Right or area: 24. Right to health			
Recommendation	**Position**	**Full list of rights/affected persons**	**Status of implementation**
117.104. Improve access to health services for socially vulnerable persons (Algeria); **Source of position: A/HRC/31/15 - Para. 117**	Supported *(implemented or implementation in process)*	24. Right to health **Affected persons:** - general	**Status of implementation:** Technically implemented ● According to the analytical report of Association HERA-XXI, reproductive services are not readily available in rural areas, and women have to travel long distances to have access to the safe abortion. ● Given the social and economic problems, especially in rural areas, abortion service present financial obstacle for women, which requires additional transportation costs and is expensive for many women.
117.105. Improve women's access to high quality health care and health-related services (Rwanda); **Source of position: A/HRC/31/15 - Para. 117**	Supported *(implemented or implementation in process)*	24. Right to health **Affected persons:** - women	**Status of implementation:** Technically implemented ● Availability and accessibility to high-quality services are still critical problems in Georgia. Safe abortion service is not easily available and financially affordable for all women. ● Violation of the standards of medical ethics, the dignity of women, the right to choose and violation patient confidentiality are a significant barrier to accessing high-quality services, especially in densely populated regions. The confidentiality is frequently violated in many forms, including by the presence of a third party. ● doctors in many clinics refuse to provide abortion services because of their conscienceand do not even provide for referral procedures. They try to influence women's decision-making, and to exercise pressure through biased counseling on the decision to have an abortion. *Also see the recommendation 118.42*

117.58. Take the necessary measures to fight violence against women and domestic violence (Algeria); **Source of position:** A/HRC/31/15 - Para. 117	Supported *(implemented or implementation in process)*	29.2. Gender-based violence **Affected persons:** - women	**Status of implementation:** Technically implemented ● During the past ten years, Georgia significantly improved legislative framework on Gender Equality, Domestic Violence, and Violence against Women. Legislative amendments aimed to bring domestic legislation in compliance with international requirements set by pertinent international instruments Georgia is a party to. ● Georgia signed Convention on Preventing and Combating Violence against Women and Domestic Violence (hereinafter referred to as Istanbul Convention) in 2014 and ratified on 19 May 2017. ● Despite positive changes with regards to the state actions on domestic violence and violence against women, the implementation of effective preventive measures remains a challenge.
117.60. Take measures to prevent domestic violence, including by raising awareness, encouraging women to report acts of sexual and domestic violence, protecting the victims and ensuring the effective investigation, prosecution and punishment of perpetrators (Slovenia); **Source of position:** A/HRC/31/15 - Para. 117	Supported *(implemented or implementation in process)*	29.2. Gender-based violence **Affected persons:** - women	**Status of implementation:** Technically implemented ● According to survey of Fund Sokhumi 34% of respondents noted that the situation created as a result of the pandemic had "increased the number of family conflicts and the prevalence of domestic violence". ● The mechanism for identifying cases of violence against women, domestic violence and cases of family conflicts, as well as for working with the victims and ensuring appropriate response to the problem has been revealed to be rather weak; there has been inadequate attention and response to the problem on the part of the State
117.70. Continue to implement the legislation on domestic violence and ensure training of law enforcement officials to identify all forms of domestic violence (Slovakia); **Source of position:** A/HRC/31/15 - Para. 117	Supported *(implemented or implementation in process)*	5.1. Constitutional & legislative framework 29.2. Gender-based violence 6. Human rights education and training **Affected persons:** - general - women	**Status of implementation:** Technically implemented ● The study has revealed that under the conditions created by the COVID-19 pandemic, victims are reluctant to disclose or report their own problems, because they feel ashamed to talk about their own problems given the current situation as they consider it an issue that is not a priority for the public, the police and the State in general.

117.71. Implement policies for the effective combating of domestic violence, including information and awareness-raising programmes to prevent this scourge (Chile); **Source of position:** A/HRC/31/15 - Para. 117	Supported *(implemented or implementation in process)*	29.2. Gender-based violence 5.2. Institutions & policies 13.1. Liberty & security – general **Affected persons:** - general - women	**Status of implementation:** Technically implemented ● Despite positive changes with regards to the state actions on domestic violence and violence against women, the implementation of effective preventive measures remains a challenge. ● According to the National Study on Violence against Women in Georgia 2017 conducted by UN Women and National Statistics Office of Georgia (Gesotat), 1 in 7 women (14 %) has experienced intimate partner violence, and 1 in 4 women in Georgia has experienced at least one form of Gender-based Violence. In January-February 2020 eight women were killed by family members. ● The crisis caused by the pandemic, numerous restrictions imposed as a result of the state of emergency, deteriorating economic situation in the families have further increased the burden of responsibilities and obligations placed upon women. Against this background, constant stress and psychological problems have negatively affected women's daily life. Women have been subjected to constant psychological pressure and have often become victims of various explicit or implicit forms of domestic violence. ● Under the conditions created by COVID-19 pandemic, women employed in the service sector in medical facilities, found themselves under serious psychological pressure and stigma from the side of both their family members and relatives, as well as from the side of the community. ● One of the key issues related to the violence against women and domestic violence issues is that there are almost no supporting services for victims after they leave shelters. Given the specific nature of the problem, effective coordination among the state, institutions is crucial. ● The government of Georgia drafted the National Referral Mechanism on Violence against Women and Domestic Violence Issues, but the official document still is not approved. The State has neither a referral program/services for adults, nor appropriate financial obligation to provide actual assistance to victims/survivors of violence. ● Psycho-social rehabilitation and educational programs in shelters for victims of domestic violence remain insufficient for supporting victims. It is imperative to have more time and recourses dedicated to planning and implementing rehabilitation programs and activities. Besides, these programs must be more inclusive. The shelters fail to properly ensure the self-realization of beneficiaries, their empowerment, and psycho-social rehabilitation. ● The problems that persist include the provision of housing and financial support to victims after they have left shelters and collection of information about the health of beneficiaries upon their admittance to shelters.

118.42. Take steps to ensure that sexual and reproductive health services, including abortion and contraception services and information, are available, accessible and affordable to all women and girls, especially in rural areas and among vulnerable groups (Denmark); **Source of position: A/HRC/31/15/Add.1**	Supported	24. Right to health **Affected persons:** - girls - persons living in rural areas - women	**Status of implementation:** Technically implemented ● In 2014, the abortion law was revised to include a new provision on mandatory counselling and a five-day waiting period requirement before obtaining an abortion during first 12 weeks of pregnancy. The mandatory five-day waiting period contradicts international health and human rights recommendations and creates obstacle in accessing safe abortion. ● Family planning services are not fully integrated into primary health care services and are unsystematically undertaken as part of the duties of different specialists. The absence of relevant indicators on SRHR in primary healthcare level for all groups of the population during whole life-cycle, approaches focused on the dissemination of information on family planning and contraceptives by the State creates significant barriers to accessing services. ● Key obstacles about family planning usage in Georgia are the following: low level of Sexual and Reproductive health information and education; fears, myths and misconceptions about modern methods of contraception; unavailability, low readiness and inaccessibility of quality family planning services. ● Lack of comprehensive source of information and state communication strategy on family planning as lifesaving option for women create barriers in terms of the availability and undermines women's right to have informed choice. ● Youth-friendly Sexual and Reproductive service delivery, youth involvement component are integrated in the Maternal and New-born Health (MNH) Strategy for 2017-2030 and in its Action Plan. However, currently there are no specific public youth friendly SRH services available in Georgia. ● The Law of Georgia on Health Care prohibits advertising for abortions. Under the circumstances, when many women and girls face challenges in accessing information and education on modern methods of contraception, we should avoid creating additional obstacles and spreading unclear messages. ● One of the crucial roles in increasing public awareness of safe abortion has the media, in most cases, media lacks sensitivity, and they are spreading the information in a stigmatized manner. ● Women and girls with disabilities often avoid visiting medical facilities for SRH services unless it concerns their serious health issues. This is mainly caused by the existing stereotypes, non-confidential environment and unadopted gynecological services for the person with special needs. ● SRH service providers don't offer interpreter service for women with hearing and speech impairments, and they have to take their own for receiving services. Unfortunately, medical personal often violates rights to privacy during the consultation. ● In Georgia, medical facilities are not accessible to women with special needs. Gynecological chairs and examination rooms make it impossible to deliver services for women with wheelchairs. ● Women and girls with psychosocial needs and intellectual disability are especially vulnerable. Insufficient funding for mental services leads to a lack of qualified personnel, appropriate treatment and care in facilities.

			• Women with special needs lack information not only safe SRHR services but also how the medication affects on libido, menstrual cycle, hormonal issues etc. Nowadays, psychiatric facilities do not offer free screening programs, e.g. breast cancer or cervical cancer screening programs • In psychiatric institutions, women do not have information and access to contraception, including emergency contraception and pregnancy tests. Consequently, pregnancy can be terminated late, which can harm women physical and mental health. • In most cases, women and girls with disabilities lack awareness about programs that they can be involved in. This is especially noticeable among women and girls with disabilities residing in rural areas and regions settled by ethnic minorities. *Also see the recommendation 117.105. ; 118.43*
118.43. Ensure universal access to quality reproductive and sexual health services, including contraception services, especially to women in rural areas and those living with HIV/AIDS (Brazil); **Source of position: A/HRC/31/15/Add.1**	Supported	24. Right to health Affected persons: - persons living with HIV/AIDS - persons living in rural areas - women	**Status of implementation:** Technically implemented • In the rural and hard to reach areas of Georgia, the problem of safe SRH service availability connects to adequate modern technologies and necessary equipment in clinics. The Ministry of Labor Health and social affairs of Georgia identified 655 service medical facilities that have a license for provision gynecological services in the country. However, only 17 % of a total of 655 medical facilities provide abortion services. Furthermore, 95% of medical facilities are secondary health care facilities. Generally, secondary health care facilities are multi-profile clinics and function in cities. Only 5% of primary health care facilities provide abortion and family planning services • There are no training or continuing education requirements for family, rural doctors, midwives and nurses on the modern medical achievements on SRHR, that significantly reduces the quality of maternal health services. *Also see the recommendation 118.42, 117.105*
118.41. Allocate the resources necessary for the successful realization of the Strategy of the Health Protection System 2014-2020, which is aimed at strengthening maternal and child health (Belarus); **Source of position: A/HRC/31/15/Add.1**	Supported	24. Right to health 30.1. Children: definition, general principles, protection **Affected persons:** - children	**Status of implementation:** Technically implemented During the second UPR reporting cycle, the Government of Georgia took some essential steps to develop relevant policies on Sexual and Reproductive Health. In October 2017 Government of Georgia approved "National Strategy of Maternal and Newborn Health for 2017-2030", as well as an action plan for 2017-2019. However, the lack of allocation of sufficient financial resources, weakness and no readiness of health system especially primary healthcare system hinders the possibilities to implement those policies into the practice.