COVID-19: THE CASE OF GEORGIA

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n the global fight against COVID-19, some success stories are truly surprising, as are some failures. Some of the successful countries are in such volatile regions of the world as the Caucasus. Perhaps one of the most surprising success stories in the fight with the novel coronavirus has taken place in the Republic of Georgia. In executing its response, its national government has closely followed the advice and suggestions of a triumvirate of specialists composed of a doctor, a public health official, and a specialist in infectious diseases. Frequently harassed by its neighbor to the north, Russia, the former Soviet republic is not known for its effective political leadership. Quite the contrary, its leadership has often been fractious and disorganized. However, in dealing with the current pandemic,

ABSTRACT

they have shown good organization and leadership and have managed to rally the entire country for the cause. Two main factors have helped Georgia in this fight. In 2011, with the help of the United States, the country opened a new center for public health research named after former U.S. Senator Richard Lugar. The Lugar Center, as it is commonly known, is one of the best laboratories in the world for biomedical and biosafety research. This lab has played the leading role in Georgia's fight against COV-ID-19. The second factor is an odd organization of the executive branch of the Georgian government. Composed entirely by appointed officials, the Georgian executive government members owe their allegiance to an informal group of politicians known as "the ruling team," headed and sponsored by the

chairman of the ruling party. While in many other countries the public health officials had to tiptoe around political priorities of the governments, the Georgian team was not only tasked with fighting COVID-19 but was also put in the driver's seat by "the ruling team."

KEYWORDS: coronavirus, COVID-19, Georgia, the Lugar lab, microbiological research, Georgian government, Ivanishvili, pandemic.

Introduction

As the novel coronavirus has spread around the world, it soon became clear that some states were better prepared for pandemics than others. Some success stories are truly surprising, e.g. Vietnam, Ghana, Taiwan,¹ and so are some failures, e.g. the United States, Italy, the United Kingdom.² The most well-prepared countries have managed to deal effectively with COVID-19 due to such shared factors as a rationally organized national healthcare system, a national strategy to deal with epidemics, and effective leadership to implement the national strategy. Among those countries to have successfully resisted the spread of the virus has been the Republic of Georgia—not a giant in medical or logistical fields, but tremendously effective in dealing with this particular challenge. Georgia's small size and relative remoteness have contributed to the low levels of infection in the country; however, its success has been greatly aided by two structural factors: the legacy of its Soviet-era scientific institutions in the field of microbiology, and the odd set-up of its government, especially of its executive branch. These two structural factors coalesced in an unexpected way during the national crisis triggered by the pandemic, and their convergence has produced remarkable results in a country not known for stable national governments.

The novel coronavirus also known as COVID-19 and as SARS-CoV-2 was first identified in Wuhan, China, in December 2019. However, it is likely that this zoonotic virus was present in humans even earlier, some indicators suggesting its presence in humans in November 2019.³ For first few weeks it only affected Wuhan and few other places in China, prompting Chinese authorities to lock-down Wuhan, and then to quarantine the entire area. This type of response to a highly contagious virus was hitherto unknown in practice or even in theoretical literature, but eventually many other countries followed the Chinese example to contain and eradicate the virus. However, many also failed to act early hoping that the new coronavirus would just dissipate or would not reach their countries. Among those who acted early in response to the coronavirus pandemic were Georgian authorities.

Microbiological Research in Georgia

Georgia is one of the leading post-Soviet states in the study and treatment of infectious diseases. Soviet authorities invested in that field in Georgia, and among other facilities, since early So-

¹ See, for instance: Trang (Mae) Nguyen, E. Malesky, "Reopening Vietnam: How the Country's Improving Governance Helped It Weather the COVID-19 Pandemic," *Brookings*, 20 May, 2020.

² See, for instance: Ph. Stephens, "How Politics Thwarted the UK's Covid-19 Response," *Financial Times*, 23 April, 2020, available at [https://www.ft.com/content/af17147c-84a1-11ea-b555-37a289098206].

³ J. Ma, "Coronavirus: China's First Confirmed Case Traced Back to November 17," *South China Morning Post*, 13 March, 2020, available at [https://www.scmp.com/news/china/society/article/3074991/coronavirus-chinas-first-confirmed-covid-19-case-traced-back].

viet times it has operated a research institution for the study and application of phages—the so called "good viruses" used to treat dangerous bacterial infections.⁴ Before the invention of antibiotics, phages were the only known effective method to treat the bacterial infections.⁵ This research facility was preserved by Soviet Georgian authorities after antibiotics became common and effective means to combat bacterial infections even though similar institutions were being dissolved almost everywhere in the world. In the 1990s, as antibiotic-resistance bacteria emerged and spread, Georgia's phage research institution once again came into prominence.⁶ Following the dissolution of the Soviet Union, Georgia was careful to preserve its knowledge, capabilities and infrastructure in the fight against bacterial and viral diseases. In 2011, using \$350 million in U.S. investment, the country opened a new laboratory for public health research named after former U.S. Senator Richard Lugar of Indiana.⁷ The American investment was guided by the fact that Georgia already had effective knowledge and research infrastructure in place in the field of microbiology. The head of the Lugar Center, Professor Paata Imnadze, has been one of the key individuals guiding Georgia's response to the novel coronavirus.⁸

Rather predictably, the Lugar lab soon became a target for disinformation—Russian intelligence accused the U.S. of using the lab to prepare weapons for biological warfare.⁹ Moscow has persisted with this disinformation campaign without presenting any evidence the lab was involved in weapons research.¹⁰ The Russian disinformation campaign was not stopped even during the pandemic even though it was clear that the lab was contributing to the fight against the coronavirus.¹¹ In fact, the Lugar Center is one of the best laboratories in the world for biomedical and biosafety research. It also educates and trains graduate students specializing in viral disease, epidemics and public health. Accredited by the World Health Organization, the laboratory was originally managed by American specialists, but it was handed over to the Georgian government in 2018.¹² From the very onset of the current pandemic, the Lugar Center has played a leading role in Georgia's fight against COVID-19. The Lugar lab is also fulfilling its mission by providing home and base of operations for older scientists and training a new generation of researchers and technicians. Regardless, Moscow's current disinformation campaign against the Lugar Lab has followed the pattern of Soviet-era false biological weapons allegations campaigns.¹³

⁴ See: I. Snip, "Can Georgia Save the World from Antibiotics Overuse?" Eurasianet, 19 June, 2017.

⁵ See: Bacteriophages: Biology and Applications, ed. by E. Kutter, A. Sulakvelidze, CRC Press, New York, 2004.

⁶ See: "Neobychnaia terapia: pochemu evropeitsy edut lechitsia v Gruziu," *Deutsche Welle*, 24 November, 2019, available at [https://www.dw.com/ru/необычная-терапия-почему-европейцы-едут-лечиться-в-грузию/а-51355888].

⁷ See: I. Cockerell, "A U.S.-Funded Lab in Tbilisi, Georgia Fights COVID-19—and Russian Disinformation," 18 March, 2020, available at [https://www.codastory.com/waronscience/lab-georgia-coronavirus/].

⁸ See: "Professor Paata Imnadze MD, PhD," WHO, available at [https://www.who.int/ith/imnadze-paata-biography.pdf?ua=1].

⁹ See: V. Isachenkov, "Russia Claims U.S. Running Secret Bio Weapons Lab in Georgia," *AP News*, 4 October, 2018, available at [https://apnews.com/0cf158200e674f41bd3026133e5e043d/Russia-claims-US-running-biological-weapons-lab-in-Georgia].

¹⁰ See: M. Prothero, "For Years, Russia Targeted Conspiracy Theories at a U.S.-Funded Lab on the Frontline of Coronavirus Testing," *Business Insider*, 19 March, 2020.

¹¹ See: Z. Anjaparidze, "Russia Dusts Off Conspiracy Theories about Georgia's Lugar Center Laboratory in Midst of COVID-19 Crisis," *Eurasia Daily Monitor*, Vol. 17, Issue 62, 2020.

¹² See: P. Imnadze, "NCDC/Lugar Center Capacities and Current Activities," National Center for Disease Control and Public Health, 2018, available at [https://unog.ch/80256EDD006B8954/(httpAssets)/2AA7486D41719A3AC125835C00492 1CC/\$file/MSP_2018_side_event_NCDC.pdf].

¹³ See: M. Leitenberg, "Russian Disinformation Campaigns re: Biological Weapons in the Putin Era, School of Public Policy," A 2019 Tucker CBW Symposium Presentation, University of Maryland, 11 December, 2019, available at [https://cissm.umd.edu/sites/default/files/2019-12/Russian%20Disinformation%20on%20Biological%20Weapons%20in%20the%20 Putin%20PPT%2011%20Dec%202019.pdf].

A microbiological lab alone, no matter how advanced, would not have helped the country had Georgian experts not read correctly the developing situation in Wuhan. Public health officials in Georgia began preparing for the pandemic early. Georgian experts reacted to the emerging pandemic in China on 6 January, 2020.14 This was significant as early in January Chinese authorities refused to acknowledge that the Wuhan virus was being transmitted from human to human. Only when representatives of the World Health Organization visited a Wuhan hospital on 21 January, and interviewed local nurses, that the crucial aspect of the novel coronavirus had to be officially acknowledged.¹⁵ On 22 January, on the same day China confirmed COVID-19 was transferable between humans, Professor Amiran Gamkrelidze, the head of the National Center for Disease Control warned the virus could reach Georgia.¹⁶ By 26 January, Georgian health authorities had convinced the government to screen all incoming visitors from China.¹⁷ Since then, there has been a coordinated approach adopted by the Ministries of Health, Interior and Defense to enforce social distancing, administer testing in large quantities, monitor movements of the population, and lock down parts of the country as needed. The Ministry of Foreign Affairs also engaged early with national and regional authorities in China, South Korea, and Germany to secure shipments of personal protection equipment, test kits, and chemical reagents. In testing all suspected cases quickly and early, and allowing infectious disease experts to drive Georgia's response, the country's Georgia's anti-COVID-19 task force has essentially followed a blueprint pioneered by South Korea.

From the outset, authorities in Tbilisi tasked top specialists in infectious diseases with driving Georgia's response, and the government began monitoring arrivals at its airports and border crossings almost immediately. The first case in the country was confirmed one month after preparations began—a citizen returning from Iran via Azerbaijan tested positive (direct flights to and from Iran had been previously suspended).¹⁸ After the first confirmed case, the numbers rose steadily with infected travelers returning from Italy, Spain, France, and China. Georgia avoided large scale clusters until late March, when clusters were developed in the Marneuli and Bolnisi regions of the country.¹⁹

While the novel coronavirus has done significant damage most everywhere around Georgia, the country has exhibited only 805 cases of infection and 13 deaths as of early June 2020, when the lock-down restrictions started to be eased.²⁰ This looks like a major success especially if it is compared with Iran, a close neighbor and economic partner of Georgia, which has been hit especially hard and was one of the first countries to develop major mega clusters. Iranian officials misunderstood the significance of the virus and just ten days after the first mega cluster was exhibited in Qom, 43 deaths were confirmed. By the time the Iranian government convened a high level task force to fight COVID-19 on

¹⁴ See: "COVID-19-is tsinaaghmdeg saqartvelos mtavrobis mier gatarebuli ghonisdziebis angarishi" (A Report on the Measures Conducted by the Government of Georgia against COVID-19), Government of Georgia, 6 June, 2020, available at [http://gov.ge/files/76338_76338_444796_COVID-19angarishi...pdf] (in Georgian).

¹⁵ See: "WHO Timeline—COVID-19," World Health Organization, 27 April, 2020, available at [https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19].

¹⁶ See: "Health Official: China-Born Virus Has 'Low but Theoretical' Chance of Reaching Georgia," agenda.ge, 22 January, 2020, available at [https://agenda.ge/en/news/2020/206].

¹⁷ See: "Passengers Inbound from China Examined at Tbilisi Airport," agenda.ge, 26 January, 2020, available at [https://agenda.ge/en/news/2020/245].

¹⁸ See: "COVID-19 Georgia: Situation Report #2 as of 17 April 2020," United Nations Georgia, available at [https://reliefweb.int/sites/reliefweb.int/files/resources/201604%20SitRep.pdf].

¹⁹ See: VOA, "mtavrobam marneuli da bolnisi chaketa, 160 000 adamiani karantinshia" (Government Shuts Down Marneuli and Bolnisi, 160,000 People Quarantined), *Amerikis khma (The Voice of America)*, 23 March, 2020, available at [https://www.amerikiskhma.com/a/georgia-covid-19-marneuli-and-bolnisi-closed/5340427.html].

²⁰ See: "COVID-19 Dashboard," The Center for Systems Science and Engineering (CSSE), Johns Hopkins University, available at [https://coronavirus.jhu.edu/map.html], 5 June, 2020.

11 March, the outbreak was out of control.²¹ During the first 6 months of the outbreak, there were more than 8,134 confirmed deaths in Iran and almost 167,156 confirmed cases.²²

Like Georgia, Turkey began COVID-19 preparations in mid-January. But officials in Ankara were still caught off-guard when the first positive case was confirmed almost two months later, on 11 March. Within two weeks, Turkey coronavirus cases were recorded all over the country.²³ No one expected the infection to spread so rapidly. Turkey is, of course, much larger than Georgia—both in terms of geography and population. But it was arguably Turkey's position as a global hub for the travelers in the Middle East, Africa, Asia, and the Black Sea region that made it particularly susceptible to rapid and uncontrollable spread. The country simply did not have a plan for an outbreak of that scale. This was exacerbated by a couple of critical errors made by Turkey's COVID-19 taskforce. Most crucially, Ankara caused mass panic by announcing a surprise lock-down of all major Turkish cities on 10 April.²⁴ The unexpected declaration caused people to flock to grocery stores, banks, and other essential outlets, undoing the gains made with social-distancing practices. By early June 2020, Turkey's confirmed infection numbers reached 168,340 with 4,648 fatalities.²⁵

Azerbaijan, Georgia's neighbor and close partner, started official preparations for the pandemic on 27 February—a month later than Georgia. The official kick-off was triggered by the first case reported in Georgia a day before: a Georgian citizen returning from Iran via Azerbaijan tested positive at the Azeri-Georgian border crossing.²⁶ On 28 February, Azerbaijan confirmed its first domestic case, and since then the infection rate has grown steadily and reached 6,860 confirmed cases by early June 2020 with 82 deaths.²⁷ Almost all initial COVID-19 cases entered Azerbaijan from Iran. Baku closed its border with Iran by early March, but the novel coronavirus was still introduced by Azeri citizens returning from Iran. Even though Azerbaijan has managed to avoid devastating mega-clusters of COVID-19 that have ravaged many parts of the globe, the country has sustained enormous economic damage: the price of crude oil, Baku's main export, steadily declined and moved into the negative territory by end of April. The two major international events that were supposed to boost the Azeri economy in 2020, the 2020 European Cup in soccer and a stage in Formula-1 car racing have been cancelled or postponed.

In addressing the spread of the virus early and effectively, Georgia has received much praise and very good press coverage. It has received help and assistance as well: the Turkish government helped to evacuate Georgian citizens, the European Union provided financial assistance, a Chinese province delivered medical supplies, the United States has helped with funds and wheat supplies.²⁸ Among Georgia's detractors, unsurprisingly, Russia has played the leading role. It was later joined by Armenian officials: in late May 2020, the Armenian Minister of Health suggested that the Georgian success was exaggerated and the overall infection numbers were underreported. He also claimed that Georgia was sending its infected citizens to Armenia, but failed to provide evidence for any of

²¹ See: "Rouhani to Chair Iran's Taskforce on Combatting Coronavirus," IFP News, 11 March, 2020 [https://ifpnews. com/rouhani-to-chair-irans-taskforce-on-combatting-coronavirus].

²² See: "COVID-19 Dashboard."

²³ See: A. Wilks, "Why Turkey is Facing A Steep Curve of New Coronavirus Cases," *Al Jazeera*, 2 April, 2020, available at [https://www.aljazeera.com/news/2020/04/turkey-facing-steep-curve-coronavirus-cases-200402131247613.html].

²⁴ See: S. Fraser, A, Wieting, "Turkish Minister Offers Resignation Over Weekend Lockdowns," AP News, 12 April, 2020 available at [https://apnews.com/646db674784e2978a6acfea2cc2ac87e].

²⁵ See: "COVID-19 Dashboard."

²⁶ See: "Azerbaijan Shuts Border with Iran Over Coronavirus Concern," Reuters, 29 February, 2020 available at [https:// www.reuters.com/article/us-china-health-iran-azerbaijan/azerbaijan-closes-border-with-iran-over-coronavirus-concernsidUSKBN20N0MY].

²⁷ See: "COVID-19 Dashboard."

²⁸ See: C. Turp-Balazs, "Georgia's Coronavirus Miracle: So Far, So Good," *Emerging Europe*, 6 April, 2020, available at [https://emerging-europe.com/news/georgias-coronavirus-miracle-so-far-so-good/].

his claims.²⁹ Armenia was hit hard by the pandemic: a small country has experienced a significant rate of infection and a high number of deaths. By early June, Armenia started to experience a new surge in the coronavirus cases with Prime Minister of the country testing positive.³⁰ As the lockdown restrictions were easing in Georgia, by early June the confirmed coronavirus cases in Armenia reached 11,817 with 183 deaths.³¹

Georgia avoided a national lock-down until mid-April, preferring partial and regional measures. When it became clear that the Georgian Orthodox Church was not planning to cancel the annual celebration of Paschal (Easter) holidays, a national lock-down was announced and a curfew was introduced.³² This was done out of fear that large gathering of people around the churches in Georgia would create overshoot of mega clusters of viral infections. The days preceding the Paschal celebrations witnessed the only instance of significant tensions in Georgian society regarding the lock-down. The disagreements were caused by the differences in opinion about Pascha and its significance between the church and its faithful, and their opponents. The church in Georgia has never ceased operations, but ecclesiastic authorities did introduce early social distancing requirements along with additional sanitary measures. The fear among secular authorities nearly reached levels of hysteria just before the Easter Sunday; however, their anxiety proved to be misplaced. The church celebrated Pascha, the overnight services were attended by a limited number of people, and the holidays were not followed by spikes in coronavirus infections. Doctor Tengiz Tsertsvadze, Director of the Tbilisi Hospital for Infectious Diseases and a key member of Georgia's anti-COVID-19 task force, acknowl-edged that the religious holidays in Georgia did not affect the spread of coronavirus.³³

Georgia's National Government

Among the wealthy nations to have successfully managed COVID-19, all have reasonably organized national healthcare systems, national plans for epidemics, and competent leadership. This enables swift decisions on the aspects of national healthcare and public health infrastructure that should be centralized and decentralized. Germany, for example, has a centralized national healthcare system, while laboratories for disease control are decentralized. This means each German lander, or federal unit, has a laboratory of its own. South Korea has also responded to COVID-19 effectively, with its unified healthcare system and a national strategy to deal with pandemics. Immediately after the first case in South Korea was confirmed, health authorities began widespread testing to identify those infected and to isolate and care for them, all while keeping vulnerable populations under observation. South Korea was the second country after China to see a sharp increase in cases, but remarkably has avoided large scale infections and deaths without shutting down the economy completely.

In comparison, Georgia is not a prosperous country and does not possess a chain of research labs, large pharmaceutical companies or a wealthy healthcare system. However, the Georgian specialists who were tasked to fight COVID-19, knew two crucial things that were essential in combating a pandemic: it was necessary to act early, and also to manage people's behavior effectively. The country's early re-

²⁹ See: "Ministr zdravookhranenia Armenii usomnilsia v gruzinskoy statistike po koronavirusu," *Ekho Kavkaza*, 22 May, 2020, available at [https://www.ekhokavkaza.com/a/30627718.html].

³⁰ See: M. Harutyunyan, "Armenian PM Tests Positive for Virus As Cases Surge," CTV News, 1 June, 2020, available at [https://www.ctvnews.ca/health/coronavirus/armenian-pm-tests-positive-for-virus-as-cases-surge-1.4963763].

³¹ See: "COVID-19 Dashboard."

³² See: "Georgia Introduces Curfew," OC Media, 30 March, 2020, available at [https://oc-media.org/georgia-introduces-curfew/].

³³ See: "Celebration of Pascha did not Affect Spread of Coronavirus in Georgia, says infectious disease specialist," *Orthodox Christianity*, 7 May, 2020, available at [https://orthochristian.com/130918.html].

sponse, in mid-January, made a key difference. The task force in Tbilisi closely monitored physical social networks: viral infections do not spread randomly, as it was once believed, but they spread through physical social networks. Since the virus originated outside the country, the priority was given to hardening the nodes through which social networks connected Georgia with the rest of the world, that is airports, and land border crossings. That meant testing everyone who arrived in Georgia with symptoms associated with the novel coronavirus. This was followed by the cancelation of air travel to the most infected countries, and eventually by shutting down the airports. The land border crossings with Armenia, Azerbaijan, and Turkey remained open for essential travel only, and everyone entering the country was obligated to get temperature checked and other symptoms examined.³⁴

As it was expected by the specialists, despite their best efforts, the coronavirus penetrated the country after a month of implementing the restrictive travel measures. Once the virus carriers were identified, public health authorities started to track the social networks of the infected to prevent large infections clusters. However, in time clusters formed, and Georgian authorities were obliged to quarantine entire regions of the country by forbidding all travel in and out of the infected areas.³⁵ The purpose was to prevent the development of mega clusters that could have triggered overshoot—essentially, a defeat of the country's public health infrastructure—similar to those developments that took place in Italy, Spain, France, Brazil, and New York. Georgian public health officials managed to prevent overshoot, and they never lost control of the situation during this first wave of the coronavirus pandemic.

In Georgia, the national government has closely followed the advice of a triumvirate of experts—a head doctor, a public health official, and a specialist in infectious diseases—professors Tsertsvadze, Gamkrelidze and Imnadze, with Doctor Marine Ezugbaia supervising the treatment of most coronavirus patients.³⁶

However, there have been public health experts advising governments in nearly every country around the world, and if so, why has been the Georgian case different? The answer can be found in an unusual structure of the Georgian national government. It is most atypical of working democracies—to be sure, the Georgian democracy does not work all that well, but in the case of the current pandemic in has exceeded the expectations.

Ironically, the seeds of the current Georgian government structure could be found in its Soviet past as well. The chief executive in Georgia is country's prime minister. The prime minister represents the party with the majority of votes in the nation's parliament, which is a common practice in the parliamentary democracies. However, in Georgia prime ministers are not elected and they do not have a seat in the parliament. Instead, they are selected by the so-called "ruling team," an extraconstitutional informal group of the top leaders of the ruling party, and then the candidates are approved—essentially rubber-stamped—by the parliament.³⁷ The key individual in this "ruling team" is currently the party chairman, who in the person of Mr. Bidzina Ivanishvili exercises near unilateral decision-making privileges in this regard. At the same time, Mr. Ivanishvili, one of the wealthiest persons in the world, is the main sponsor of the ruling coalition, "Georgian Dream."³⁸ Georgian

³⁴ See: "COVID-19 in Georgia Live Blog—March 2020 / Archived," Civil.ge, March 2020, available at [https://civil.ge/archives/349213].

³⁵ See: "COVID-19 in Georgia Live Blog—April 2020 / Archived," Civil.ge, April 2020, available at [https://civil.ge/archives/351283].

³⁶ See: "The Four Musketeers at Frontline of Georgia's Fight against Pandemic," Civil.ge, 15 April, 2020, available at [https://civil.ge/archives/346979].

³⁷ See: "mmartveli gundis gadawyvetileba" (The Ruling Team Decision), 1tv.ge, 25 November, 2019, available at [https://1tv.ge/video/mmartveli-gundis-gadawyvetileba/] (in Georgian).

³⁸ See: M. Dzhindzhikhashvili, "Georgia's Governing Party Wins Large Majority in Parliament," AP News, 31 October, 2016, available at [https://apnews.com/06360cd0253f435283f4021babe2b20f].

government ministers and other top officials are similarly selected by Mr. Ivanishvili, in other words, Prime Minister of Georgia does not necessarily have his team around or even top officials that he can trust. In such circumstances, power and legitimacy of Georgia's prime minister is derived from the chairman of the ruling party, who directs both the parliamentary majority and the government ministers to support the prime minister or not.

This sort of executive government set-up strongly resembles the government structure characteristic of the late Soviet Union. The top decision-maker in the Soviet executive government was neither the Soviet premier nor the chairman of the Presidium of the Supreme Soviet. Instead, the secretary general of the Central Committee of the Communist Party of the Soviet Union or the first secretary of the C.C. C.P.S.U. held the ultimate decision making powers.³⁹ Mr. Ivanishvili holds somewhat similar position to the secretary general of the C.C. C.P.S.U., albeit he is less active, shies away from the public eye, and prefers to direct things from behind the scenes. To be perfectly clear, Mr. Ivanishvili and his supporters have not invented this sort of government structure for Georgia. Instead, they have inherited it from the period of President Saakashvili who is now in self-exile and the remnants of his once powerful National Movement are bitterly opposed to Mr. Ivanishvili's "ruling team."⁴⁰ Amazingly, Georgia's odd government structure, which clearly weakens regular government operations and makes the entire system unstable, not to mention its anti-democratic nature, was reportedly endorsed Council of Europe's Venice Commission.⁴¹

It has not been directly stated, but it is highly likely that it was Mr. Ivanishvili who put the triumvirate of the Georgian epidemiologists in the driver's seat and let them to call shots. It is impossible to imagine that the three ended up in their key positions without Mr. Ivanishvili's blessing. This has made a difference in Georgia: unlike many other countries, such as the United States or the United Kingdom, the people who have led the fight against the novel coronavirus in Georgia did not have to dance around government's political priorities, but instead the government implemented nearly everything that they suggested and proposed.

Frequently harassed by its northern neighbor Russia, the former Soviet republic has not always been known for effective political leadership. Quite the contrary, Georgia's leadership has often been fractious and disorganized, with the current governing party ushering in five prime ministers in six years. Since 2012, all the individuals who have occupied the top executive post in Georgia, including Mr. Ivanishvili himself, entirely lacked political experience and had never held a government job, elected or appointed. Their only distinction was the fact that, at some point, they were all trusted individuals in Mr. Ivanishvili's close circle of associates, and were selected by him to head the national government. However, in dealing with this pandemic, Georgia was very lucky that knowledgeable experts were allowed to direct government action and guide the country through difficult times.

Conclusion

The case presented here reflects about 6 months of activities in Georgia that like many other countries around the world worked hard to counter the deadly effects of the novel coronavirus. We do not yet know whether these 6 months represented the worst that COVID-19 had to offer, or it was

³⁹ See: Authority, Power and Policy in the U.S.S.R., ed. by T.H. Rigby, A. Brown, P. Reddaway, Palgrave Macmillan, London, 1983.

⁴⁰ D.M. West, Billionaires: Reflections on the Upper Crust, Brookings Institution Press, Washington, DC, 2014.

⁴¹ See: "Joint Opinion on the Draft Election Code of Georgia," Venice Commission and OSCE, Opinion No. 617/2011, Council of Europe, Strasbourg/Warsaw, 19 December, 2011, available at [https://www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL-AD(2011)043-e].

only the first wave in the deadly progression of this virus. At the end of the first 6 months of this pandemic, there are opinions that support both scenarios: according to some, COVID-19 is losing its potency, while other experts expect a long-term struggle involving vaccines, therapeutic drugs or and/ or a cyclical recurrence of the novel coronavirus. No matter what the future has in store for this virus, and for us, the people whose job it is to protect population from pandemics can learn much from negative and positive experiences of COVID-19's first wave. Fortunately for its population, the first wave results for Georgia has been overwhelmingly positive.

With no end yet in sight, COVID-19 has tested national preparedness, public health competence and the leadership of many countries around the world. Georgia has fared much better than its larger and more powerful neighbors, including Turkey and Iran. Excluded from vital regional dialog by both Ankara and Tehran in recent years, Georgia could well use this experience to improve its standing in the region, providing it continues on the same trajectory. By effectively managing COVID-19, Georgia has a chance of repositioning itself as a more prominent and valuable player in global affairs, at least in the fields of public health, health policy and security.