia N4 National Disaster Risk Reduction Strategy of Georgia" ("საქართველოს კატასტროფის რისკის შემცირების 2017-2020 ეროვნული სტრატეგია და სამოქმედო გეგმა") [http://gov.ge/files/469_59429_120118_4.pdf] Accessed 6 December 2020
- [3] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 9 December 2020
- [4] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC). Home [<http://www.ncdc.ge>] Accessed 9 December 2020
- [5] Government of Georgia [<https://stopcov.ge/>]. Accessed 9 December 2020
- [6] Government of Georgia, 26 December 2020, "Berdia Sichinava: 5 068 new cases of COVID-19 have been confirmed and 2 336 recoveries have been witnessed within the last 24 hours"
[https://stopcov.ge/en/News/Article/Berdia_Sichinava%3A_5_068_new_cases_of_COVID-19_have_been_confirmed_and_2_336_recoveries_have_been_witnessed_within_the_last_24_hours] Accessed 11 December 2020
- [7] Government of Georgia. 1 June, 2020. "Measure Implemented by the Government of Georgia Against Covid-19, Report" (Covid-19 -ის წინააღმდეგ საქართველოს მთავრობის მიერ გატარებული ღონისძიებათა ანგარიში") [https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT__ENG.pdf] Accessed 6 December 2020

3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 2

In the past year, Georgia's public health system has actively shared messages via online media platforms to inform the public about ongoing public health concerns. The Ministry of Health (MoH) and the National Center for Disease Control and Public Health (NCDC) both have websites that contain news and announcement sections regarding COVID-19, including daily statistics and recommendations, newly adopted legislative acts, information for medical facilities, educational materials and government measures taken in response to COVID-19. [1,2] Due to the COVID-19 pandemic, the government has also created a special website dedicated to information about the virus, www.StopCov.ge, which contains vital information for COVID-19 patients, recommendations in order to prevent the virus's spread, and other general information about the virus. [3] This website is available in six languages (Georgian, Abkhaz, Ossetian, English, Armenian and Azeri). [3] The government has also created an official channel, in Georgian and English, on messaging application Telegram, which also shares information about COVID-19. [4] The NCDC also has a Facebook page, with 56,258 followers, which in 2020 has been very actively used to post about COVID-19, including guidelines for good personal hygiene practices to prevent the virus's spread, as well as other public health concerns, such as vaccinations against measles and influenza.[5] The MoH also has a Facebook page, with 168,202 followers, which publishes news and announcements regarding COVID-19, including details on measures

that the government has taken. [6]

[1] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [https://www.moh.gov.ge] Accessed 9 December 2020

[2] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC) [http://www.ncdc.ge] Accessed 9 December 2020

[3] Government of Georgia [https://stopcov.ge/] Accessed 9 December 2020

[4] Government of Georgia. 1 June, 2020. "Measure Implemented by the Government of Georgia Against Covid-19, Report" (Covid-19 -ის წინააღმდეგ საქართველოს მთავრობის მიერ გატარებული ღონისძიებათა ანგარიში)[https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT__ENG.pdf] Accessed 6 December 2020

[5] Levan Sakvarelidze National Center for Disease Control and Public Health(NCDC) official Facebook page. [https://www.facebook.com/ncdcgeorgia]. Accessed 6 December 2020

[6] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia official Facebook page [https://www.facebook.com/mohgovge/]. Accessed 6 December 2020

3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is no evidence that senior Georgian leaders have shared misinformation or disinformation on infectious diseases in the past two years. There is no such evidence in international or Georgian media. [1, 2, 3, 4, 5, 6]

[1] Reuters. [https://www.reuters.com/]. Accessed 20 December 2020.

[2] British Broadcasting Corporation. "BBC News." [https://www.bbc.com/news]. Accessed 20 December 2020.

[3] Interpressnews [https://www.interpressnews.ge/ka/]. Accessed 20 December 2020.

[4] Palitra News [https://palitraneews.ge/]. Accessed 20 December 2020.

[5] Civil.ge [https://civil.ge/]. Accessed 20 December 2020.

[6] Ambebi [https://ambebi.ge/]. Accessed 20 December 2020.

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 68.85

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 134.72

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone

Input number

Current Year Score: 0

2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a

Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 6.0

2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 0

There is evidence that Georgia has issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak in the past year. The

World Trade Organisation's "COVID-19: Measures affecting trade in goods" list confirms that Georgia issued "Temporary export ban on diagnostic or laboratory reagents on a backing, prepared diagnostic or laboratory reagents whether or not on a backing, other than those of heading HS 3002 or 3006; certified reference materials; other articles of plastics and articles of other materials of headings HS 3901 to 3914; articles of apparel and clothing accessories (including gloves, mittens and mitts); for all purposes, of vulcanized rubber other than hard rubber; gloves, mittens and mitts; garments, made up of fabrics of headings HS 5602, 5603, 5903, 5906 or 5907; facemasks, masks; medical hats; thermometers; mechano-therapy appliances; and disinfectants (HS 3808.94; 3926.20.00; 3822.00.00; 4015.11.00; 4015.19.90; 6210.10.90; 6307.90.99; 6506.99.90; 9025.19.20; 9019.20.00; 3808.94), due to the COVID-19 pandemic" effective 3 April 2020 to 10 May 2020 and extended for certain products (HS 3822.00.00; 9025.19.00; 9019.20.00; 3808.94). [1] There is no further evidence on the websites of the Ministry of Economy and Sustainable Development, the Ministry of Health, the Ministry of Agriculture or the Ministry of Foreign Affairs. [2, 3, 4, 5]

[1] World Trade Organisation. June 4, 2021. "COVID-19: Measures affecting trade in goods".

[https://www.wto.org/english/tratop_e/covid19_e/trade_related_goods_measure_e.htm] Accessed June 24, 2021.

[2] Ministry of Economy and Sustainable Development of Georgia [<http://www.economy.ge/?page=home>] Accessed 11 December 2020

[3] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 9 December 2020

[4] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>] Accessed 11 December 2020

[5] Ministry of Foreign Affairs of Georgia. [<http://mfa.gov.ge/>] Accessed 14 December 2020

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 1

There is no evidence that Georgia has, in the past year, issued any restrictions on the export or import of non-medical goods due to an infectious disease outbreak. There is no evidence of such restrictions on the websites of Ministry of Economy and Sustainable Development, the Ministry of Health, the Ministry of Agriculture or the Ministry of Foreign Affairs. [1,2,3,4,5]. International observers (the European Bank for Reconstruction and Development, the International Monetary Fund and Organization for Economic Co-operation and Development) have not reported such measures in Georgia. [6,7,8]

[1] Ministry of Economy and Sustainable Development of Georgia [<http://www.economy.ge/?page=home>] Accessed 11 December 2020

[2]. Civil.ge [<https://civil.ge>] Accessed 11 December 2020

[3] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 9 December 2020

[4] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>] Accessed 11 December 2020

[5] Ministry of Foreign Affairs of Georgia. [<http://mfa.gov.ge/>] Accessed 14 December 2020

[6] European Bank for Reconstruction and Development, 13 May 2020, Responding to the Coronavirus Crisis Update on Georgia" [<https://www.ebrd.com/what-we-do/coronavirus/coronavirus-policy-response>] Accessed 11 December 2020

[7] International monetary Fund, 5 May 2020, Policy response to COVID-19: Georgia [<https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#G>] Accessed 11 December 2020

[8] Organisation for Economic Co-operation and Development. 2020. COVID-19 crisis response in Eastern Partner countries [<http://www.oecd.org/coronavirus/policy-responses/covid-19-crisis-response-in-eu-eastern-partner-countries-7759afa3>]

Accessed 11 December 2020

3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

Within the past year, Georgia has implemented a ban, without international or bilateral support, on travelers arriving from specific countries due to an infectious disease outbreak. In response to the COVID-19 pandemic, Georgia has introduced numerous restrictions on entering the country. [1, 2] In January 2020, Georgia was one of the first countries in the world to suspend direct air traffic with China with the aim of preventing the spread of the coronavirus. In March 2020, all foreign citizens - except family members of Georgian citizens, and people with permanent residency in Georgia - were banned from entering the country, though the ban has subsequently been lifted for citizens of some countries. [1, 2]

[1] Government of Georgia. 1 June 2020. "Measure Implemented by the Government of Georgia Against Covid-19, Report" (Covid-19 -ის წინააღმდეგ საქართველოს მთავრობის მიერ გატარებული ღონისძიებათა ანგარიში)[https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT__ENG.pdf]. Accessed 6 December 2020.

[2] Ministry of Foreign Affairs 2 December "Regulations for Crossing the Georgian Border in connection with the COVID-19 pandemic" [<https://mfa.gov.ge/MainNav/CoVID-19-sakitkhebi/sazgvris-kvetis-regulaciebi.aspx?fbclid=IwAROPQsqZ2jc22Etm9gyMDFzetGwWktKodcpXUVW4Op1HEZImKTEXi4SyUbU&lang=en-US%20%20>] Accessed 10 December 2020.

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 712.01

2018

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 472.93

2018

WHO; national sources

4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1 , No = 0

Current Year Score: 1

Georgia has a public health workforce strategy in place that identifies fields where there is an insufficient workforce and strategies to address possible shortcomings. In 2019 Georgia adopted the Nursing Development Strategy, which covers the years 2019-2025 and aims to improve the country's supply of nurses, as well as their level of qualification. [1] The strategy notes current deficits, and states that "By 2025, the number, redistribution and high qualification of nurses employed in the healthcare system will ensure the improvement of the health condition of the population of Georgia through access to safe and quality medical services; At the same time, nursing is synchronized with modern international requirements and is an independent profession". [2] Furthermore, the World Health Organization's 2019 Joint External Evaluation of Georgia reports that development of human resources in the healthcare sector is a strategic priority under the national Health Priority Directions for 2014-2020, which aim to generate human resources relevant to Georgia's needs and to harmonize all three stages of medical education with international standards (in particular 2005/36/EC requirements set by the European Directives and Global Standards for the World Federation of Medical Education), as well as to develop a mandatory system of continuous medical education. [2,3]

[1] Government of Georgia 16 July 2019, "Government of Georgia decree №334 on Nursing Development Strategy" ("საექონო საქმის განვითარების სტრატეგია") [<https://www.moh.gov.ge/uploads/files/2019/Failebi/06.08.2019.pdf>] Accessed 11 December 2020

[2] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[3] Government of Georgia 26 December, 2014, "Government of Georgia decree № 724 On Approval of the 2014-2020 State Concept of Healthcare System of Georgia for 'Universal Health Care and Quality Control for the Protection of Patients' Rights" ("„2014-2020 წლების საქართველოს ჯანმრთელობის დაცვის სისტემის სახელმწიფო კონცეფციის „საყოველთაო ჯანდაცვა და ხარისხის მართვა პაციენტთა უფლებების დასაცავად“ დამტკიცების შესახებ") [<https://matsne.gov.ge/ka/document/view/2657250?publication=0>] Accessed 11 December 2020

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 289

2014

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Georgia has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation facility located within the country. There is no information about biocontainment units on the Ministry of Health's website. [1] There is no evidence of such capacity on the websites of Tbilisi's two largest hospitals, Nikoloz Kipshidze Central University Clinic and the Infectious Diseases, AIDS and Clinical Immunology Center. [2,3] During the ongoing COVID-19 pandemic, Georgia has repurposed ordinary private hotels as quarantine facilities, in order to house people with asymptomatic and mild cases who are unable to self-isolate at home. All hotels used for this purpose are located either near to airports or border crossings, or at a distance from tightly populated areas. All hotel rooms used in this way are required to have central and/or individual air conditioning systems that do not circulate air between rooms, but there is no evidence that they have been fitted with biocontainment infrastructure. [4]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[https://www.moh.gov.ge] Accessed 29 November 2020

[2] Nikoloz Kipshidze Central University Clinic. [http://respublikuri.ge/ka/] Accessed 10 December 2020

[3] Infectious Diseases, AIDS AND Clinical Immunology Center. [http://www.aidscenter.ge/] Accessed 10 December 2020

[4] Government of Georgia. 1 June, 2020. "Measure Implemented by the Government of Georgia Against Covid-19, Report"

(Covid-19 -ის წინააღმდეგ საქართველოს მთავრობის მიერ გატარებული ღონისძიებათა

ანგარიში") [https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT__ENG.pdf] Accessed 6 December 2020

4.1.2c

Does the country meet one of the following criteria?

- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?

- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that, in the past two years, Georgia has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak, or has developed, updated or tested a plan to expand isolation capacity. On 25 March 2020 the Georgian government issued the Decree on Determining Isolation and Quarantine Rules in Georgia, which regulates matters and conditions related to isolation and quarantine for the purpose of epidemiological (epidemic, pandemic, and epidemic outbreak) control of, response to and preparedness for COVID-19. The decree lays out that, during the period of the state of emergency, isolation may take place in a quarantine area designated by the state. [1] However, the decree does not mention expanding isolation capacity. [1] There is no evidence that Georgia has expanded isolation capacity, or developed, updated or tested a plan to do so, on the websites of the Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs, the National Center for Disease Control and Public Health, or the Ministry of Defense. [2, 3, 4]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia 25 March 2020, " Decree No 01-31/ნ On Determining Isolation and Quarantine Rules" (" ოზოლაციისა და კარანტინის წესების განსაზღვრის შესახებ") <https://matsne.gov.ge/ka/document/view/4833995?publication=0> Accessed 9 May 2021

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>] Accessed 9 May 2021.

[3] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC) [<http://www.ncdc.ge>] Accessed May 2021.

[4] Ministry of Defense <https://mod.gov.ge/en> Accessed 9 May 2021.

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 0

There is a national procurement protocol in place, which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies and medical supplies for routine needs, but there is insufficient public evidence that it is used for such supplies in practice. Georgia has a central Procurement Agency that ensures open, transparent and competitive state procurement procedures. The central government e-procurement system and portal are managed by the Ministry of Finance. [1] The Law on Public Procurement, which was adopted in 2005 and last amended in 2020, determines the general legal, organizational and economic principles for conducting public procurement, and applies to all types of public procurement, except for public procurement related to state secrets defined in the Law of Georgia on State Secrets adopted in 2015. [2] According to a 2020 report by the Institute for Development of Freedom of Information (IDFI), the e-procurement system does not provide publicly accessible information about procurement. [3] The IDFI report also notes that procurement monitoring is associated with many technical problems, the most important of which being that there is no data in an open, processable format in the electronic system. In the case of procurement related to COVID-19, the lack of a separate module/basis leads to the dispersal of such procurement systems, making it difficult to identify which procurement is related to COVID-19. The IDFI report also shows that simplified procurement contracts uploaded by some agencies to the

electronic system are not publicly available. [3] There is no further relevant evidence on the websites of the State Procurement Agency, the Ministry of Health, or the Ministry of Environmental Protection and Agriculture. [4, 5, 6]

[1] State Procurement Agency [<http://www.procurement.gov.ge/Konsolidirebuli.aspx>] Accessed 12 December 2020

[2] Parliament of Georgia, 20 April 2005, Law of Georgia on Public Procurement ("სახელმწიფო შესყიდვების შესახებ კანონი") <https://matsne.gov.ge/ka/document/view/31252?publication=78> Accessed 30 December 2020

[3] Institute for Development of Freedom of Information, 2020, "Procurement that was implemented during the COVID 19" [https://idfi.ge/public/upload/EU/FULL%20-%20the_covid-19_related_state_procurements_GEO.pdf] Accessed 12 December 2020

[4] State Procurement Agency [<http://www.procurement.gov.ge>] Accessed 12 December 2020

[5] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>] Accessed 29 November 2020

[6] Ministry of Environmental Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>]. Accessed 15 December 2020

4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 2

Georgia maintains stockpiles of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency. The World Health Organization's 2019 Joint External Evaluation (JEE) of Georgia reports that the Ministry of Health has reserves of level C personal protective equipment (PPE), including masks and gloves, while the National Center for Disease Control and Public Health maintains a stockpile of vaccines and laboratory consumables. [1] The JEE also reports that the Ministry of Resources has stockpiles for medical emergencies, but does not specify what they contain. [1] According to 2014's Decree N347 on Approval of the Especially Dangerous Pathogens and Biological Incident Outbreak Action Plan, the National Center for Disease Control and Public Health is responsible for creating stockpiles of medical supplies for outbreaks of infectious diseases. [2]. The National Influenza Response and Preparedness Plan also states that medical facilities should maintain stockpiles of equipment and materials needed for influenza pandemics. [3] The National Influenza Response and Preparedness Plan also states that the National Strategic Reserve contains medical supplies necessary for response to public health emergencies, and that the responsibility for creating pandemic stockpiles is shared among central government authorities (the Ministry of Health and its agencies, and the Ministry of Agriculture and its agencies), local government, and healthcare and laboratory network institutions. [3] The Global Health Security Agenda pilot assessment for Georgia, conducted in January 2015, notes that Georgia has a demonstrated capability "for sending and receiving medical countermeasures during a public health emergency" and specifically refers to the Influenza Pandemic Preparedness Plan. [4] However, none of the aforementioned sources provide details about what exact medical countermeasures stockpiles contain. [1, 2, 3, 4] There is no such information on the websites of the Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs, the National Center for Disease Control and Public Health, or the Ministry of Defense. [5, 6, 7]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[2] Government of Georgia. 13 May 2014 "Decree N347 on approval of Especially dangerous pathogens and biological

incident outbreak action plan. ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ") [<https://matsne.gov.ge/document/view/2344612?publication=0>]. Accessed 30 November 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health "National response plan for Preparedness for a flu pandemic" ("გრიპის პანდემიისათვის მზადყოფნის და რეაგირების ეროვნული გეგმა")

[<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=f06dfe2b-63ef-4539-9370-acc58aed608>] Accessed 1 December 2020.

[4] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[[https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-](https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef0992)

[4] 4150-9f75-53396ef0992. Accessed 11 December 2020

[5] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>] Accessed 9 May 2021.

[6] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC) [<http://www.ncdc.ge>] Accessed May 2021.

[7] Ministry of Defense <https://mod.gov.ge/en> Accessed 9 May 2021.

4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 1

There is a evidence that Georgia has stockpiles of laboratory supplies for national use during a public health emergency although there is no evidence of what is included. According to the World Health Organization's 2019 Joint External Evaluation of Georgia, the Ministry of Health has reserves including antivirals, personal protective equipment and medical consumables, while the National Center for Disease Control and Public Health maintains a stockpile of vaccines and laboratory supplies and all medical facilities have stockpiles of medicines and consumables that should be sufficient for the first 72 hours of an emergency. [1]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Georgia conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. There is no such evidence on the websites of the Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs, the Ministry of Defense, the State Regulation Agency for Medical and Pharmaceutical Activities, or the National Center for Disease Control and Public Health. [1,2,3,4]

There is no relevant information in the World Health Organization's 2019 Joint External Evaluation of Georgia. [5]

1] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>] Accessed 29 May 2021

[2] Ministry of Defense <https://mod.gov.ge/en> Accessed 9 May 2021

[3] State Regulation Agency for Medical and Pharmaceutical Activities. [<http://rama.moh.gov.ge/>]. Accessed 9 May 2021

[4] Levan Sakvarelidze National Center for Disease Control and Public Health (NCDC) [<http://www.ncdc.ge>] Accessed May 2021.

[5] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 9 May 2021

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is no evidence that Georgia has a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency. However, there is evidence that Georgia has a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency.

Georgia's Disaster Risk Reduction Strategy and its action plan for 2017-2020 – which outline disaster preparedness and response capabilities at the national and local level – mention the importance of having emergency reserves, but do not explicitly mention emergency production or procurement of medical supplies. [1]

The World Health Organization's 2019 Joint External Evaluation (JEE) of Georgia reports that there are memoranda of understanding between the MOH and pharmaceutical manufacturers, under which the manufacturers are to deliver their products during emergencies with no delays and receive reimbursement later, but the JEE does not mention further relevant plans or agreements. [2]

There is no further relevant information on the websites of the Ministry of Health, the National Center for Disease Control and Public Health, the State Security Service, or the Ministry of Economy and Sustainable Development. [3, 4, 5, 6]

Nonetheless, during the COVID-19 pandemic, the Georgian government has leveraged domestic manufacturing capacity to produce medical supplies. In March 2020, the minister for the economy said that about 90% of increased demand for medical oxygen was being covered by local manufacturing, noting that the Ministry of Economy and Sustainable Development was involved in promoting the production of medical oxygen and increasing its stock in the country. [7] The Ministry of Economy and Sustainable Development has also launched a program to encourage local companies to produce protective masks. [8]

[1] Government of Georgia, 11 January 2017, " Decree of Government of Georgia N4. National Disaster Risk Reduction Strategy of Georgia " ("საქართველოს კატასტროფის რისკის შემცირების 2017-2020 წლების ეროვნული სტრატეგია

- და მისი სამოქმედო გეგმა") [http://gov.ge/files/469_59429_120118_4.pdf] Accessed 12 December 2020
- [2] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.
- [3] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 11 December 2020
- [4] Levan Sakvarelidze National Center for Disease Control and Public Health [<https://www.ncdc.ge>] Accessed 11 December 2020
- [5] State Security Service of Georgia [<https://sbg.gov.ge/en/>] Accessed 9 December 2020.
- [6] Ministry of Economy and Sustainable Development of Georgia [<http://www.economy.ge/?page=home>] Accessed 11 December 2020
- [7] Government of Georgia 30 November, 2020 "Ministry of Economy supports increase of medical oxygen capacity in Georgia" [https://stopcov.ge/en/News/Article/Ministry_of_Economy_supports_increase_of_medical_oxygen_capacity_in_Georgia] Accessed 11 December 2020
- [8] Ministry of Economy and Sustainable Development, 19 March 2020, "Natia Turnava Examined Adjara Textile LLC Face Mask Production Process" [<http://www.economy.ge/index.php?page=news&nw=1453&lang=en>] Accessed 11 December 2020

4.2.3b

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence of a plan or agreement to leverage domestic manufacturing capacity to produce laboratory supplies for national use during a public health emergency, or of a plan or mechanism to procure laboratory supplies for national use during a public health emergency. There is no such evidence on the websites of the Ministry of Health (MOH), the Ministry of Economy and Sustainable Development or the Ministry of Defense. [1,2,3] The World Health Organization's 2019 Joint External Evaluation (JEE) of Georgia reports that there are memoranda of understanding between the MOH and pharmaceutical manufacturers, under which the manufacturers are to deliver their products during emergencies with no delays and receive reimbursement later, but the JEE does not mention further relevant plans or agreements. [4]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 11 December 2020

[2] Ministry of Economy and Sustainable Development of Georgia [<http://www.economy.ge/?page=home>] Accessed 11 December 2020

[3] Ministry of Defense of Georgia. [<https://mod.gov.ge/>] Accessed 11 December 2020

[4] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Georgia has a program, plan or guidelines in place for dispensing medical countermeasures (MCMs) for national use during a public health emergency. Georgia's Influenza Pandemic Preparedness Plan states that pharmacies are responsible for dispensing MCMs during influenza pandemics, but does not provide any further details. [2] The 2019 Joint External Evaluation (JEE) of Georgia states that, "[a]ccording to memoranda of understanding between the MOH and pharmaceutical companies, manufacturers deliver their products during emergencies with no delays, for reimbursement afterwards; and in emergencies pharmacies dispense products for free if an appropriate doctor's prescription is provided. This mechanism proved efficient during the 2018/2019 flu season. " [2]

[1] Levan Sakvarelidze National Center for Disease Control and Public Health Influenza Pandemic Preparedness Plan [https://www.ncdc.ge/Handlers/GetFile.ashx?ID=02c348a1-ad61-4184-9845-24293f3090e2] Accessed 11 December 2020

[2] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf]. Accessed 23 January 2021.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of a public plan for receiving health personnel from other countries to respond to a public health emergency in Georgia. No such plan is available on the websites of the Ministry of Health, the Ministry of Defence, or the State Security Service. [1,2,3] The Global Health Security Agenda Pilot Assessment carried out in Georgia in January 2015 notes that there are no obstacles to the movements of health personnel into or out of country, but it does not specifically mention a public plan in place to receive health personnel from other countries to respond to a public health emergency. [4]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [https://www.moh.gov.ge]. Accessed 12 December 2020

[2] Ministry of Defence of Georgia. [https://www.mod.gov.ge/] Accessed 12 December 2020

[3] State Security Service of Georgia [https://ssg.gov.ge/en/] Accessed 9 December 2020

[4] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia." [https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-

[4] 4150-9f75-53396ef0992]. Accessed 11 December 2020

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens' right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 4

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number

Current Year Score: 99.9

2015

WHO/World Bank/United Nations Children's Fund (UNICEF)

4.4.1c

Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international \$)

Input number

Current Year Score: 423.46

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a

Are workers guaranteed paid sick leave?

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 2

2020

World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a

Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Georgian government provides prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency. The Influenza Pandemic Preparedness National Plan, which only applies to influenza, states that during influenza pandemics antiviral drugs are given as a priority "to health care workers and emergency medical service providers with direct patient contact and their family members". [1] The plan further emphasizes the importance of healthcare workers, and notes that "to ensure psychological support and commitment to work, family members of healthcare workers should be also covered". [1] There is no further relevant evidence on the Ministry of Health's website, or in the Especially Dangerous Pathogen and Biological Incident Outbreak Plan. [2, 3]

[1] Levan Sakvarelidze National Center for Disease Control and Public Health. Influenza Pandemic Preparedness Plan [<http://www.ncdc.ge/Handlers/GetFile.ashx?ID=f06dfe2b-63ef-4539-9370-acc58aed608>] accessed 29 November 2020

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 11 December 2020

[3] Government of Georgia 13 May 2014 " Decree of the Government of Georgia N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan" ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ ") [http://gov.ge/files/382_42239_383317_347130514.pdf] Accessed 10 December 2020

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a

Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of Georgia having a system in place for public health officials and healthcare workers to communicate during a public health emergency. There is no mention of such a system in the Especially Dangerous Pathogens and Biological Incident Outbreak Action Plan or in the Influenza Pandemic Preparedness Plan. [1, 2] There is no evidence of such a system on the website of the Ministry of Health. [3] There is no mention of such a system in the Global Health Security Agenda Pilot Assessment published about Georgia in 2015. [4]

[1] Government of Georgia 13 May 2014 " Decree of the Government of Georgia N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan" ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ ") [http://gov.ge/files/382_42239_383317_347130514.pdf]

Accessed 10 December 2020

[2] Levan Sakvarelidze National Center for Disease Control and Public Health Influenza Pandemic Preparedness Plan.

[<http://www.ncdc.ge/Handlers/GetFile.ashx?ID=02c348a1-ad61-4184-9845-24293f3090e2>] 11 December 2020

[3] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 11 December 2020

[5] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[[https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-](https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef0992)

[4] 4150-9f75-53396ef0992]. Accessed 11 December 2020

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of Georgia having a system in place for public health officials and healthcare workers to communicate during a public health emergency that encompasses healthcare workers in both the public and private sectors. There is no mention of such a system in the Especially Dangerous Pathogens and Biological Incident Outbreak Action Plan or in the Influenza Pandemic Preparedness Plan. [1, 2] There is no evidence of such a system on the website of the Ministry of Health. [3] There is no mention of such a system in the Global Health Security Agenda Pilot Assessment published about Georgia in 2015. [4]

[1] Government of Georgia 13 May 2014 " Decree of the Government of Georgia N347 on approval of Especially dangerous pathogens and biological incident outbreak action plan" ("განსაკუთრებით საშიშ პათოგენებსა და ბიოლოგიურ ინციდენტებზე რეაგირების გეგმის დამტკიცების შესახებ ") [http://gov.ge/files/382_42239_383317_347130514.pdf] Accessed 10 December 2020

[2] Levan Sakvarelidze National Center for Disease Control and Public Health Influenza Pandemic Preparedness Plan.

[<http://www.ncdc.ge/Handlers/GetFile.ashx?ID=02c348a1-ad61-4184-9845-24293f3090e2>] 11 December 2020

[3] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[<https://www.moh.gov.ge>]. Accessed 11 December 2020

[4] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[[https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-](https://www.ncdc.ge/Handlers/GetFile.ashx?ID=11d8a1e8-de23-4150-9f75-53396ef0992)

[4] 4150-9f75-53396ef0992]. Accessed 11 December 2020

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the national public health system monitors and tracks the number of healthcare-associated infections (HAIs) that take place in healthcare facilities. According to a 2018 amendment to the 2015 Order on Nosocomial Infection Surveillance, Prevention and Control, the Ministry of Health and National Center for Disease Control and Public Health are both responsible for monitoring and tracking the number of healthcare-associated infections that take place in healthcare facilities. According to this document, the Ministry of Health and the National Center for Disease Control and Public Health (NCDC) should jointly evaluate the functioning of the infection control system in inpatient medical institutions through a two-stage monitoring system. [1,2] The order explains that there are special indicators against which the system is monitored, such as existence of an infectious committee, and accessibility of protocols and guidelines for staff. However, there is no evidence on the websites of the NCDC or the Ministry of Health that HAIs in healthcare facilities are in practice monitored or tracked. [3,4]

[1] Ministry, Minister of Labour, Health, and Social Affairs of Georgia 7 September 2015 "Decree №01-38/ნ Nosocomial Infection Surveillance, Prevention and Control" („ნოზოკომიური ინფექციების ეპიდზედამხედველობის, პრევენციისა და კონტროლის წესების დამტკიცების შესახებ“)

[<https://matsne.gov.ge/ka/document/view/2958903?publication=0>] Accessed 12 December November 2020

[2] Ministry, Minister of Labour, Health, and Social Affairs of Georgia 20 March 2018 "Amendment of the Decree №0 01-13/ნ Nosocomial Infection Surveillance, Prevention and Control" („ნოზოკომიური ინფექციების ეპიდზედამხედველობის, პრევენციისა და კონტროლის წესების დამტკიცების შესახებ“ საქართველოს შრომის, ჯანმრთელობისა და სოციალური დაცვის მინისტრის 2015 წლის 7 სექტემბრის №01-38/ნ ბრძანებაში ცვლილების შეტანის შესახებ“)

[<https://www.matsne.gov.ge/ka/document/view/4102483?publication=0>] Accessed 12 December November 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] 11 December 2020

[4] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 11 December 2020

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1 , No = 0

Current Year Score: 1

There is a national requirement for ethical review before beginning a clinical trial. The 2016 Decree N335 on Approval of Terms and Conditions for Issuing Permits for Clinical Trials of Pharmacological Agents, Pharmaceutical Production, Authorized Pharmacy, and Medicines under the Special Import or Export Control lays out the conditions for starting clinical trials. [1] Article 1 of this degree states that in order to obtain permission to conduct a clinical trial, it is necessary to submit a document establishing a local ethics committee for each institution participating in the proposed study, and a positive conclusion from each of these local ethics committees. [1] In addition, article 2 states that the relevant ethics committees

must issue special permission in order for a clinical trial to involve foreign nationals, vulnerable patients or orphans. [1]

[1] Government of Georgia, 16 July 2019, "Decree of the Government of Georgia №335 On approval terms and conditions for issuing permits of Clinical trial of pharmacological agents; Pharmaceutical production, authorized Pharmacy, medicines under the special control Import or export". ("ფარმაკოლოგიურ საშუალებათა კლინიკური კვლევის, ფარმაცევტული წარმოების, ავტორიზებული აფთიაქის, სპეციალურ კონტროლს დაქვემდებარებულ სამკურნალო საშუალებათა იმპორტის ან ექსპორტის ნებართვების გაცემის წესისა და პირობების დამტკიცების თაობაზე") <https://matsne.gov.ge/ka/document/view/4617056?publication=0> Accessed 12 December 2020

4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Georgia has an expedited process for approving clinical for unregistered medical countermeasures to treat ongoing pandemics. No such process is mentioned in the 2016 Decree on Approval of Terms and Conditions for Issuing Permits for Clinical Trials of Pharmacological Agents, Pharmaceutical Production, Authorized Pharmacy, and Medicines under the Special Import or Export Control. [1] There is no evidence of such a process on the websites of the Ministry of Health, the National Center for Disease Control and Public Health, or the State Regulation Agency for Medical and Pharmaceutical Activity [2,3,4]

[1] Government of Georgia, 16 July 2016, "Decree of the Government of Georgia №335 On approval terms and conditions for issuing permits of Clinical trial of pharmacological agents; Pharmaceutical production, authorized Pharmacy, medicines under the special control Import or export". ("ფარმაკოლოგიურ საშუალებათა კლინიკური კვლევის, ფარმაცევტული წარმოების, ავტორიზებული აფთიაქის, სპეციალურ კონტროლს დაქვემდებარებულ სამკურნალო საშუალებათა იმპორტის ან ექსპორტის ნებართვების გაცემის წესისა და პირობების დამტკიცების თაობაზე") [<http://rama.moh.gov.ge/res/docs/335.pdf>] Accessed 30 December 2020

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 12 December 2020

[3] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 12 December 2020 [4] State Regulation Agency for Medical and pharmaceutical Activity <http://rama.moh.gov.ge/geo/static/466/klinikuri-kvleva> Accessed 12 December 2020

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?

Yes = 1, No = 0

Current Year Score: 1

Georgia has a government agency responsible for approving new medical countermeasures (MCM) for humans. The State Regulation Agency for Medical and Pharmaceutical Activity under the Ministry of Health is responsible for approving new MCM for humans, as well as holding other duties relating to the regulation of MCM, in accordance with the 2005 Law on Licence and Approval, the 2010 Ministry of Health Order on Approving Pre-Clinical and Clinical Drug Guidance and the 2009

International Conference on Harmonization Guidance on Human-Subject and Drug Trials. [1, 2, 3, 4]

[1] State Regulation Agency for Medical and Pharmaceutical Activities. [<http://rama.moh.gov.ge/>]. Accessed 12 December 2020

[2] Government of Georgia 24 June 2005, Georgian Law on Licence and Approval ("ლიცენზიებისა და ნებართვების შესახებ") [<http://rama.moh.gov.ge/res/docs/licenziebi.pdf>] Accessed 12 December November 2020

[3] Ministry of Health 4 August 2010 "Order N 233/0 on Approving pre-clinical and clinical drug guidance" ("ფარმაკოლოგიური საშუალებების კლინიკამდელი და კლინიკური კვლევების სტანდარტები და გაიდლაინები") [<http://rama.moh.gov.ge/res/docs/9539N233.pdf>] Accessed 12 December 2020

[4] International Conference on Harmonization ICH Guidance on Non-clinical Safety Studies Expert Group M3 (R2). 2009. [<https://www.ema.europa.eu/en/ich-m3-r2-non-clinical-safety-studies-conduct-human-clinical-trials-pha>] Accessed 12 December 2020

4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of an expedited process for approving medical countermeasures for human use during public health emergencies. The 2017 Law on Medicines and Pharmaceutical Activities does not state anything about approving medical countermeasures for human use during public health emergencies.[1] There is no evidence on the websites of the Ministry of Health or the State Regulation Agency for Medical and Pharmaceutical Activity. [2,3]

[1] Parliament of Georgia, 23 December 2017, Law of Georgia on Medicines and Pharmaceutical Activities ("წამლისა და ფარმაცევტული საქმიანობის შესახებ") <https://matsne.gov.ge/ka/document/view/29836?publication=26> Accessed 30 December 2020

[2] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge/>]. Accessed 12 December 2020

[3] State Regulation Agency for Medical and Pharmaceutical Activities. [<http://rama.moh.gov.ge/>]. Accessed 12 December 2020

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1 , No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1 , No = 0

Current Year Score: 1

Epidemics and pandemics are integrated into Georgia's national risk reduction strategy. In 2017 Georgia adopted a National Disaster Risk Reduction Strategy, as well as a corresponding action plan for 2017-2020. [1] The National Disaster Risk Reduction Strategy has a section dedicated to "biological hazards", which covers pandemics, outbreaks of highly dangerous infections, veterinary hazards and phytosanitary hazards. The priority of the document is to establish an integral, flexible and efficient crisis management system which, through joint and coordinated efforts of institutions defined in the Georgian legislation, will ensure identification, assessment, prevention, and management of natural and man-made disasters and the fastest elimination or minimization of their negative consequences. [1] According to the National Civil Security Plan, the Ministry of Health is in charge of the plan's function 6 (medical care), and is responsible for contributing to other functions such as crisis management, coordination, transportation and humanitarian aid. [2]

[1] Government of Georgia, 11 January 2017, "Decree of the Government of Georgia N4. National Disaster Risk Reduction Strategy of Georgia" ("საქართველოს კატასტროფის რისკის შემცირების 2017-2020 წლების ეროვნული სტრატეგია და მისი სამოქმედო გეგმა") [http://gov.ge/files/469_59429_120118_4.pdf] Accessed 12 December 2020

[2] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

Georgia has cross-border agreements with a neighboring countries with regards to public health emergencies, and there is no evidence of gaps in implementation. Georgia has a 1993 agreement with neighboring Armenia, which contains provisions on disease prevention, information exchange during public health emergencies, specialized healthcare for the elderly and children, pharmacology and medical technology, joint conferences, research, and personnel exchange. [1] In addition, although Belarus is not a neighbor, Georgia's Ministry of Health has an agreement with the Ministry of Health of Belarus that covers cooperation in the field of health and medical science, including pandemic response. [2] A cross-border surveillance mechanism is in place, and urgent and monthly notification of neighbouring countries is performed as part of collaborations with Azerbaijan and Armenia within the (Biosurveillance Network of the Silk Road) BNSR. [3]

[1] Ministry of Health of the Republic of Armenia. "Georgia." ("Գրաստան.") [<https://www.moh.am/uploads/Vrastan.pdf>]. Accessed 17 December 2020.

[2] Ministry of Health of the Republic of Belarus and the Ministry of Labor, Health and Social Protection of Georgia. 23 April 2015. "Agreement on cooperation in the field of health and medical science." ("Соглашение о сотрудничестве в области здравоохранения и медицинской науки.") [<http://extwprlegs1.fao.org/docs/pdf/bi-173791.pdf>]. Accessed 14 December 2020.

[3] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Georgia has cross-border agreements, protocols or memoranda of understanding (MOUs) with neighbouring countries, or as part of a regional group, with regard to animal health emergencies. According to an Armenian government webpage, Georgia and Armenia have a 2008 agreements on animal health and veterinary medicine. [1] However, this agreement is not publicly available online, and there is no public information about whether it covers animal health emergencies. There is no evidence of relevant agreements on the websites of Georgia's Ministry of Health or State Security Service, or in the national legislative database, which contains Georgia's international agreements. [2, 3, 4] Neither the Global Health Security Agenda Pilot Assessment carried out in Georgia in January 2015, nor the World Health Organization's 2019 Joint External Evaluation of the country, mentions Georgia having cross-border agreements, protocols or MOUs with neighbouring countries, or as part of a regional group, with regard to animal health

emergencies. [5, 6]

[1] Government of the Republic of Armenia. 4 April 2008. "Decree of the Government of Armenia on Approving the Signature of the Agreement between the Government of Armenia and the Government of Georgia on Cooperation in the Field of Animal Healthcare and Veterinary Medicine, of 4 April 2008, No. 326-A." ("ՀՀ Կառավարության որոշումը «ՀՀ Կառավարության և Վրաստանի Կառավարության միջև կենդանիների առողջության պահպանման և անասնաբուժության բնագավառում համագործակցության մասին» համաձայնագրի կնքման առաջարկությանը համաձայնություն տալու մասին, ընդունված 4-ը ապրիլի 2008թ.").

[https://www.arlis.am/DocumentView.aspx?DocID=43181]. Accessed 4 February 2021.

[2] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

[https://www.moh.gov.ge]. Accessed 14 December 2020

[3] State Security Service. [https://ssg.gov.ge/en/] Accessed 14 December 2020

[4] Government of Georgia.[https://matsne.gov.ge/ka] Accessed 14 December 2020

[5] Global Health Security Agenda. 2015. "Global Health Security Agenda Pilot Assessment Georgia."

[https://www.ncdc.gov/Handlers/GetFile.ashx?ID=11d8a1e8-de23-

[4] 4150-9f75-53396ef0992]. Accessed 11 December 2020.

[6] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report."

[https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf]. Accessed 23 January 2021.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the country have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1 , No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?

Yes = 1 , No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 4

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

Current Year Score: 1

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1 , No = 0

Current Year Score: 1

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1 , No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Georgia has invested national funds to improve capacity to address epidemic threats in the past three years. Although , there is a budget of state programs administered by the National Center for Disease Control and Public Health increased almost threefold from 2012 to 2017, amounting to GEL 29,089,000 (USD 8,749,000). [1, 2, 3] Increased funding has in the past three years gone towards vaccines, tuberculosis treatment, HIV/AIDS treatment, procurement of laboratory materials and reagents, and the launch of various state health programs (including influenza surveillance, and introduction of new vaccines). [1, 2, 3] In addition, the government has allocated GEL 158 million (USD 47 million) to the implementation of a national COVID-19 vaccination program. [4]

[1] Transparency International. 7 November 2018. "2019 Draft State Budget of Georgia: Analysis and Recommendations." [https://www.transparency.ge/en/blog/2019-draft-state-budget-georgia-analysis-and-recommendations] Accessed 14 December 2020

[2] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. 2018. "National Health Accounts." [https://www.moh.gov.ge/ka/566/jandacvis-erovnuli-angariSebi] Accessed 14 December 2020

[3] National Center for Disease Control and Public Health of Georgia Annual Report 2017 [https://ncdc.ge/Handlers/GetFile.ashx?ID=af53c8f1-7461-41b2-b5ff-89140c6e2188] Accessed 14 December 2020

[4] Ministry of Internally Displaces Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [https://www.moh.gov.ge/uploads/files/2020/Failebi/akordeoni/axali_korona/pr-NVPD-Update-Jan-17-2021-V5-GEO.pdf] Accessed 14 December 2020

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence of special emergency public financing mechanisms and funds that Georgia can access in the face of a public health emergency. The World Health Organization's 2019 Joint External Evaluation (JEE) of Georgia states that many agencies have budget lines for emergency response at national and regional levels, and additional funding can be transferred from regular programs. The JEE also states that for longer term responses, ministries can apply to the cabinet of ministers, the Office of the President or to humanitarian aid for emergency funds. [1] The Georgian Influenza Pandemic Preparedness National Plan identifies federal and regional funds, as well as funds from donor organizations, which will finance the plan's activities. [2] In particular, it states that during influenza pandemics additional funds can be sourced from the reserve funds of the president and of the government (mobilization, management and spending of which is regulated by the Law on Georgia's Budget Systems, and allocation of which for pandemic needs will be assured by the Governmental Committee on Emergencies, the cabinet, and the president) and from international financial institutions and donor organizations in the form of grants and credits. [2] Some pre-pandemic and pandemic preparedness activities can be financed from assigned funds to those responsible. However, Georgia is not eligible to borrow funds from the World Bank pandemic financing facility. [2,3]

[1] World Health Organization. June 2019. "Joint External Evaluation of IHR Capacities of Georgia. Mission Report." [<https://apps.who.int/iris/bitstream/handle/10665/329478/WHO-WHE-CPI-2019.13-eng.pdf>]. Accessed 23 January 2021.

[2] Levan Sakvarelidze National Center for Disease Control and Public Health " The Georgian Influenza Pandemic Preparedness National Plan" [<https://www.ncdc.ge/Handlers/GetFile.ashx?ID=02c348a1-ad61-4184-9845-24293f3090e2>] Accessed 14 December 2020

[2] World Bank Group. 2018. Borrowing countries. [<http://ida.worldbank.org/about/borrowing-countries>] Accessed 14 December 2020.

[3] World Bank Group. December 2017. Pandemic Emergency Financing Facility (PEF) Operational Brief for Eligible Countries. [<http://pubdocs.worldbank.org/en/119961516647620597/PEF-Operational-Brief-Dec-2017.pdf>] Accessed 14 December 2020

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

In the past three years, there is no public evidence that Georgia's senior leaders have made commitments to support other countries to improve their capacity to address epidemic threats, or to improve Georgia's domestic capacity in this respect. There is no evidence of such commitments on the websites of the Ministry of Health, Ministry of Foreign Affairs, Ministry of Agriculture, National Center for Disease Control, or World Health Organization. [1,2,3,4,5]

[1] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 14 December 2020

[2] Ministry of Foreign Affairs of Georgia. [<http://mfa.gov.ge/>] Accessed 14 December 2020

[3] Ministry of Environment Protection and Agriculture of Georgia. "Home". [<https://www.mepa.gov.ge>] Accessed 14 December 2020

[4] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 14 December 2020

[5] World Health Organisation (WHO). "Georgia" [<http://www.euro.who.int/en/countries/georgia>] Accessed 14 December November 2020

5.5.4b

Is there evidence that the country has, in the past three years, either:

- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is insufficient public evidence that Georgia has provided support to other countries to improve capacity to address epidemic threats in the past three years, but there is evidence that Georgia has invested donor funds to improve its own domestic capacity to address epidemic threats in the past three years. The Global Health Security Funding tracker reports that the World Health Organization (WHO) disbursed US\$ 2.87 million to Georgia in 2014-2018, with most of that going towards prevention, detection and response. For example, the WHO provided approximately US\$ 51,000 to establish processes for long-term poliovirus risk management, including containment of all residual polioviruses, and the certification of polio eradication globally, and US\$ 266,000 to support implementation oversight of draft antimicrobial resistance planning, including surveillance and development of national and regional plans. [1] No evidence of Georgian commitments to fund other countries' efforts to address epidemic threats were found on the websites of the Ministry of Health, Ministry of Foreign Affairs, Ministry of Agriculture, National Center for Disease Control, or WHO. [2,3,4,5,6]

- [1] Global Health Security Funding Tracker. [<https://tracking.ghscosting.org/#/data>]. Accessed 11 December 2020
- [2] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. [<https://www.moh.gov.ge>]. Accessed 16 December 2020
- [3] Ministry of Foreign Affairs of Georgia. [<http://mfa.gov.ge>] Accessed 11 December 2020
- [4] Ministry of Environment Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>] Accessed 11 December 2020
- [5] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://www.ncdc.ge>] Accessed 11 December 2020
- [6] World Health Organisation (WHO). Georgia" [<http://www.euro.who.int/en/countries/georgia>] Accessed 11 December 2020

5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1 , No = 0

Current Year Score: 1

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available plan or policy for Georgia to share genetic data, epidemiological data, clinical specimens, or isolated specimens (biological materials) with international organizations or other countries that goes beyond influenza. As a member of the Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) network, Georgia is committed to report surveillance data on antimicrobial resistance once it has developed the capacity to do so. [1] However, there is no evidence that Georgia has actually started doing so, or of any other plans or policies for the sharing of genetic data, epidemiological data, clinical specimens, or isolated specimens, on the websites of the Ministry of Health, the Ministry of Agriculture, or the National Center for Disease Control and Public Health. [2,3,4]

[1] World Health Organization. 2018. "Central Asian and Eastern European Surveillance of Antimicrobial Resistance. Annual report 2019." [https://www.euro.who.int/__data/assets/pdf_file/0003/418863/53373-WHO-CAESAR-annual-report-2019.pdf]. Accessed 21 December 2020.

[2] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

"Home". [<https://www.moh.gov.ge>]. Accessed 15 December 2020

[3] Ministry of Environmental Protection and Agriculture of Georgia. [<https://www.mepa.gov.ge>]. Accessed 15 December 2020

[4] Levan Sakvarelidze National Center for Disease Control and Public Health [<http://ncdc.ge/>] Accessed 15 December 2020

5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no publicly available evidence that Georgia has failed to share samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years. There is no such evidence from World Health Organization's reporting on the PIP framework, nor is there any such evidence from major local media outlets. [1]

[1] World Health Organisation. "Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution (PC) Recipient Countries 2018-19". [http://www.who.int/influenza/pip/benefit_sharing/hlipii_2018_19_countrylist.pdf]. Accessed 15 December 2020

5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no publicly available evidence that Georgia has failed to share pandemic pathogen samples during an outbreak in the past two years. There is no such evidence on the website of the World Health Organization, nor is there any such evidence from major local media outlets. [1,2] On the contrary, there is evidence that Georgia's National Center for Disease Control and Public Health in Tbilisi is running COVID-19 diagnostic tests and sharing COVID-19 research and procedures with other partners in the region. [3]

[1] World Health Organisation (WHO). 2018. "Georgia" [<http://www.euro.who.int/en/countries/georgia>] Accessed 15 December 2020

[2] World Health Organisation (WHO). "News" [http://www.euro.who.int/en/countries/georgia/news/news/news?root_node_selection=73507] Accessed 15 December 2020

[3] Government of Georgia. 2 December 2020. "DOD Supports Partner Nations With COVID-19 Mitigation Assistance" [https://stopcov.ge/en/News/Article/DOD_Supports_Partner_Nations_With_COVID-19_Mitigation_Assistance] Accessed 15 December 2020

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 4

2020

Economist Intelligence

6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 56

2020

Transparency International

6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 2

2021

Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a

What is the risk of disruptive social unrest?

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a

How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.4b

What is the level of illicit arms flows within the country?

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 0

2020

UN Office of Drugs and Crime (UNODC)

6.1.4c

How high is the risk of organized criminal activity to the government or businesses in the country?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 2

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

Current Year Score: 0

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 1

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)

Input number

Current Year Score: 99.6

2014

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO);
The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score

Input number

Current Year Score: 0.65

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population)

Input number

Current Year Score: 1.2

2018

World Bank; Economist Impact

6.2.3b

Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 2

In Georgia, more than 50% of employment is in the informal sector. According to data from the International Labour Organization, the share of informal employment in Georgia was 51.3% in 2019. [1]

[1] International Labor Organization. "The latest decent work statistics by country, Georgia, 2019."

[<https://ilostat.ilo.org/data/country-profiles/>]. Accessed 15 December 2020.

6.2.3c

Coverage of social insurance programs (% of population)

Scored in quartiles (0-3, where 3=best)

Current Year Score: 2

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a

Level of confidence in public institutions

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a

Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a

Gini coefficient

Scored 0-1, where 0=best

Current Year Score: 0.36

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 59.04

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: 0.18

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a

Total life expectancy (years)

Input number

Current Year Score: 73.6

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)

Input number

Current Year Score: 695.4

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)

Input number

Current Year Score: 15.06

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 29.7

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

Current Year Score: 21.7

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a

Percentage of homes with access to at least basic water infrastructure

Input number

Current Year Score: 98.39

2017

UNICEF; Economist Impact

6.5.2b

Percentage of homes with access to at least basic sanitation facilities

Input number

Current Year Score: 90.02

2017

UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a

Domestic general government health expenditure per capita, PPP (current international \$)

Input number

Current Year Score: 314.08

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a

Trust medical and health advice from the government

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 2

2018

Wellcome Trust Global Monitor 2018