ASSESSMENT OF CRISIS MANAGEMENT AND GOVERNANCE DURING THE COVID-19 PANDEMIC

JANUARY-JUNE, 2020

STUDY REPORT

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Disclaimer

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# ABBREVIATIONS

<table>
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<th>Abbreviation</th>
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<tr>
<td>AOG</td>
<td>Administration of the Government of Georgia</td>
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<tr>
<td>COVID-19</td>
<td>Novel Coronavirus Disease 2019</td>
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<td>EMS</td>
<td>The Emergency Management Service – a State Agency subordinated to the Ministry of Internal Affairs</td>
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<td>EU</td>
<td>European Union</td>
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<td>GOG</td>
<td>The Government of Georgia</td>
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<td>ICC</td>
<td>The Interagency Coordination Council</td>
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<td>IDH</td>
<td>Tbilisi Infectious Diseases, AIDS and Immunology Research Centre aka – The Infectious Diseases Hospital (IDH)</td>
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<td>MEPA</td>
<td>The Ministry of Environmental Protection and Agriculture</td>
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<td>MESD</td>
<td>The Ministry of Economy and Sustainable Development</td>
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<td>MIA</td>
<td>The Ministry of Internal Affairs</td>
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<td>MOD</td>
<td>The Ministry of Defense</td>
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<td>MOH</td>
<td>The Ministry of Refugees from the Occupied Territories, Labour, Health and Social Affairs aka – The Ministry of Healthcare</td>
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<td>NCDC &amp; PH</td>
<td>The National Centre for Disease Control and Public Health</td>
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<td>NCPSG</td>
<td>The National Civil Protection System of Georgia</td>
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<td>NSC</td>
<td>The National Security Council</td>
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<td>SARS CoV-2</td>
<td>Severe Acute Respiratory Syndrome Coronavirus 2</td>
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<td>SOW</td>
<td>Scope of Work</td>
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<tr>
<td>USAID</td>
<td>The United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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BACKGROUND

In 2020, the world faces an extraordinary challenge as the disease (COVID-19) caused by the novel coronavirus (SARS-CoV-2) has spread rapidly around the globe. On January 30, 2020, the World Health Organization declared a Public Health Emergency of International Concern (PHEIC), and on March 11, 2020, a Pandemic.¹ The first case of COVID-19 was confirmed on the 26th February in Georgia.² However, the Government of Georgia (GOG) had already started response planning for the novel coronavirus on the 6th of January.³ According to preliminary assessments, the COVID-19 response in Georgia, when compared with the global statistics and the regional countries, indicated that they have been incredibly successful in their approach model to effectively flatten the curve and to stop the exponential spread of the virus. In comparative terms, as of June 30, 2020, per 1 million of the population, the county had only 247 cases of infection and 3.78 cases of death associated Covid-19, while the worldwide average at the time was 1202.1 and 61.5, respectively. This remarkable success earned Georgia a place among the 15 non-member states whose citizens were allowed to travel to the European Union (EU) as of 1 July 2020.⁴
After the end of the first phase, the government issued a report, providing descriptive information about the most important elements of the crisis management process, governance systems, response and their rationale. At the same time, ‘the report also recognized the need for a more thorough, independent and large-scale study to analyze the “Georgian Way” of managing the pandemic-related crisis, identifying shortcomings, assessing the state institutions’ actions and enhancing their capacities for more effective management of the projected next waves of the pandemic, as well as other crises.’

Supporting this initiative, that is just one of three key directions, USAID GGI in cooperation with the Administration of the Government (AOG) of Georgia organized this study which aims:

► to analyze crisis management and governance practices of the government of Georgia (GOG) during the pandemic outbreak of 2020 and to assess how well Georgia’s crisis management system functioned in response to the pandemic with the findings reflected in a relevant report.

► to analyze international best-practices on crisis management addressing COVID-19 caused challenges.

► to develop recommendations and guidelines for the relevant agencies involved in the crisis management, based on the findings of the analysis.

This research encompasses the initial period of COVID-19 outbreak response in Georgia from January until June 2020. This study report describes the work provided during the first extended phase of the study (05.08.2020-17.01.2021) including a thorough desk review, the research and development of detailed assessment criteria for the preparation, implementation and analysis of comprehensive sector-specific questionnaires and their use in conducting a wide range of strategically chosen key informant interviews.

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¹ Statistical data on COVID-19 pandemic available at: https://coronavirus.jhu.edu/map.html
² http://georgiatoday.ge/news/19625/First-Case-of-Coronavirus-Reported-in-Georgia-
⁴ See the analysis of L. Sakvarelidze National Center for Disease Control and Public Health of Georgia, available at: https://www.ncdc.ge/Handlers/GetFile.ashx?ID=4c07b687-7268-4ae8-9978-821e5e5ac4b6
and meetings with the GOG and with private sector stakeholders. Therefore, the preparation of this crisis management and governance independent study report includes the key findings developed for the inception report, the targeted and detailed COVID-19 international best practices to challenges applicable to Georgia and the specific recommendations, guidelines and the comprehensive assessed effectiveness of the Georgian COVID-19 multi-sectoral and coordinated crisis management and governance systems used for the SARS-CoV-2 / COVID-19 pandemic response.

**DATA COLLECTION AND METHODOLOGY**

To accomplish the objectives defined in the Scope of Work (SOW), desk research was conducted on 179 international COVID-19 pandemic and Georgia specific documents totaling more than 2,700 pages during the first stage of this study. The data available in the open sources and information specifically requested from official institutions under jurisdiction of the GOG was gathered and analyzed. A copy of the Inception Report detailing the data collection and methodology, the preliminary findings inclusive of the capacity and the process of Georgia’s crisis management system, the international practices to COVID-19 challenges and the preliminary recommendations will be attached to the Final Report as Appendices.

From this desk research, comprehensive assessment criteria were developed to design sector-specific questionnaires. These detailed questionnaires were directly developed from both the intensive research and the AOG/GOG feedback on the identified strengths and weaknesses revealed in the initial Georgian COVID-19 response.

These highly specific questionnaires were conducted with members of: (i) the Interagency Coordination Council (ICC) (ii) the Main Operations Staff (MOS) under the ICC, the Regional Operations Staff (ROS) under the MOS and the National Security Council (NSC) Office (iii) the Municipality Tactical Unit at Tbilisi City Hall (iv) the Ministry of Defense (v) the Ministry of Internal Affairs (MIA) and the Emergency Management Service (EMS) (vi) the Ministry of Healthcare (MOH-short title) (vii) the Ministry of Environmental Protection and Agriculture (MEPA) (viii) the National Centre for Disease Control (NCDC) and Public Health (ix) the Tbilisi Infectious Diseases, AIDS and Immunology Research Centre (aka the Infectious Diseases Hospital)* (x) Civil Society Organizations (CSOs).

To maintain confidentiality and data integrity, all of these semi-structured qualitative interviews were anonymous, and the comprehensive questionnaires developed remain unpublished in all of the reports that result from this research and analysis. This was a precondition established before the interview(s) of any respondent or respondents were undertaken.

When any key respondent was unavailable for the interviews, information was collected from other non-sectoral or non-governmental sources who were completely familiar with the initial respondent’s agency and activities. These informal sources were used for general information purposes only and to fill in any gaps in knowledge. Their information provided was not used, directly or indirectly, for the development of any specific recommendations or guidelines for the AOG/GOG contained in this study report.
KEY FINDINGS

This study report, follows the objectives established in the SOW. This analysis of the process includes the full cycle of the government’s assessment, strategic planning, crisis operations, crisis communications, national and regional support, logistics and other essential activities during both the preparedness and response phases and the governments organization of the process and the levels of crisis management and their interoperability within the process. The analysis of capacity includes the material dimensions of infrastructure, resources and funding, the institutional architecture of the crisis management system and the knowledge accumulated, and the adaptations made in response, to these changes throughout the first phase of crisis response in Georgia.

All key findings are inclusive of the common circumstances and practices that affected COVID-19 response processes globally:

*The low foreseeability and insufficient information about the threat* at the time of initial outbreak of the novel COVID-19 disease, the date of reporting the first case in Georgia,⁵ access to reliable data about the features of the virus (SARS CoV-2), information about clinical case management and treatment and of the mechanisms of spreading infection were unavailable, incomplete and being developed as happens with all novel emerging infectious diseases. This hindered nearly all global government’s ability to assess the risks of the threat properly and in a timely manner.

*The high risk of rapid spread of the virus* in the globalized world with transnational economic processes, increased human mobility and intensified movement of goods and services, the short timeframe of the global spread of COVID-19 and the early absence of reliable information all affected crisis response planning.

*The high risk to human health and life* with the rapid spread of COVID-19 and the initial reports of it causing high morbidity and mortality around the world rightly characterized this novel emerging infectious disease (EID) as extremely dangerous to human life and health. The rapid spread of COVID-19 was, and is, a significant threat to normal life globally and required accelerated and unprecedented levels of crisis management and governance challenges in all nations often measured in weeks for a coordinated and scaled response that has not been seen in over 100 years and that is the defining public health crisis of our lifetimes. The risks to human health, vulnerable populations and to health systems could not have been predicted during the first few months of 2020.

These key findings have been developed from and provide: (i) a comprehensive desk review and analysis of the information received from the GOG, the AOG and other government institutions involved in COVID-19 crisis management and opensource documents (ii) the development of assessment criteria to design strategic questionnaires and to analyze the results of key informant interviews (iii) the development of comprehensive and targeted recommendations (iv) a definitive analysis of the whole of government response to the COVID-19 pandemic and (v) the selection of international best practices resulting from the COVID-19 challenges faced by other countries and how they were overcome to assist the GOG sector.

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⁵ The first case of COVID-19 in Georgia reported on 26th of February.
specific crisis management and governance responses to this ongoing pandemic and for future crises.

Globally, virtually every country or territory has been significantly affected by the SARS-CoV-2 virus with COVID-19 disease clusters of transmission and/or with community transmission and lacked comprehensive pandemic preparedness and response plans (PPRPs). Even the majority of those countries that had current PPRPs, still experienced multiple challenges within their crisis management, pandemic preparedness systems and governance mechanisms required to effectively respond to the SARS-CoV-2 virus transmission rates, morbidity and mortality.

Georgia’s early response to the COVID-19 pandemic has been widely recognized as exceptional and it rightly earned these accolades. However, it was unlikely that the crisis management response and the governance systems developed for the pandemic would be easily scalable and sustainable during subsequent surges of SARS-CoV-2 transmission without some significant challenges arising.

As outlined in the SOW, the assessment of Georgia’s governance and crisis management response to the pandemic using the following key research questions are:

**What basic resources and instruments were at government’s disposal and what was the level of preparedness of relevant GOG agencies?**

The government of Georgia (GOG) had limited resources at the beginning of the COVID-19 pandemic. The policy for allocation and the maintenance of strategic medical reserves and established public regulatory frameworks for the control of the integrity and security of supply chains for the key resources in the medical sector, the agricultural (food) sector and for other primary consumer goods were not in place before pandemic. During the early phases of the pandemic, the GOG had to resort to the urgent allocation of the necessary resources. Up to of 95% of healthcare sector infrastructure and medical supply chains in Georgia are under private ownership without individual nor collective preparedness models for any significant medical emergency.

The policy and regulatory framework of critical infrastructure as an important element for ensuring general preparedness, were not in place before pandemic. Although, when the pandemic began in 2020, some organizations within the healthcare sector including the National Centre for Disease Control (NCDC) demonstrated high levels of preparedness. The national ambulance services demonstrated significant functional maturity during these extraordinary circumstances.

The funding allocated for development of the National Civil Protection System of Georgia (NSPSG) responsible for emergency preparedness and response was limited (< 1% of the expenditures of annual national budget) and the operational and tactical staff lacked comprehensive preparedness training due to absence of formal education and well-established system of permanent exercises.

It must be noted that the Georgian governance system has been undergoing significant transformation to a fully Parliamentary System of Government with multiple changes at the strategic level between the Office of the President and the Prime Minister. Consequently, crisis and security governance also
has been undergoing several major institutional and functional changes regarding the National Security Council (NSC) and crisis management, the NCPSPG and the Emergency Management Services (EMS) and accordingly the Policy, Legal and Regulatory Frameworks on which they are based. That also impacted on general preparedness as many essential policy, legal and regulatory documents (for example GOG Resolution №508 on the adoption of the National Civil Protection Plan) were in process of updating and mostly required significant updates. As a result, there was lack of sector-specific internal regulations, standards and planning documents.

Consequently, in absence of proper level of preparedness, the GOG dealt with resource allocation issues, preparedness assessments and planning in a reactive manner. The GOG on the advice of the NCS office rapidly realized the need for new solutions for preparedness processes and effective response, and with active engagement of the Administration of the Government (AOG) and the line ministries, to immediately elaborate a complex operational plan covering all problematic dimensions.

How effectively crisis management administration was organized (including problem of allocation of functions, issues of horizontal and vertical coordination):

The GOG under leadership of the Prime-Minister with the assistance of the NSC office developed a novel crisis management administration tailored to the emerging pandemic instead of using the legally established traditional governmental organizational model of crisis governance. Within this new crisis management administration model, the GOG created a new flexible chain of emergency command including a strategic level management structure (golden command) called the Interagency Coordination Council (ICC). The Main Operational Staff - MOS - silver command directly administered regional branches in each region and at the tactical level the Regional Operational Staff - ROS - bronze command reported to the MOS staff. The 10 regional branches - ROS were administered by 9 Governors of the regions and the Adjara Autonomous Republic Government and they were assisted by the regional chiefs of the relevant line ministries.

The ICC was chaired directly by the Prime Minister granting to the ICC significant political authority. It represented the main institutional mechanism of horizontal coordination, which was very functional and effective due to its flexible regulatory framework and working procedures creating opportunities for a wide array of actors to take part in the process. The ICC, in a practical sense, was an ad hoc assembly consisting of the members of the cabinet of ministers, senior staff of the administration and other government offices such as the NSC office, the leadership and key political decision-makers from the parliament, local and emigrant experts and the leaders of government institutions with crucial operational functions not having direct access to the Prime Minister/GOG in peace time. Bringing this combination of contributors together allowed the management of horizontal business processes and secured effective coordination within the executive branch between the sectoral government agencies and facilitated direct cooperation between the legislative and the executive branches of government. This pandemic administration model also significantly shortened the timeframe of normal business processes during a period of crisis.

There were four ICC main priority functions; healthcare, security, economy and logistics and supply. These were coordinated at all three levels by the ICC that facilitated effective, timely and coordinated decisions across all fields. This constituted an alternative to the traditional model of functional emergency planning and response in Georgia with a lead agency and a lead role and allowed for multi-tasking and
scenario-based approaches that proved to be more relevant to pandemic administration.

From the perspective of vertical coordination, this was a very centralized model of crisis management with strategic, operational and tactical levels all strongly interconnected. The leadership of the MOS was represented in the ICC ensuring direct contact between operational and strategic level management. The MOS also had “liaison officers” embedded with the tactical level management cells. This chain of vertical management provided the Prime Minister and the ICC through the MOS and its resources for all business processes across the command chain and with access to information directly from the field to resolve even very tactical issues. Even the clinical treatment and case management of the SARS-CoV-2 infected patients was centralized under the leadership of a member of the ICC, clearly demonstrating the government approach to vertical coordination.

In addition, any assessment of the effectiveness of coordination demonstrates that the GOG also ensured successful public-private partnership during COVID-19, directly involved the private sector in the crisis management process productively and did so without any existing models of private sector collaboration or preparedness in emergency management.

The analysis of open-source data collected and with the information shared by the Ministry of Defense and the Ministry of Internal Affairs, leads to a very positive assessment of civil-military cooperation during this crisis. The military engagement was narrowly defined, and the military fulfilled all requested supporting functions under strong civilian leadership mainly in support of the Georgian Police Services.

The GOG ad hoc crisis management model did ensure effective horizontal and vertical coordination, the proper allocation of functions and the governance of multiple processes while maintaining the day-to-day management of a national bureaucracy.

How effective was planning and enforcement of operations for preparedness, prevention, and response?

The GOG reacted more swiftly and seriously to the early alarming signals coming out of China at the beginning of 2020 than almost any other country globally and launched an immediate risk assessment and preparedness raising response. The MOH requested and received assistance for an immediate and comprehensive assessment of all country healthcare assets and preparedness. That gave significant advantage to the GOG to handle the crisis properly. The establishment of the ICC as a strategic management pillar and the development of a comprehensive operational plan with a complex of preventive, preparatory and response activities at the end of January and long before than the first COVID-19 case was reported in Georgia, demonstrated a sophisticated level of effective planning for the worst-case scenario. These initial planning activities were the main factor that provided the GOG with a serious advantage in the conditions of the low foreseeability of the threat, limited initial resources for response and significant problems with preparedness.

As noted above, many of the frameworks, resolutions and decrees needed to guide the effective planning and enforcement of preparedness, prevention and response operations were already outdated in January
2020. However, Resolution 508 on the adoption of a National Civil Protection Plan (the National Plan) from 2015, still functioned as the main guiding document that unified Civil Protection and the Emergency Management System of Georgia.

It must be noted that the permanent members of the ICC, the AOG as the Secretariat of the ICC, the NSC office, the line Ministries, the NCDC and the Lugar Laboratory all functioned in a multi-layered and coordinated fashion to ensure the effectiveness of the planning and enforcement of the operations for preparedness, prevention and response by mid-January 2020. Their effectiveness only increased moving forward. Different elements provided comprehensive assessments in support of the MOH, the global best practices to COVID-19 challenges were monitored and implemented, supplies were procured, public-private partnerships were developed and managed, the borders were protected by land, the Black Sea and by air, protective financial and social services were developed and implemented, the Lugar Laboratory developed RT-PCR testing and expanded it to 9 regional public health units and 21 private sector labs and delivered +ve results within 24 hours, the NCDC initiated contact tracing and its continual expansion to 64 sites within the cities and the regions, the use of hotels for isolation and quarantine, strategic communications, technology and hotlines, border security and rapid testing, and so on. It is a very lengthy list of successful operational preparedness, prevention and response with highly effective planning and enforcement. In these areas and more, Georgia was exceptional but not perfect. Other than a handful of very notable countries with high civilian compliance, most countries did not perform as well as Georgia did in these respects.

How effective were mechanisms of public awareness and communication with society, including forms of cooperation with various social organizations and their engagement in the process

International law enforcement organizations detected that the COVID-19 pandemic caused waves of misinformation globally. The environment in Georgia was even more complicated as the country suffers from various elements of intense hybrid warfare that is expressed in several open and clandestine actions such as cyber-attacks, information influence operations, disinformation and spreading conspiracy theories across Georgia. In this context the GOG had to operate under extremely challenging circumstances. The GOG managed to cope with the crisis communications problems through the development of a special Public Relations communications strategy using the strategic communication unit of the AOG. The process of PR communication was administered in a centralized manner as all other dimensions of crisis management with the main focus on building social trust between the GOG and the society. To achieve this objective, the GOG utilized various PR techniques and narrowly tailored information sharing approaches, including usage of the internet, websites, smartphone Apps, SMS messaging, dedicated information numbers and social media. It grew into a high degree of public awareness and general information resilience. The majority of the citizens followed the GOG recommendations and complied with restrictive requirements. This is best illustrated by the fact that the absolute majority of the orthodox population listened and did not visit the cemeteries during Easter. This was a century long unbreakable tradition in Georgia which was considered unchangeable. The ICC provided daily briefings and updates on the epidemiological situation.

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7 Anatomy of Hybrid Wars, edited by Tinatin Khidasheli, Tbilisi, 2020; pp. 365
and health messaging on state television and radio for the major cities and in the regions. The MOH and the NCDC also had strategic communications units across the country providing multi-lingual messaging and the GOG regularly announced outbreak cluster locations, movement restrictions and general pandemic information for the public. All of the relevant Ministries had dedicated messaging that fed into the ICC daily situation briefing and for the media Q&A sessions as required or needed. Public understanding and engagement were significant and compliance with new directives remained high. The effectiveness of the GOG strategic communications is contrasted in neighboring countries where the populations share many social and cultural norms with Georgian society. Many ignored the existence of the communications threats and disinformation campaigns and their government information and communication massaging to counter them. Compulsory restrictions and safety recommendations were ignored, and the evasion of restrictions were common forcing their governments to rely upon heavy policing measures. This also occurred in Georgia with failures to ensure public awareness in regions with ethnic minorities. To some degree, this was caused by the low coverage of Georgian media resources and by the prevalence of highly active Russian media in these regions that ignored or denied the existence of the pandemic threat during the initial stages of the outbreak. This is certainly an area requiring significant improvement in Georgia.

The GOG did engage with civil society organizations, local NGO’s, regional groups and with Legal and Human Rights organizations. Most of the key informant interview feedback rated this engagement as good but not great. This appeared to be in some large cities and in some of the regions but not all. The Governors and Mayors also engaged with local groups, as did the ROS members but this engagement was unequal across the Country. Clearly, this needs to become a higher priority for the GOG especially in the regions with the highest percentage of ethnic minorities.

How effective was cooperation with international organizations and partner countries?

The GOG has remained engaged with its pre-pandemic development partner countries such as the USA, the EU, Germany, Austria, France, the Netherlands, Sweden, Denmark, Switzerland, Latvia, Lithuania, Czech Republic, Estonia, Poland, Slovakia, China, Japan, CAREC and the Caucasus countries and multiple international organizations including the WHO, CDC, ECDC, the World Bank, the ADB, EBRD, IFC, EIB, UNDP, UNFAO, UN Women, IOM and several others. Pandemic specific cooperation included the USA, Germany and Austria for technology assistance, it’s neighbouring Countries for Border control including Russia, Armenia, Azerbaijan and Turkey and with multiple European and Asian countries engaged to repatriate citizens by air. International Cooperation with countries and organizations was also needed for medical and testing guidance, the purchase of software and applications and for SARS-CoV-2 modelling. The GOG also reached out to Asian, European, Scandinavian countries and North America for international best practices to COVID-19 challenges and the adoption of solutions. During the pandemic, international cooperation was not identified as separate priority and it was routinely handled by the Ministry of Foreign Affairs. Foreign and Development assistance has remained a priority as Georgia, like many other countries, has been hit hard economically through the loss of tourism and hospitality revenue. Georgia continued to work closely with neighbouring and other partner countries to avoid problems in movements of the goods and transnational economic activities and to support the private sector in urgent allocation of emergency resources and to secure the integrity of supply chains.

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What was the role of technologies in the process of crisis management?

It is trending in international media that successful handling of COVID-19 crisis is mostly affiliated with intensive use of technologies. Modern emergency management cases around the globe demonstrate the increasing role of technologies in crisis management and the COVID-19 pandemic only accelerated this. The GOG developed a set of technological capabilities (a multilingual real-time updated website, special emergency call numbers, 112 and 144, SMS messaging, the development of a smartphone App and the purchase of special contact tracing and infection cluster management software and others). However, in Georgia technologies did not play as significant role in pandemic crisis management as in Asian countries and in Israel. After poor technology utilization by the public due to privacy concerns and difficulties experienced by the elderly, the GOG took a balanced approach regarding technology use for crisis management justified by prioritizing human rights. Generally, it can be assessed that no shortcomings were obvious in the GOG’s capacity to develop technologies for enhanced crisis management. It has the capability to develop and utilize even more technological solutions for crisis management and it should reconsider the use of private and non-personally invasive applications that are available. The temporary failure of 144 and 112 call numbers was due to human factors from the back service provider medical organizations and not the technology operators.

How did the declaration of a state of emergency help or hinder the response?

The information gathered from opensource and shared by the GOG indicated that the declaration of a state of emergency aimed to achieve multiply objectives. These included: (i) to slow the spread of the virus, (ii) to increase the population compliance with non-pharmaceutical interventions (NPI) as it was low, (iii) to decrease human mobility (iv) to strengthen the moral justification for the introduction of a curfew and other restrictive quarantine measures, (v) to adopt a new legal framework granting the GOG more power for flexible and effective governance, (vi) also through adoption of new legal responsibilities to give the police additional authority for enforcement and to facilitate crime prevention. The declaration also had a significant psychological impact on the society and played an important role in reassuring the population that the threat was real and dangerous and that compliance with the restrictions was necessary. It is noteworthy, that the Declaration of a State of Emergency was unanimously adopted by the parliament. It is also important to realize that in every key informant interview conducted, there was unanimous agreement that it was necessary and the right thing to do. The only logical conclusion for Georgia is that it helped the response.

What institutional adjustments might be necessary for the future?

The pandemic demonstrated the shortcomings of existing institutional architecture and regulatory frameworks. They all require updating and modernization to build up effective and sustainable systems handling the full cycle of crisis management and to be resilient for all types of crises Georgia will potentially face in future. In the interim, the adoption of the ad hoc ICC and the MOS under it worked for a
crisis of these dimensions. It provided a flexible and responsive crisis management framework. However, the study has identified the need to develop permanent and functional crisis management institutional architecture and the need for training to build an effective system. It would be very helpful to transform the successful practical ad hoc experience accumulated during COVID-19 handling into a narrowly tailored long-term institutional solution which will address the major needs of the coordination of prevention and preparedness planning and assessment, strategic capacity building and to increase the interoperability between various government institutions.

What was the role of the National Security Council, its office, and Operational Staff in the crisis management framework?

The platform of the National Security Council (NSC) was activated in January after the first reports of the threat from China relayed by the MOH and before the ICC was created. The NCS met once more to discuss the declaration of a state of emergency. Generally, the seven member NSC led by the Prime Minister did not play any decisive role in crisis governance because of its stricter regulatory framework and restricted business processing when compared with the flexibility of the ICC. There is also ambiguity about whether crisis management is part of the NSC mandate. Unlike the NSC itself, its office as the core for the MOS under the ICC, were very active from the onset of the crisis. The NSC office, based on its significant institutional knowledge, rapidly realized the need for sophisticated ad hoc approach and facilitated the elaboration of a new holistic model of crisis management by the GOG to respond COVID-19. It played important role in planning, participated in the healthcare sector capacity assessment, the pandemic risk assessment and also developed the main outline of recommendations to set up institutional design of the emergency command chain and outline of the essential business processes. The NSC office provided major technical support to the entire pandemic crisis response through the national crisis management center. As discussed above, the NSC office management, the MOS under the ICC, the ROS staff under the MOS and its regional liaison officers all played a leading role in the crisis management chain. The NSC office significantly contributed to the overall success of the pandemic crisis management response.

How declaration of a state of emergency was implemented and what might be exercised better?

As discussed above, there is absolute consensus that the declaration of a state of emergency was required, it was the right thing to do, it bought the healthcare system time for preparedness and it was implemented with the support of all of the crisis management stakeholders and it also had the support of an informed population. It was well conceived, orderly, understandable, well communicated and it had an exit strategy.

What were the enforcement mechanisms for pandemic restrictions, what level of acceptance of government measures/guidance was achieved and how?

The GOG utilized two mechanisms for enforcement: (1) convincing – PR communication strategy and
techniques and (2) coercive – various restrictions and sanctions (mostly fines) enforced by the mobilized police forces, who were sometimes backed up by the Georgian Defense Forces (GDF), in some high priority locations. The GOG utilized both approaches very effectively. Significant results were achieved through the tailored PR campaign. When it comes to the coercive mechanisms, it has to be underlined that Georgian Police (and the GDF in its supporting role) managed to cope with the challenging tasks and avoided major problems which were noted in many other post-soviet countries, where people used widespread bribery and various types of influence to try to evade their restrictions. Key informant interviews indicate a high level of compliance and a real understanding of the restriction’s necessity. This was higher in the major cities and somewhat lower in the regions. Almost all of the professionals interviewed expressed real and palpable pride for the Georgian pandemic response system. It can be implied that in enforcement process the GOG’s convincing mechanisms played primary role while coercive authority was mainly utilized as a supporting mechanism. It is noteworthy, that Georgian society has also demonstrated a high level of maturity and was cooperative with government policy. It demonstrated civilian compliance and left little space for coercive enforcement.

To what extent the population trusted institutions or individuals; and to what extent coercive measures were needed?

Media monitoring, opensource analysis and key informant interviews indicate that crisis communications worked very effectively, those isolated or quarantined in hotels had exceptionally high compliance rates and the population depended on the government and its institutions for information, social assistance and daily guidance about the epidemiological situation across the country. Every aspect of the crisis management response was communicated in advance on multiple media platforms and updated in real time on the website in multiple languages. Comprehensive live updates and media Q&A sessions happened daily, and they were delivered by the sectoral experts that the people got to know and to trust. The entire process engenders trust, competence and consistency even when they were delivering bad news. Government policy and directions for the public, communicating the actual daily facts, with effective and straightforward professional crisis communications were standard operating procedures. The crisis communications and the institutional representatives delivering it live daily, provided facts and evidence to support it. If the government had not built this trust with the population, their near universal refrain from visiting the graveyards during Easter would never have happened. This is astonishing given the ritualistic practices and the cultural history and psychology of the population of Georgia. No major incident or coercive police enforcement of this restriction during Easter was reported countrywide. This is just another rationale for the widely acknowledged success of the Georgian crisis management system and response to the COVID-19 pandemic. With earned trust and compliance, coercion is rarely needed. Only small scale and minor coercive measures were ever implemented as determined from opensource analysis.

To what extent transparency and accountability were achieved during the pandemic?

Transparency was generally ensured by the GOG as a part of its emergency PR strategy to build social trust. However, when it comes to practical accountability, there is no other state institution to make the ICC accountable, as almost all of the key parliamentary decision-makers from the ruling party (Georgia
Dream) participated in the ICC and its work. The parliamentary oversight mechanism came into action only twice: (i) regarding the declaration of a state of emergency and (ii) after hearing of the Prime Minister’s report. No permanent or thematic oversight at the committee level or other parliamentary tools were used. This indirectly indicates the need for capacity building in crisis (emergency) management oversight for the parliament of Georgia. A functional and continuous parliamentary oversight mechanism will be recommended. Some decisions of the GOG were contested at the constitutional court, but no active court hearings and decisions followed these actions. Georgian courts did not get involved and the judicial oversight was essentially ineffective.

To summarize, the GOG handling of COVID-19 pandemic in the timeframe of the study was generally effective, especially in the light of major shortcomings in the preparedness. At a recent private virtual global forum for invited senior professionals working to stop this pandemic, the current G20 leadership praised the Georgian success, amongst others and put their initial response, covered in the timeframe of this study report, in the top 10% of all UN recognized countries, territories and applicants for recognition globally. That constitutes a significant achievement worthy of the recognition that Georgia received. However, this was achieved mostly through ad hoc management solutions and rapid reactive planning under effective leadership, which would not always be appropriate, sufficient or successful. Georgia’s crisis governance system needs major reforms to be more prepared, functional and resilient for all types of future crises. The set of recommendations was developed to provide tailored policy advice for the GOG for future upgrades of the system.

RECOMMENDATIONS

IMMEDIATE TERM:

Increase enrollment and incentivize (minimum 5 year commitment to the public healthcare system) the Training of Primary Care Physicians at the Public Medical School in Tbilisi;

Engage the services of a privacy-protected Contact Tracing Application Developer (example to be provided) and establish a Contract Tracing Training Program (1 month) for youth and young adults left unemployed by the COVID-19;

Twin the NCDC with the Robert Koch Institute in Germany, CDC of the US or other internationally recognized European institutions for the Training of young Epidemiologists and Epidemiology Field Service Officers;

Establish permanent Health Posts at all Land Crossing Points, Black Sea Ports and at all International Airports to provide Health Screening Services;

Develop a Comprehensive Plan of Action for the Vaccination of the Public prioritized for the Most Vulnerable and Healthcare Workers now and start training the personnel selected to deliver vaccines;
Increase the manufacture of medical PPE locally with manufacturers whose core business has created pandemic unemployment to lessen the costs of pandemic recovery;

Create a database of all pandemic induced challenges and solutions developed to mitigate them to create a living document to inform any governance or legislative changes and for dealing with the next outbreak, epidemic or pandemic;

Adopt and integrate the WHO/CDC Strategic Preparedness and Response Plan (SPRP) and its companion M&E Framework into the Georgian Crisis Management Response Plan for Ongoing Assessment and Analysis of Georgian Pandemic Performance;

Design a Comprehensive Management Plan for the Maintenance of your Strategic Reserve Inventory;

Develop a comprehensive review strategy for all of the ministries and agencies involved in the crisis management response to consolidate all lessons learned and best practices implemented and make it a living document;

Conduct a SWOT analysis of the Governance System put in place to respond to the challenges of the COVID-19 pandemic crisis response;


Finalize updating of Resolution 508 and any essential supporting Decrees now with pandemic best practices and lessons learned from the ICC and the MOS Crisis Management Model.

**SHORT TERM (1-2 YEARS):**

Revise legislation and Provide Crisis Governance Reform to address following issues:

► improve institutional architecture;
► improve interagency cooperation;
► improve preparedness process;
► develop permanent operational mechanism to effectively govern the prevention and preparedness phases;
► develop CIKR control/stockpiling regulatory framework.

Develop legal and technical capacity for the NSC office to administer (control/monitor) stockpiling and the supply process of key resources;

Organize the training of operational and tactical leadership in modern emergency management issues including joint exercises;

Develop a Comprehensive Training System for all Essential Members of the GOG Crisis Management Team.
MID TERM (2-3 YEARS):

Develop a new plan for National Civil Protection, modify/upgrade function-based preparedness and response approach to more flexible and complex policy (including scenario-based, function-based, capacity-based and other constructions);

Develop a sector-specific emergency plans and internal regulations;

Develop a tailored long term CIKR policy;

Develop a regulatory framework for Public-Private Partnerships with focus on cooperation during preparedness;

Develop a policy regarding emergency management formal education;

Build up a professional development and capacity building system for general civil service workforce to increase their readiness;

Elaborate a strategic development plan for NCPSG;

Increase funding for emergency preparedness and capacity building for NCPSG;

Develop a permanent multi-sectoral crisis management support Rapid Response Team (RRT) from members of the MOH, NCDC, Lugar Laboratory and Tbilisi Infectious Diseases, AIDS and Immunology Research Centre for future crisis response.