

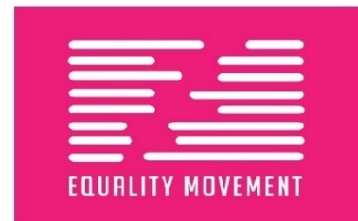
**Human Rights Council Universal Periodic Review
(Third cycle, 37th session, 2020)**

Georgia

**NGO Coalition Joint Submission on
Sexual and Reproductive Health and Rights in Georgia**

NGO Coalition:

Human Rights Education and Monitoring Center (EMC); Center for Information and Counseling on Reproductive Health - Tanadgoma; Women's Initiatives Supporting Group (WISG); Association HERA XXI; Equality Movement (EM).



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ABOUT THE COALITION

1. The following report was prepared by the NGO coalition focusing on SRHR issues, which is a nonformal alliance consisting of six organizations working on different SRHR issues in Georgia – Human Rights Education and Monitoring Center (EMC), Center for Information and Counseling on Reproductive Health - Tanadgoma, Association HERA XXI; Women’s Initiative Supportive Group (WISG), and Equality Movement (EM).
2. The coalition has participated and involved in the previous 2nd cycle of UPR as well as prepared mid-term report on Georgia in 2018.¹

Please, see Annex for information about the submitting organizations.

INTRODUCTION TO THE NATIONAL UPR CONTEXT

3. November 2015 Georgia was under review for UN Human Rights Council for its second Cycle of periodic review. Georgia accepted 191 of 203 recommendations issued by the other member states. Georgian government noted 12 recommendations. Specifically, on SRHR Georgia received and accepted around 70 recommendations, which were focused above others on the discrimination and violence against LGBTI persons, on the implementation of Gender Equality policies and laws, on Sexual and Reproductive Health services including safe abortion and contraception and others.
4. Since 2015, the national legal and policy framework of Georgia has undergone significant changes in supporting sexual and reproductive health and in combating discrimination and inequality on the grounds of sex, gender, and SOGI, including the adoption of new normative acts and incorporation of additional norms and amendments into the existing legislation.
5. Nonetheless, the state’s understanding of SRHR framework lacks realization of the need to act with systemic-level responsibility, which is manifested in a number of ways, such as: lack of effective financing and shortfalls in the collection of disaggregated data; fragmentary character of family planning services and neglecting CSE as a human right. These and others factors make it difficult for the State to achieve gender equality and implement large-scale, comprehensive, and coordinated policy in an effective manner. This NGO report contains a detailed account of the domestic laws and policies pertaining to or recognizing human rights in the context of sexual and reproductive health and well-being and the respective obligations.
6. The report covers implementation of accepted recommendation with regards to equality and SRHR. Report focuses on Sexual health as well as reproductive health and rights for women and vulnerable groups in Georgia. The report also assesses the implementation of the recommendation on enhancing national anti-discrimination institutions functioning in Georgia.
7. According to the content of the presented recommendations, responsible State Agencies for the implementation of the recommendations are the following: Ministry of Justice, Ministry of Internal Affairs, Ministry of Education, Science, Culture and Sport of Georgia, Ministry of Labor, Health and Social Affairs, The Prosecutor's Office of Georgia, The Parliament of Georgia.

METHODOLOGY

8. The information presented in this report is based on various sources mainly on the reports, evidences, researches and program data of the organization, websites and statistics provided by state institutions, National policy documents: such as the Human Rights Strategy (2014-2020), National Action Plan on Human Rights/Chapter: Gender Equality and Women’s Empowerment, National Strategy of Mother and Newborn Health for 2017- 2030, as well as an action plan under this strategy for 2017-2019, and other secondary sources.

SEXUAL HEALTH AND RIGHTS

HUMAN RIGHTS SITUATION AND HATE CRIMES AGAINST LGBTIQ PEOPLE

9. Upon the II cycle of the UPR, Georgia received nine recommendations in regard to sexual orientation and gender identity. Even though Georgia accepted eight of them, there are still gaps and challenges while implementing them.
10. The majority of II cycle recommendations were directed to eliminate social stigma towards LGBTIQ individuals. As far as no positive measures have been taken by the State, existing social stigma against LGBTIQ people continues manifesting itself in institutional homophobia, which results in homo/bi/transphobic hate crimes: under the 2019's statistics, criminal prosecution has been started on 32 homo/transphobic hate crime cases.² Correspondingly, 27 hate crime cases have been prosecuted on the grounds of SOGIE in 2018, and 15 in 2017.³ Notwithstanding the figures, the victims usually refrain from reporting to law enforcements because of the fear of forcible outing and re-victimization that results in a gap between the official and NGO statistics.⁴ The latter exceeds multiple times to the former (for instance N=226 respondents of the research have been the victim of hate crimes/incidents during the time period of 2015-18).⁵ This gap affirms that the majority of such incidents remain undocumented and unreported because of the ineffectiveness of police, fear of forcible “coming out” and homo/bi/transphobic treatment by police officers, etc.,⁶ giving that non-existence of the unified statistical data on hate crimes, it is impossible to determine the real number of the SOGIE based hate crimes.
11. Combating hate crimes, MIA has created the Human Rights Protection and Investigation Quality Monitoring Department,⁷ which *inter alia* monitors investigation on hate crimes.⁸ Establishment of the new department has to be welcomed, however, it has much wider remit than the unit proposed by Sweden under the UPR II cycle. Moreover, it's centralized, coordinating body, giving rise to concerns that it may not be sufficient due regard problems at the local level, nor, for example, detailed issues arising in the investigatory process. In its Conclusions on the Implementation of the Recommendations in Respect of Georgia ECRI noted that this department is not a substitute for a specialized investigative unit within the police, as recommended, that should carry out investigation itself.⁹ This recommendation has been also addressed by the UN Independent Expert on SOGI.¹⁰
12. Among the challenges faced by the LGBTIQ persons is the intimate partner violence and domestic violence as far as the preventive measures against IPV and DV, including public campaigns performed by the state, are set on heteronormative bases and lack to coverage the needs of LGBTIQ persons and same-sex couples. While the Istanbul Convention outlines that the measures protecting the rights of victims shall be secured without discrimination on any ground, *inter alia*, SOGIE,¹¹ related Georgian mechanism, the law of Georgia on “Elimination of Domestic Violence, Protection and Support of Victims of Domestic Violence,” doesn't guarantees such clause. In contrast, while the law doesn't consider an intimate partner as family member, it does not prohibit IPV, especially among same-sex partners. This situation significantly impedes an access of LB women and trans persons to the mechanisms of protection.¹²
13. In regards to DV, a 2018 study showed that among the LGBT respondents, 67.2% (N=172) have experienced some form of abuse by family members since 2015,¹³ however, hate motive has not been documented in any DV cases against LGBTIQ individuals. Additionally, the government does not address the specific forms of violence against LGBTIQ individuals (minors are at a major risk), such as different forms of coercive therapies, psychological pressure and violence,

attempts of forced marriages of lesbian women.¹⁴

14. The novel coronavirus brought extreme challenges for each country in the world and has far-reaching consequences beyond the spread of the COVID-19 disease itself. Despite consultations with community-based organizations (CBOs), the anti-crisis plan failed to address the needs and priorities of LGBTQI people.
15. Under these circumstances, LGBTQI people left without income and employment, as well as without the support of family members or community solidarity, find themselves at serious risk of homelessness¹⁵. Their urgent needs, including rental subsidies and alternative housing or shelters have been overlooked by the state anti-crisis support programme. LGBTQI people experiencing housing challenges during the pandemic are frequently either survivors of domestic violence or have been renounced and disowned by their families due to SOGIE, hence, their return home was either risky or impossible¹⁶.
16. In its crisis response measures, the Inter-agency Coordination Council of Government of Georgia has offered largely fragmented feedback to CBO appeals and has not proactively addressed the complex challenges on the agenda.

RECOMMENDATIONS FOR ACTION:

- In order to ensure awareness rising on SOGIE issues, the State should organize permanent educational campaigns. For that, state should integrate SOGIE issues into all programs working on policing, the criminal justice system.
- In line with Sweden's recommendation under the UPR second cycle, as well as ECRI and Independent Expert's guidance, before the next UPR review the State should establish a hate crime investigation unit within the law enforcement system in order to strengthen the investigation/prosecution/prevention of hate crimes based on SOGIE.
- The State should redouble efforts to guarantee adequate identification and processing of domestic violence and intimate partner violence cases based on sexual orientation and gender identity, and the collection of the relevant statistics.
- The State should work towards the elaboration of the effective preventive policies against hate crimes/incidents by close cooperation with other state institutions.
- State should work towards elaboration of victim-based approach by strengthening its services, including social workers, psychologists, shelter services and others.
- The State should ensure the availability of high quality, timely and reliable disaggregated unified statistics in regards to hate crimes that shall enclose data of the Ministry of Internal Affairs, Prosecutors Office of Georgia and General Courts in a way that the processing of the single case was visible.
- States should take into account the needs of LGBTQI people whose wellbeing was affected by the pandemic and became doubly victimized by social and economic oppression brought on by the risk of losing their homes, as well as systemic homo/bi/transphobic violence and provide them with rental subsidies, shelter or alternative housing options.

FREEDOM OF ASSEMBLY AND MANIFESTATION OF THE LGBTQI PEOPLE IN GEORGIA

17. The enjoyment of the right to freedom of assembly and manifestation remains a challenge for LGBTQI groups despite the fact that the Georgian legislation fully guarantees freedom of assembly and manifestation for all persons without discrimination. Any form of presentation in public spaces by LGBTQI groups is “perceived as propaganda of homosexuality” resulting in the expulsion of the community members from public areas.
18. On May 17 in 2012 and 2013, on the IDAHOT, the State failed to respond to the dispersal of peaceful demonstrations of LGBTQI people by orthodox clergy and other aggressive groups. Despite the available evidences, government had failed to adequately address violence against LGBTQI people, which has created the feeling of impunity and encouraged homo/transphobic violence in the society.¹⁷
19. After the grave experience of 2013 LGBTQI activists and their supporters were not able to hold public demonstration in the capital’s main street without special protection from the police. Despite the fact that the attitudes towards LGBTQI groups are changing and there can be seen positive signs, surveys shows, that there is still widespread opposition to the exercise of this right by LGBTQI persons. According to a WISG study the statement “LGBTI rallies should be banned by law” was fully (66.4%) or partly (14.1%) supported by 80.5% of respondents who answered the question (N=1938). 4.3% remained neutral. Only 15.1% of respondents did not agree with this statement.
20. Accordingly, attempts to hold a Pride March in Tbilisi in June/July 2019 failed when the authorities refused to guarantee the safety of participants in the face of threats of a violent counter-demonstration organised by a vigilante group.¹⁸ Despite the fact that homophobic groups have formed “civil guard” unit equipped with wooden clubs to attack participants and were publicly inciting the violence, nor the leaders and the members of this violent groups has been detained.¹⁹
21. Negative experience described above identifies whole scale of limitation of the fundamental human rights of LGBTQI people in Georgia.

RECOMMENDATIONS FOR ACTION:

- Before the next review the State should ensure that the rights and freedoms of LGBTQI people are protected and their right to freedom of assembly and manifestation are equally exercised.
- State should properly investigate violence and incitement of violence against LGBTQI people directed from the ultra-conservative violent groups in Georgia, accordingly, state should develop effective preventive measures and counter rhetoric against violent ultra-conservative groups

RIGHTS OF TRANS* PEOPLE

22. The most fundamental issue in regard to trans persons, legal gender recognition still remains unregulated in Georgia. As of today, trans people have been forced to undergo unwanted, medically unjustified, expensive and life-threatening procedures (irreversible sterilization,

hormonal treatment and preliminary surgical procedures) in order to change gender marker in their IDs. Namely, new ID and birth certificate can be issued only after a person undergoes multiple medical procedures, including hormonal therapy and gender reassignment surgery. Even though second cycle recommendations did not address LGR, in its report, Independent Expert on protection against violence and discrimination based on SOGI recommends Georgian government to ensure that the process of LGR was based on self-determination by the applicant, is a simple administrative process that is exempt from the abusive requirements, recognized non-binary identities and was accessible to minors.²⁰ Moreover, after the second cycle 3 cases against Georgia on LGR has been communicated by ECtHR.²¹

23. The right to access qualified medical services, which is regulated by the Georgian legislature as well as by the ethical and medical standards, is also infringed in case of trans people: in spite availability of trans-specific services in Georgia, there are no clinical guidelines or protocols that underwrites procedural rules in regard to trans persons.²² Moreover, the services at the individual medical facilities, where they are available, remain financially inaccessible for trans persons, as they do not have equal possibilities like other citizens to use financial support on the medical procedures available through the public health care programmes.
24. Trans people were also affected by the pandemic, especially those who are involved in the commercial sex work. State's response as indicated in the para. 16, were not effective and measures taken could not meet the needs of the trans people leaving in Georgia. .

RECOMMENDATIONS FOR ACTION:

- According to Independent Expert's recommendation²³ and SDGs goal #10, the State should regulate the process of LGR in a way that it was based on self-determination by the trans person. State should simplify the administrative process: exempt it from the abusive requirements and recognize non-binary identities, accessible for minors as well.
- The State should adopt clinical guidelines on trans-specific medical procedures in line with international standards. Respectively, under the SDG goal #3, the training for the healthcare providers has to be held in order to understand the needs of LGBTQI persons and respond effectively.

COMPREHENSIVE SEXUALITY EDUCATION

25. During the II cycle of the UPR, Georgia did not receive recommendations on CSE, despite it was mentioned in the civil society report. Yet, some recommendations received and accepted are indirectly linked to CSE, as they highlight promotion of human rights through awareness rising among Georgian population.
26. Until 2014 the Georgian educational system lacked any kind of SRHR education, which put young people at risk of early and forced marriage, exposed them to infections, increased rates of abortions and domestic violence. On 27 June 2014 EU signed an Association agreement with Georgia²⁴, which envisages promotion of the healthy lifestyle. CEDAW concluding observations of July, 2014²⁵ recommended to "Introduce age appropriate sexual and reproductive health and rights education, including on responsible sexual behavior, at all levels." In 2014, Ministry of Education and Science (currently Ministry of Education, Science, Culture and Sport) started revision of subject standards and incorporation of the Healthy Life Skills (HLS) education into

general education curriculum. The National Standard²⁶ elaborated thus far covers grades 1-9 of the schools, grades 7-9 being approved in May 2018. However, due to opposition from the society at large as well as some ultra-right and Orthodox groups, the standard does not include major topics of Sexual and Reproductive Health and Rights. The main accents are made on prevention of gender-based violence, however, teaching gender and combating stereotypes and patriarchal attitudes is also very much opposed by the groups named above.

27. Some topics from subjects “Biology” and “Citizenship” concerning sexuality education are: Healthy nutrition and a balanced diet; Dependence on chemicals, harmful habits; Physical activity and its importance in maintaining health; Risks associated with early marriage / pregnancy; The female reproductive system; The male reproductive system; Fertility and the embryo development; Sexually transmitted Infections (STI/HIV).
28. In September 2018 the Minister of Education, Science, Culture and Sport of Georgia announced new reform of education system²⁷, which implies a comprehensive approach to all areas of education and ensures creation of a unified education system by 2023. One of the priority components is establishing healthy lifestyle at schools²⁸, highlighted by Prime Minister of Georgia. Healthy Life Skills education includes some topics of Comprehensive Sexuality Education. Still, this is not enough, considering UNESCO standards on CSE²⁹, as well as teachers’ lack of competence regarding HLS.

RECCOMENDATIONS FOR ACTION:

- Develop and implement comprehensive curriculum on sexual and reproductive health and rights, considering the cultural context and age appropriateness, as recommended by the UNESCO guidelines.
- Make evidence-based information on benefits of CSE available to broad audience as counterargument to opposition’s narrative.
- Provide special training programs for teachers, which include modules on sexual and reproductive health and rights, gender equality and girls’ rights to education and family planning.

REPRODUCTIVE HEALTH AND RIGHTS

ACCESS TO SAFE ABORTION

29. During the second UPR reporting cycle, the Government of Georgia took some essential steps to develop relevant policies on Sexual and Reproductive Health. However, the lack of allocation of sufficient financial resources, weakness and no readiness of primary healthcare system hinders the possibilities to implement those policies into the practice.
30. 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 Government of Georgia lacks implementation. **(Recommendation 118.42. Denmark)** It can be confirmed by the government’s UPR mid-term 2019 report, which deals with reproductive health issues with just a few sentences.³⁰

31. Limited access to safe abortion services presents a serious barrier to the realization of reproductive rights in Georgia. The majority of medical facilities with a permit for gynecological services do not offer abortion and family planning services to the population, especially in the regions. According to the analytical report of the 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.*** **(Recommendation 118.43, Brazil)**
32. Given the social and economic problems, especially in rural areas, abortion service present financial obstacle for many women, which requires additional transportation costs and time.³¹ **(Recommendation 117.104, Algeria)**
33. 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 % facilities provide abortion services and 95% of medical facilities are secondary health care facilities. Generally, secondary health care facilities are multi-profile clinics and functioning in cities. Only 5% of primary health care facilities provide abortion and family planning services.³²
34. Many medical facilities refuse to provide abortion services because of their conscience and 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. ³³
35. 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 the first 12 weeks of pregnancy. Under an order of the Minister of Health, the period can be reduced to three days, if a woman applies for abortion in the 12th week of pregnancy and the term of 12 weeks is expiring.
36. The report of HERA XXI shows that the ***five-day waiting period required for making decisions related to abortions, does not work in practice*** and has not achieved a decrease in the number of abortions or any other legitimate goals. It brings additional stress and creates emotional difficulties, that does not make a positive influence on their decision. ³⁴
37. Abortion is still being used as the primary family planning method in Georgia. According to the recent Multiple Indicator Cluster Survey, the total induced abortion rate in the last five years, per 1,000 women of reproductive age (15-49) is 130.3.³⁵
38. The Law of Georgia on Health Care prohibits advertising for abortions. The law does not specify what does abortion advertising mean. ***It is essential to improve the formulation of the Article to avoid misinterpretation of the law*** and protect the right to information about abortion. 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.

RECOMMENDATIONS FOR ACTION:

- Integrate safe abortion services in primary healthcare system to ensure management of abortion care at early stage of gestation.
- Revise article 139 of the law on Health Care to remove mandatory waiting periods for women who decide to have abortion. As the time for consideration causes psychological, financial, economic and territorial obstacles for woman.
- Review the law of Georgia on Health care, Article 140 about the abortion advertisement. Define and separate abortion advertising and information on safe abortion.
- Ensure continuous education for family and rural doctors and medical facilities management to provide quality gender-sensitive, right-based, patient-centered sexual and reproductive health counselling services.

- Ensure the implementation of quality control mechanisms provided under the guidelines and protocols, and implement internal and external audits to ensure quality of SRH services.

ACCESS TO FAMILY PLANNING

39. 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. **(Recommendation 117.105, Rwanda)**
40. ***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 approaches focused on the dissemination of information on family planning and contraceptives by the State creates significant barriers to accessing services.³⁶ **(Recommendation 118.42, Denmark)**
41. 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 SR health services.³⁷
42. In Georgia, 59.1 % of women do not use any form of methods of contraception.³⁸ That is mainly caused by ***widespread myths and misconceptions on modern methods of contraception often promoted by gynecologists.***³⁹
43. Women often get non-sensitive, uncourteous, disrespectful and unfavorable attitudes from service providers, which makes negatively affects the quality of the service;
44. ***Adolescent girls have limited access to contraceptive services and information.*** In most cases, the reasons are the following: The attitudes of the society on female sexuality, a lack of youth-friendly services and information, and very low quality of protections available for adolescent confidentiality.⁴⁰
45. According to the Law on the Rights of the Patient, 14-18 years old patients have a right to provide informed consent to counselling on the methods of non-surgical contraception without parental notification. However, adolescents do not feel comfortable visiting a health facility to ask for services like contraceptives and concerns about judgmental staff or their privacy.
46. In 2013 Georgia ratified the UN Convention on the Rights of Persons with Disabilities. However, harmonization of the convention on the legal or policy level did not take place.
47. 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.⁴¹
48. Unfortunately, the Government do not prioritize the needs of women and girls with disabilities during the development of State programs or planning the Budget.
49. The main obstacle on family planning/contraception services for Women with special needs is a lack of awareness that creates a strong barrier in receiving necessary and adequate services.⁴²
50. ***In Georgia, medical facilities are not accessible to PWD's.*** Gynecological chairs and examination rooms make it impossible to deliver services for women with wheelchairs. In most cases, even entrance or inside facilities are not adapted for wheelchair users.⁴³

51. SRH service providers do not offer interpreter service for women with hearing and speech impairments, and they have to take their own for receiving services. This creates an environment, which violates the privacy of women with disabilities and makes a barrier to quality service delivery.⁴⁴
52. 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.*⁴⁵
53. In most cases, women and girls with disabilities have limited information and access to existing health and social welfare programs in Georgia. This is especially noticeable among women and girls with disabilities residing in rural areas and regions settled by ethnic minorities.

RECOMMENDATIONS FOR ACTION:

- Reform primary healthcare system to ensure the whole life cycle approach in the provision of SRH services for all groups of population.
- Include provision of contraceptives in the Basic Package of the Universal Health Care Program of Georgia at least for socially vulnerable groups of women including women under the poverty line, IDPs, adolescents, youth, students, women living in hard to reach areas, women with disabilities.
- Provide continuous education for gynecologists and reproductive health specialists on family planning, contraceptive methods and counselling principles, including patient confidentiality, prohibition of discrimination, and the provision of safe and gender-sensitive services to young people, persons with disabilities, especially women and girls with disabilities.
- Integrate the needs of women and girls with disabilities in existing and forthcoming State policies and programs.
- Ensure access to information and services on SRHR for women with disabilities via organizing information campaigns, adopting facilities and providing hygiene products, contraception and pregnancy tests in psychiatric facilities.

HIV/AIDS STIGMA AND DISCRIMINATION

54. Upon the II cycle of the UPR, Georgia received one recommendation on reproductive and sexual health services to the people living with HIV/AIDS. Georgia accepted the recommendation, but it has not fully implemented.
55. Despite progress in some areas, which mostly affected the treatment for HIV (antiretroviral therapy- ART),⁴⁶ HIV/AIDS stigma and discrimination remains a challenge.⁴⁷ Stigma and consequent discrimination have a double impact on HIV/AIDS control. Also, HIV stigma and discrimination can pose complex barriers to prevention, testing, treatment, as well as support for people living with or at high risk for HIV/AIDS.⁴⁸ In fact, current legislation is discriminatory and reinforces HIV-related stigma. A separate article on the transmission of HIV/AIDS in the criminal Code of Georgia promotes the spread and strengthening of the stigma and stereotypical

attitudes towards HIV-positive people.⁴⁹ What's more, The Law of Georgia on HIV/ AIDS⁵⁰ is problematic in many ways. It outlines general, declarative norms that fail to provide an effective HIV/AIDS state policy and in some cases promotes and reinforces the stigma attached to persons living with HIV. The law does not provide sufficient safeguards to protect patients' rights, especially the right to privacy and confidentiality.

56. Lack of information and misbeliefs on HIV/AIDS and STIs are still widely existing among key populations of these diseases and affect their participation in various stages of testing, treatment and care^{51 52}. Threat of confidentiality breach remains an issue at HIV/AIDS and STIs service provision sites.
57. Migrants living in Georgia do not have equal access to HIV-related medical services. Due of their immigration status, HIV status, ethnicity, and language barriers, migrants face multiple discrimination.⁵³ When it comes to STIs, migrants have no equal access to prevention and treatment services.

RECOMMENDATIONS FOR ACTION:

- Propose amendments to the current legislation in order to eradicate discriminatory regulations (implementing changes in criminal code and the law of Georgian on HIV/AIDS).
- Organize informational-educational campaigns targeting medical service providers in order to eliminate stigma and discrimination during provision of HIV/AIDS and STIs related health services.
- Establish mechanisms for equal and free access to prevention, testing and treatment for the citizens of Georgia, as well as for migrants living in Georgia.

¹ See: https://emc.org.ge/uploads/products/pdf/5_1530610466.pdf

² Response letter of 31.01.2020 from the Office of the Prosecution General of Georgia.

³ Response letter of 19.02.2020 from the Office of the Prosecution General of Georgia.

⁴ According to the recent study of 2018, among the LGBT respondents, 88.3% (N=226) have been victim of hate crimes/incidents since 2015. The psychological/emotional violence has been experienced by 85.5% of respondents, 61.7% sexual violence and harassment, while 29.7% of respondents reported experience of physical violence. Despite such destructing number, only 16.8% of hate crime victims have reported to the police. (submission to the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity available online at: <https://women.ge/en/publications/194/>)

⁵ Ibid.

⁶ Aghdgomelashvili E., From Prejudice to Equality (part II): LGBTQI persons in Georgia, WISG, 2018.

⁷ Order of the Minister of Internal Affairs N1 of January 12, 2018, see: <https://matsne.gov.ge/ka/document/view/3999709>

⁸ Details about the department: <https://police.ge/en/adamianis-uflebata-datsvis-departamentis-mandati-gafartovda/12477>

⁹ see: https://rm.coe.int/ecri-conclusions-on-the-implementation-of-the-recommendations-in-respe/1680934a7e?fbclid=IwAR3LpX9rD6dS9J8MZwZ-ZGq_eS0LDaRrVYO8kxPFR6gnTKU7D04r_czH3yA

¹⁰ Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity on Georgia, A/HRC/41/45/Add.1, para 99.

¹¹ Convention on Preventing and Combating Violence against Women and Domestic Violence, Article 4(3).

¹² The law defining “victim” as “a woman or other family member,” in the light with unregulated LGR mechanism, precludes transgender women from the access to the national mechanism of violence against women (Tbilisi City Court does not take the claim of transgender woman who requested protective order Case of NGO SAPARI: №3/605-18. 5/02/2018).

¹³ Aghdgomelashvili E., “From Prejudice to Equality (part II): LGBTQI persons in Georgia,” WISG, 2018.

¹⁴ Jalagania L, Chutlashvili K, “Domestic violence based on sexual orientation and gender Identity”, EMC, 2018

¹⁵ See: http://gov.ge/index.php?lang_id=GEO&sec_id=541&info_id=75972

¹⁶ Coalition for Equality – The Needs of Groups Beyond the Scope of the State Anti-crisis Plan, 05.2020, see: <http://www.equalitycoalition.ge/article/50>

¹⁷ ECHR judgment Identoba and Others v. Georgia (2015)

¹⁸ Threats of the counter-demonstrates: <http://go.on.ge/14kv> also see: <http://www.tabula.ge/ge/story/150531-vasadze-praidis-tsinaagmdeg-razmebs-vqmnit-iaraghi-iqneba-qamrebi-amit-shevukravt?fbclid=IwAR2Bu4S4rAjPYihg5W4NQ-RldyuoZW-3IILeAuQZ8L6R4633ckvnLjk-Osg>

¹⁹ Despite the extensive availability of evidence, (including video footage) none of the possible offenders was detained. Generally, despite plenty homo/bi/transphobic public threats by ultra-conservative and far right groups, there have been no cases where perpetrators have been prosecuted, despite the grave nature of the possible offences committed. see the Response of the Human Rights Organizations: <http://equalitycoalition.ge/en/post/koalicia-tanastsorobistvis-ganckhadeba-14-ivnissa-da-16-ivniss-ganvitarebul-movlenebis-shesakheb>

²⁰ Report available online at: http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/41/45/Add.1

²¹ Details available online at: [https://hudoc.echr.coe.int/eng#{"itemid":\["001-186564"\]}](https://hudoc.echr.coe.int/eng#{) and <http://hudoc.echr.coe.int/eng?i=001-200161>

²² Aghdgomelashvili E., Gvianishvili N., Todua T., Ratiani T., Health Care Needs of Trans persons in Georgia, Policy Paper, Tbilisi, 2015, WISG.

²³ Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity on Georgia, A/HRC/41/45/Add.1, para 90.

²⁴ See: [https://eur-lex.europa.eu/legal-content/en/TXT/PDF/?uri=CELEX:22014A0830\(02\)](https://eur-lex.europa.eu/legal-content/en/TXT/PDF/?uri=CELEX:22014A0830(02))

²⁵ <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsldCrOIUTvLRFDjh6%2FxpWdqKYdAsZCi%2FpTG5mONu7rLEgGDzc4uYj4EX9q0OwgEttzAerYJ0NdpVEHSESZXwGVYxjsz8OaUw6uLeEqhG0qBpr7G2F1eAhw8U9lp5arMXA%3D%3D>

²⁶ Standards for 1-4 grades reflecting HLS: <http://ncp.ge/files/ESG/NC%202018-2024/6.%20Social%20Sciences.pdf>

²⁷ Mikheil Batiashvili held a presentation of the Education Reform in Ikalto Monastery Complex, see: <http://mes.gov.ge/content.php?id=8658&lang=eng>

²⁸ Prime Minister Presents Education Reform Vision at Ikalto Monastery Complex, see: http://gov.ge/index.php?lang_id=ENG&sec_id=497&info_id=67853

²⁹ See: <https://unesdoc.unesco.org/ark:/48223/pf0000260770>

³⁰ United Nations Universal Periodic Review Mid Term Report Georgia (2019), available at: https://lib.ohchr.org/HRBodies/UPR/Documents/session23/GE/UPR2ndCycle_midterm.pdf

³¹ Ibid

³² Abortion Services Availability and Readiness Assessment (Analytical Report), HERA XXI, RFSU, Institute of Social Studies and Analysis, 2016

³³ Barriers to access to safe abortion services in women of reproductive age, 2019, available at : <http://hera-youth.ge/wp-content/uploads/2019/05/Barriers-to-accessing-safe-abortion.pdf>

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- ³⁴ Sexual and Reproductive Health and Human Rights: National Assessment, Public Defender's Office Georgia, 2019
- ³⁵ Multiple Indicator Cluster Survey, 2018
- ³⁶ Sexual and Reproductive Health and Human Rights: National Assessment, Public Defender's Office Georgia, 2019
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- ⁴⁰ Sexual and Reproductive Health and Human Rights: National Assessment, Public Defender's Office Georgia, 2019
- ⁴¹ Research on sexual and reproductive health needs and barriers in young people and women with disabilities, Association HERA-XXI
- ⁴² Ibid
- ⁴³ Ibid
- ⁴⁴ Ibid
- ⁴⁵ Ibid
- ⁴⁶ Equality Movement, HIV Cascade Among MSM and Trans* Persons In Georgia, <http://www.equality.ge/en/3589>
- ⁴⁷ According to The 2018 Georgia Multiple Indicator Cluster Survey (MICS) 72.6% percentage of women and 65.1 percentage of men aged 15-49 hesitate to take an HIV test because they're afraid of how other people will react of the test result is positive for HIV; 52.9 percentage of women and 40.3 percentage of men think that living with HIV or thought to be living with HIV, lose the respect of other people; 54.7 percentage of women and 37.1 percentage of men talk badly about people living with HIV, or who are thought to be living with HIV; <https://www.geostat.ge/media/29404/SFR---2018-Georgia-MICS---Eng.pdf>
- ⁴⁸ Equality Movement, Research on satisfaction and needs of MSM and trans* people living with HIV/AIDS and sexually transmitted infections (STIs) treatment services in Georgia, <http://www.equality.ge/4240>, p. 14-15
- ⁴⁹ Law of Georgia on Criminal Code of Georgia, Art. 131, <https://matsne.gov.ge/en/document/download/16426/157/en/pdf>
- ⁵⁰ Law of Georgia on HIV infection/AIDS, <https://matsne.gov.ge/ru/document/download/90088/3/en/pdf>
- ⁵¹ Tsereteli N, Chiqovani I, Shengelia N, Marjanishvili N. *HIV risk and prevention behaviors among Men who have Sex with Men in Tbilisi, Batumi and Kutaisi, Georgia Bio-Behavioral Surveillance Survey in 2018*, <http://new.tanadgomaweb.ge/upfiles/dfltcontent/1/171.pdf>
- ⁵² Tsereteli N, Shengelia N, Sulaberidze L, Chiqovani I. *Integrated Bio-behavioral surveillance and population size estimation survey among Female Sex Workers in Tbilisi and Batumi, Georgia, 2017*. <http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/167.pdf>
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