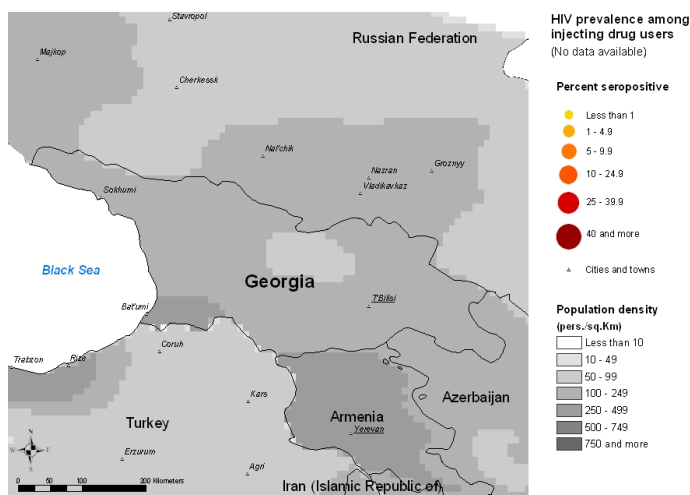


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: **<500**
 Antiretroviral therapy target declared by country: **140 by the end of 2005**



Map Data Source:
 WHO/UNAIDS Epidemiological Fact Sheets
 and the United States Census Bureau
 Map production:
 Public Health Mapping & GIS
 Communicable Diseases (CDS)
 World Health Organization



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	5.1	United Nations
Population in urban areas (%)	2005	51.5	United Nations
Life expectancy at birth (years)	2002	71.8	WHO
Gross domestic product per capita (US\$)	2002	656	UNECE
Government budget spent on health care (%)	2002	5.8	WHO
Per capita expenditure on health (US\$)	2002	25	WHO
Human Development Index	2003	0.732	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* In 2005, the National AIDS Center estimated that the adult prevalence of HIV/AIDS was between 0.1% and 0.3%, and the number of people were living with HIV/AIDS was between 2000 and 5000. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.1 - 0.4%*	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	2 000 - 12 000*	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	140	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	<500	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	69	National HIV/AIDS Program
HIV testing and counselling sites: number of people tested at all sites	2004	48 000	National HIV/AIDS Program
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°		NA	
Reported condom use at last higher risk sex (15-24 years)% - male°°		NA	

3. Situation analysis

Epidemic level and trend and gender data
 Despite low prevalence, Georgia is considered to be at high risk for an expanding HIV/AIDS epidemic due to widespread injecting drug use and intensive population movement between neighbouring high-prevalence countries, such as Ukraine and the Russian Federation. Georgia is experiencing a nascent epidemic, mostly concentrated among injecting drug users (63% of the cumulative total), although heterosexual transmission is reported to be increasing. The worst affected areas are Tbilisi, the capital, and Black Sea coastal regions of Georgia. Before 1997 very few HIV cases were detected. By 1998, the number of new HIV cases had doubled. By the end of 2004, Georgia had reported a cumulative total of 638 HIV cases. A total of 163 new HIV cases were registered in 2004. Most people living with HIV/AIDS were aged 25-40 years at the time of diagnosis, and 82% were male. Georgia's socioeconomic conditions put it at risk of developing an epidemic similar to that of the Russian Federation and Ukraine.

Major vulnerable and affected groups
 The most vulnerable population groups are injecting drug users, men who have sex with men and sex workers. HIV prevalence rates are still low in all vulnerable population groups. Available data suggest that the HIV prevalence is 1.2% among female sex workers, 1.1% among injecting drug users, 0.4% among people with sexually transmitted infections and 0.7% among people with tuberculosis. However, the risk of infection spreading rapidly is high.

Policy on HIV testing and treatment
 The Law on HIV/AIDS Prevention and Control was adopted in 1995 and amended in 2000. According to new requirements, HIV counselling and testing is voluntary for all population groups, except blood donors. The law ensures equal access to free diagnostic and treatment services, including antiretroviral therapy for everyone living with HIV/AIDS. National HIV/AIDS treatment guidelines, including first- and second-line regimens, have been developed with the assistance of WHO. Substitution therapy is legal in Georgia.

Antiretroviral therapy: first-line drug regimen, cost per person per year
 First-line regimens include: efavirenz + zidovudine + lamivudine; nevirapine + zidovudine + lamivudine; efavirenz + stavudine + lamivudine; and nevirapine + stavudine + lamivudine. Second-line drugs are as follows: tenofovir, didanosine, lopinavir + ritonavir and zalcitabine + zalcitabine + zalcitabine. The tender for procurement of antiretroviral drugs for implementation of the grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria resulted in an average price of antiretroviral drugs of US\$ 750 per person per year.

Assessment of overall health sector response and capacity



Georgia was one of the first former Soviet republics to develop a national HIV/AIDS programme in 1994 followed by a strategic action plan for 2003-2007. A National AIDS Registry was begun in 1988, and the Georgian National AIDS Program was established in 1993. The Law on HIV/AIDS Prevention and Control was adopted in 1995 and revised in 2000. The overall capacity of the health sector to provide antiretroviral therapy is adequate to meet the current needs of the country. Since December 2004, Georgia has ensured universal access to antiretroviral therapy for all registered people. Since 2005, Georgia has also ensured universal access to HIV counselling and testing for all pregnant women, including antiretroviral prophylactic treatment free of charge for pregnant women living with HIV/AIDS and their newborns. By the end of 2004, only the National AIDS Center had full capacity to provide antiretroviral therapy. To improve access to antiretroviral therapy, the National AIDS Center is working on decentralizing HIV/AIDS treatment services. Along with the National AIDS Center, treatment will be provided at the regional AIDS treatment centres to be established by the end of 2005 in Batumi, Autonomous Republic of Ajara and Zugdidi, Samegrelo. Both regions are among the geographical areas most affected by HIV. The centres are to be established with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The staff of the regional centres have been trained by the trainers of the National AIDS Center in 2004. The need for antiretroviral therapy is monitored through quarterly testing of all registered people living with HIV/AIDS on CD4 and viral load according to the national protocols. The Global Fund supports the provision of antiretroviral therapy. HIV genotypic resistance testing for assessing treatment effectiveness is implemented at the National AIDS Center. Substitution therapy programmes have begun to be implemented at the Institute on Drug Addiction since December 2005. The initial number of injecting drug users to be enrolled in the programmes is 60.

Critical issues and major challenges

A complex state procurement system hinders the timely procurement of antiretroviral drugs and diagnostic test systems and leads to delays in renovating and equipping new facilities for delivering antiretroviral therapy. Georgia also faces the challenge of a lack of quality assurance system for state procurement and utilization of antiretroviral drugs and related supplies; inadequate monitoring and evaluation systems for the national programme on HIV prevention, treatment and care; and inadequate drug resistance monitoring.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- The national strategic plan of action was developed in 2002 for 2003-2007. The total amount of national funding spent on HIV/AIDS state programmes in 2004 was US\$ 480 000.
- Georgia received a Round 2 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria of US\$ 12 million for 2003-2007. As of December 2005, US\$ 3.9 million had been disbursed. Treatment, including antiretroviral therapy and care of people living with HIV/AIDS, is one of the components of the project. It includes the development of treatment protocols and guidelines, training of physicians and nurses, establishing two new treatment centres in regions and enhancing the laboratory and clinical diagnostic capacity of the treatment centres. A separate component addresses preventing the mother-to-child transmission of HIV and providing voluntary counselling and testing to pregnant women and prophylactic antiretroviral therapy to mothers living with HIV/AIDS and their newborns. At present, the Global Fund grant meets Georgia's needs for antiretroviral drugs.
- Funds are also available from multilateral and bilateral partners. The United Nations Theme Group on HIV/AIDS in Georgia developed a proposal for Programme Acceleration Funds, which was approved in November 2004. In 2003, the United States Agency for International Development launched a US\$ 1.5 million programme on preventing HIV/AIDS and sexually transmitted infections among injecting drug users and sex workers, to be implemented by the Save the Children Federation.

5. Treatment and prevention coverage

- Georgia has provided some antiretroviral therapy since 1996. Since December 2004, it has ensured universal access to treatment for all people registered as living with HIV/AIDS free of charge in the public sector. Treatment was started for 83 people in 2004. As of December 2005, 140 people were receiving antiretroviral therapy.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The Ministry of Labour, Health and Social Affairs has overall responsibility for national HIV/AIDS policy, programming and management. The Public Health Department of the Ministry of Health manages implementation of the national programme on prevention and control of HIV/AIDS. Since 1996, HIV/AIDS activities have been coordinated by the Government Commission on HIV/AIDS, Sexually Transmitted Infections and other Socially Dangerous Infections. The Commission now functions as the country coordinating mechanism with government, United Nations and civil society participation, including representation from people living with HIV/AIDS. The country coordinating mechanism, headed by the first lady of Georgia, acts as the national HIV/AIDS coordination body for all activities in preventing and treating HIV/AIDS. The country coordinating mechanism also coordinates the activities of partners implementing the Global Fund project. A United Nations Theme Group on HIV/AIDS in Georgia was established in July 1996 with participation from UNDP, UNICEF and WHO and complements the coordination efforts of the country coordinating mechanism.

Service delivery

The Public Health Department of the Ministry of Labour, Health and Social Affairs provides overall leadership in delivering HIV/AIDS prevention, care and treatment services, primarily through the National AIDS Center. The state health insurance fund covers the expenses of people living with HIV/AIDS, including symptomatic treatment and laboratory and clinical management. Antiretroviral drugs as well as necessary laboratory equipment for treatment monitoring and resistance testing are provided through the Global Fund project.

Community mobilization

Two nongovernmental organizations, the HIV/AIDS Patients' Support Foundation and the Georgian+ Group are very active in developing a network of people living with HIV/AIDS. Several nongovernmental HIV/AIDS organizations are assisting in prevention efforts, including Tanadgoma, Bemoni, Juvenko and New Way. The Open Society Georgia Foundation introduced harm reduction projects including methadone maintenance therapy for injecting drug users in August 2005, supported by the Global Fund grant. All nongovernmental organizations in Georgia are eligible for targeted local training intended to enhance their prevention research efforts.

Strategic information

The National AIDS Center is responsible for developing a monitoring information system. An electronic patient monitoring system will be developed within the Global Fund project, providing the necessary tool for monitoring and evaluation of the national treatment programme.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Providing technical and financial assistance for developing HIV/AIDS treatment protocols
- Providing technical assistance in developing national standards for HIV testing and counselling
- Providing assistance for training physicians in managing antiretroviral therapy
- Providing assistance for adapting WHO guidelines on antiretroviral therapy, which have been published in Georgian and English
- Providing support for the capacity-building effort in Georgia by supporting the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia
- Conducting a subregional meeting on Scaling Up Access to HIV Treatment and Care - Addressing Challenges in Georgia in September 2005
- Supporting the implementation of harm reduction programmes
- Providing support for second-generation surveillance, including organizing the WHO European Workshop on Second-generation Surveillance of HIV/AIDS in Tbilisi in January 2006
- Providing support for the development of a web site on HIV/AIDS in Georgian and English
- Providing support for a study estimating the costs of HIV/AIDS intervention in Georgia
- Conducting workshops on WHO HIV/AIDS policy in Tbilisi, Kutaisi, Batumi and Zugdidi in 2006
- Establishing an HIV/AIDS country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Assisting the government in finalizing the National HIV/AIDS Treatment and Care Plan, including an operational plan for scaling up antiretroviral therapy
- Provide technical assistance for strengthening systems for procuring drugs and supply chain management
- Providing assistance for renovating and reconstructing the National AIDS Center facilities
- Providing support for training physicians on administering and monitoring antiretroviral therapy
- Providing training on second-generation surveillance
- Providing training on monitoring and evaluating HIV/AIDS treatment and prevention programmes

Staffing input for scaling up HIV treatment and prevention

- Current WHO staff supporting HIV/AIDS activities comprises one National Programme Officer.