

Country progress report - Georgia

Global AIDS Monitoring 2020



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- V. Gender; Stigma and discrimination - Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020
- VI. Knowledge of HIV and access to sexual reproductive health services - Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year
- VII. Social protection - Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020
- VIII. Community-led service delivery - Ensure that at least 30% of all service delivery is community-led by 2020
- IX. HIV expenditure - Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers
- X. Empowerment and access to justice - Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights
- XI. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Overall

Fast-track targets

Progress summary

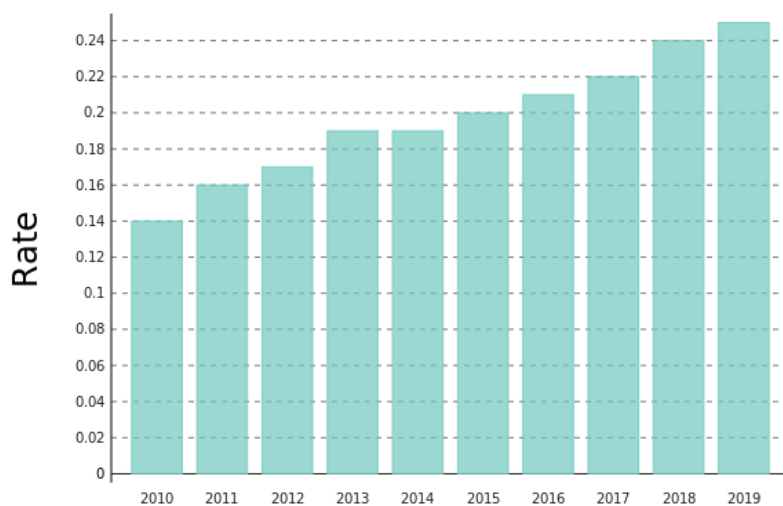
1. Georgia is a low HIV epidemic country (0.4% HIV prevalence in adult population) with HIV cases concentrated mainly among PWIDs, MSM, FSWs and their sexual partners. In 2019 the number of PLHIV was 5954 in Georgia. The estimated number of PLHIV was 9300 (range 7510-11400), indicating that about 36% of PLHIV are not aware of their HIV positive status. By the end of 2019 the UNAIDS fast track targets reached for the estimated PLHIV were 64% - 55% - 50% and for registered PLHIV 86%-91%-97% . Although HIV epidemic remains stable among PWIDs and FSWs (<2.3% prevalence), the alarming stable HIV prevalence (20.7% and 21.5%) was observed among MSM during the last several years (IBBSS, Tbilisi and Batumi, 2015 and 2018). Annual number of newly detected HIV cases ranges between 600 and 700 during the last three years and it was 668 in 2019.

In 2019 Georgia has advanced its PrEP program by expanding geographic access to three large cities of the country and more than doubling the number of MSM&TGs enrolled (258 vs 121 in 2018). Community based PrEP implementation will be piloted from January 2020.

Georgian Government puts HIV at high level of its political agenda. Georgian CCM has a strong leadership and successfully coordinates funding of the National HIV response between the State and international donor organizations, mainly of the Global Fund grants. Since 2015 Government procures ARV medicines through state budget and its share of spending on HIV is increasing year after year. In 2019 the State paid for 100% of FLDs and 40% of SLDs. The GEO-CCM ensures transparent and participatory decision-making around the national HIV program budgeting with high involvement of NGO/CBO and patients groups. In 2018 has updated the HIV NSP for the period of 2019-2022 with clear guidance for the progress towards 90-90-90 and with relevant budget calculations, funding sources and identified gaps. Despite the fact that the country is still eligible for some support from the GFATM after 2022, the new NSP will integrate in it GF funded programs" sustainability and transition interventions enabling the Georgian leadership to succeed in funding take-over plan without jeopardizing the access to and quality of services provided to PLHIV and KAPs.

3.1 HIV incidence rate per 1000, Georgia (2010-2019)

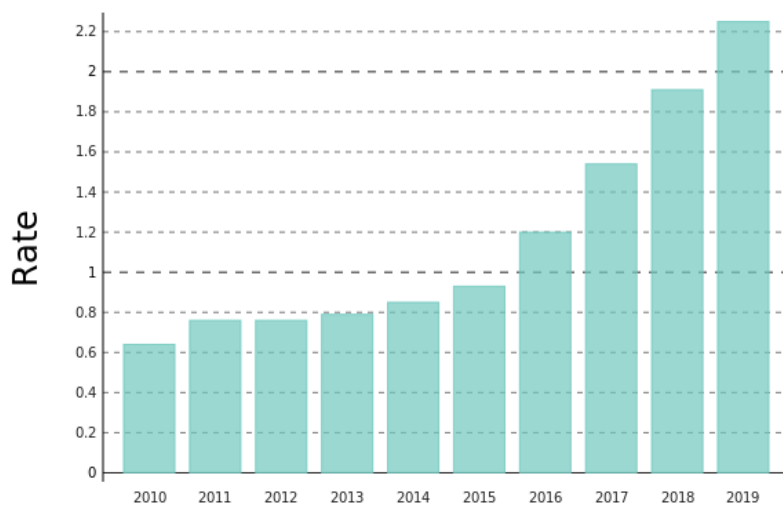
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

1.7 AIDS mortality per 100 000, Georgia (2010-2019)

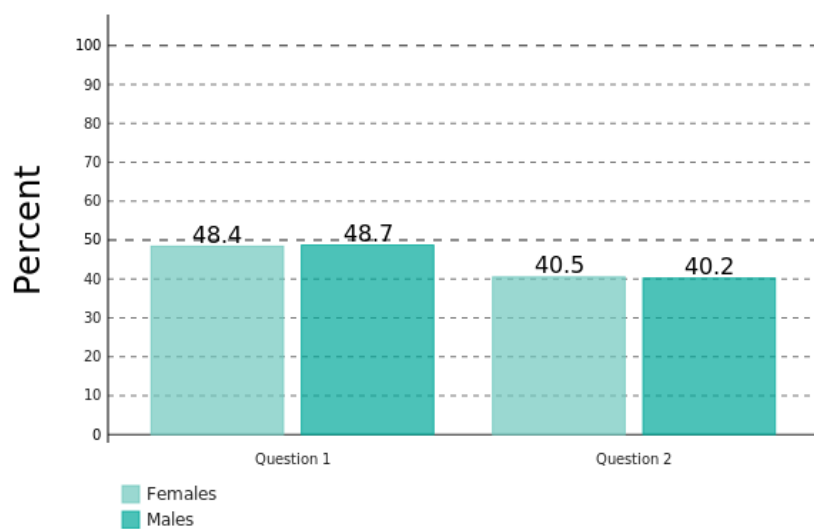
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

4.1 Discriminatory attitudes towards people living with HIV, Georgia (2019)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

Georgia is moving forward towards the 90-90-90 targets through intensifying HCT among KAPs and PITC and ensuring universal access to quality ART and care for PLHIV. Although, the country has started implementation of WHO Treat All Strategy since 2015 and has exemplary achievements for the second and the third 90th in EECA region, namely, Among diagnosed persons ART coverage increased from 62% in 2015 to 91% in 2019; viral suppression rates among those on treatment increased from 84% in 2015 to 97 in 2019, the progress is relatively slow for the first 90 (64% of estimated PLHIV was identified by the end of 2019) despite constantly increasing number of people tested on HIV, first of all KAPs. Existence of considerable pool of PLHIV not aware of their status and only half of estimated number of PLHIV on ART virally suppressed which is not sufficient to derive maximum individual and public health benefits of ART.

Policy questions (2019)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

Yes

Blood and organ and tissue donors, military and police servants

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

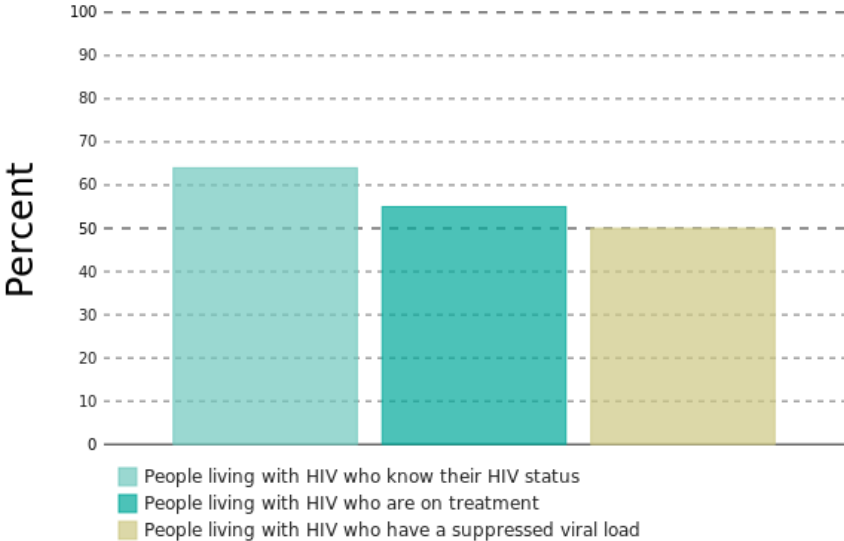
a) For adults and adolescents

Yes; Implemented countrywide (>95% of treatment sites)

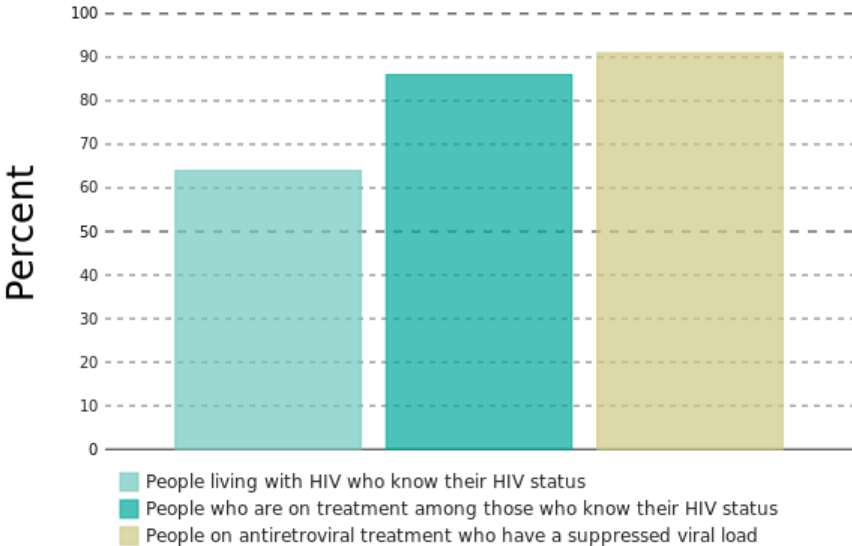
b) For children

Yes; Implemented countrywide (>95% of treatment sites)

HIV testing and treatment cascade, Georgia (2019)

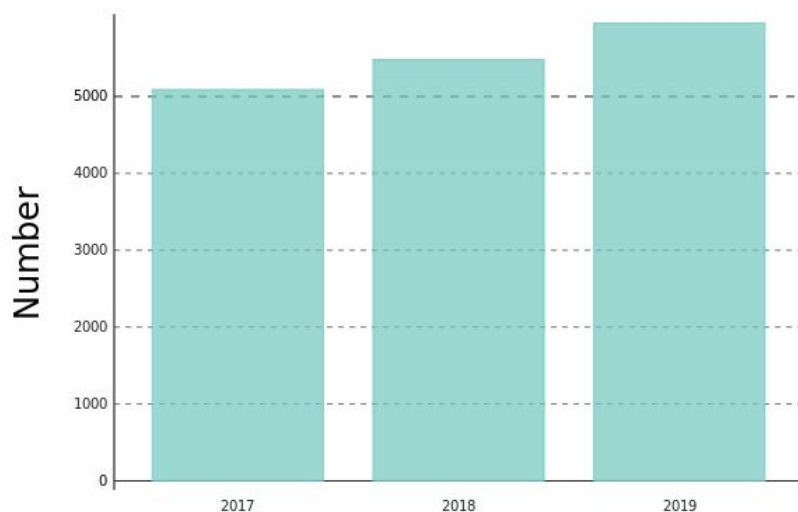


Progress towards 90-90-90 target, Georgia (2019)



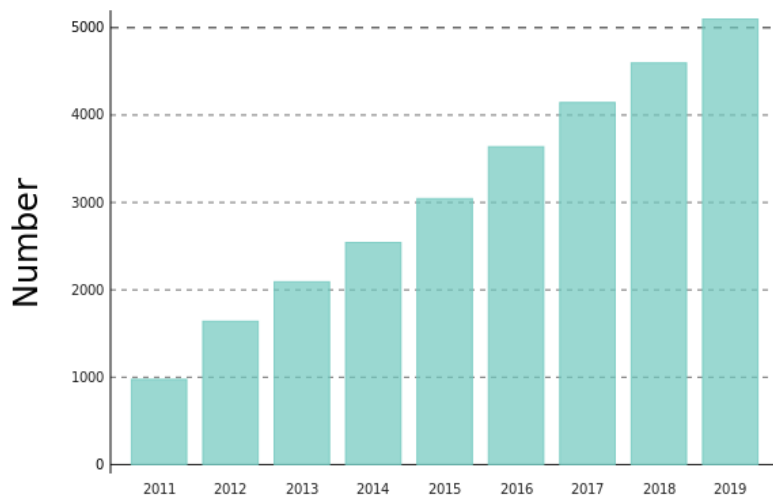
1.1 People living with HIV who know their HIV status, Georgia (2017-2019)

Number of people living with HIV who know their HIV status



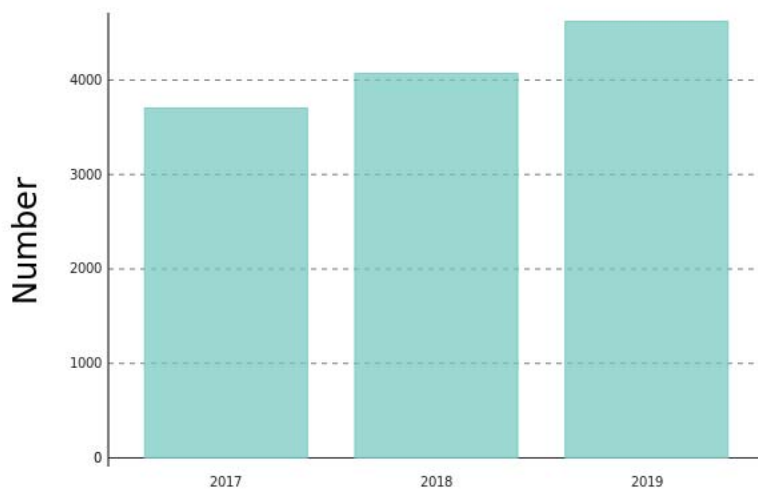
1.2 People living with HIV on antiretroviral therapy, Georgia (2011-2019)

Number of people on antiretroviral therapy



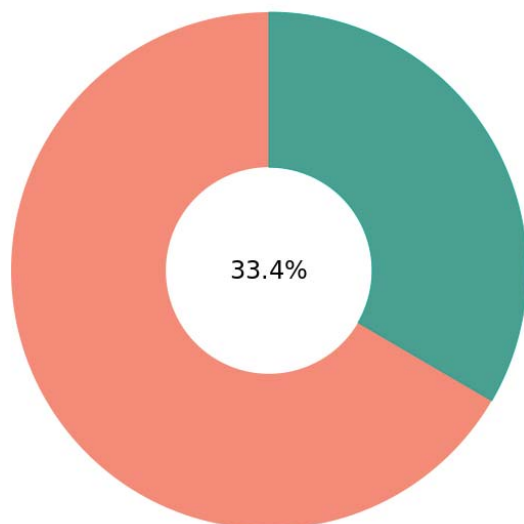
1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Georgia (2017-2019)

Number of people living with HIV with suppressed viral loads



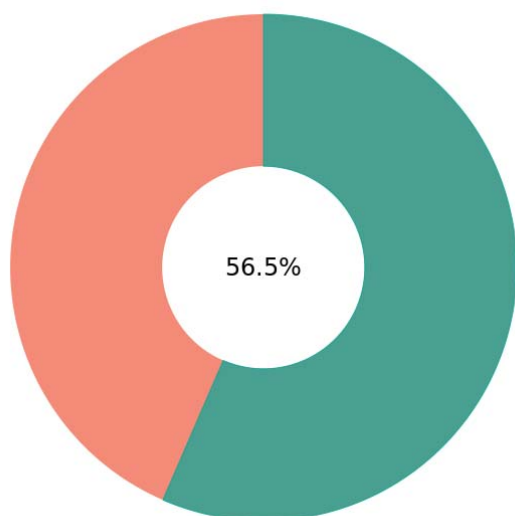
1.4 Late HIV diagnosis, Georgia (2019)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm3 during the reporting period



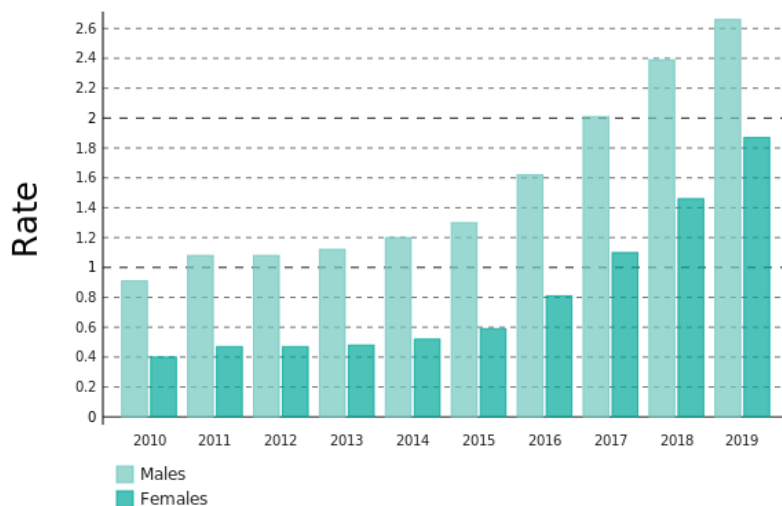
1.4 Late HIV diagnosis, Georgia (2019)

Percentage of people living with HIV with the initial CD4 cell count <350 cells/mm3 during the reporting period



1.6 AIDS mortality rate per 100 000, Georgia (2010-2019)

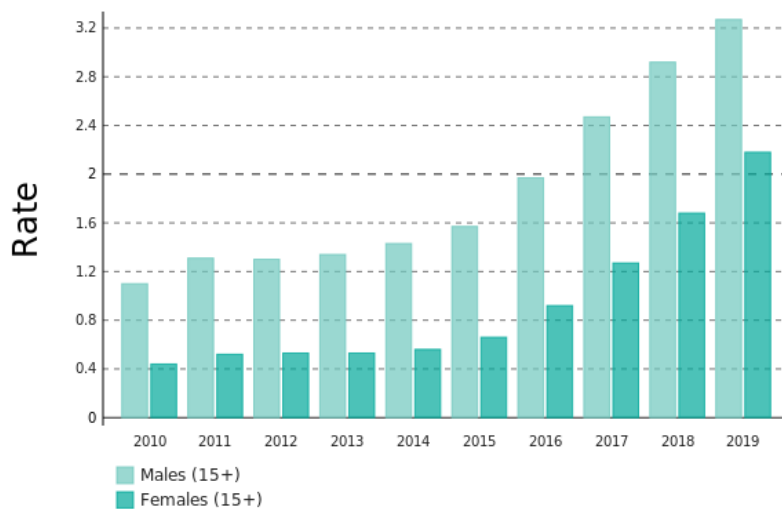
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.6 AIDS mortality rate per 100 000 among adults, Georgia (2010-2019)

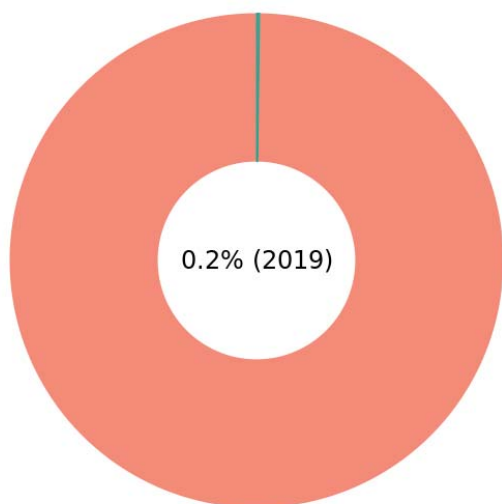
Total number of adults who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.7 HIV testing volume and positivity, Georgia

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 441 119

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

3. Georgia is moving towards the dual HIV and syphilis mother to child transmission elimination by the end of 2020. At present all pregnant women have access to ANC HIV testing and all HIV positive mothers and their children have access to ART prophylactic and/or full treatment. In 2019 95.1% of all registered pregnant women were testing on HIV, 37 (26 with known HIV diagnosis and 11 new) HIV positive pregnant women gave birth and all of them received ART. 4 newborns were required prophylactic ARV treatment. MTCT rate was 0.

Policy questions (2019)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: <5%; 2020

Elimination target(s) (such as the number of cases/population) and year: 50/100000; 2020

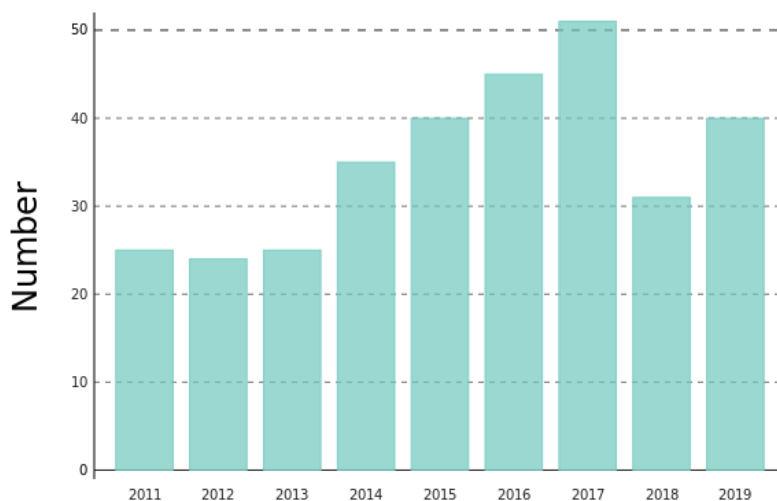
Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age

Implemented countrywide (>95% of treatment sites)

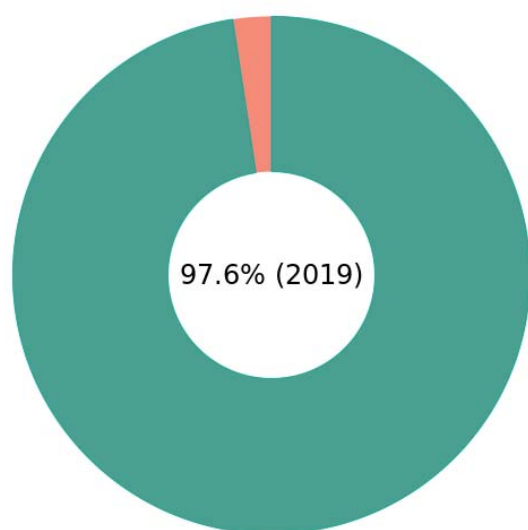
2.1 Early infant diagnosis, Georgia (2011-2019)

Number of infants who received an HIV test within two months of birth



2.1 Early infant diagnosis, Georgia (2018-2019)

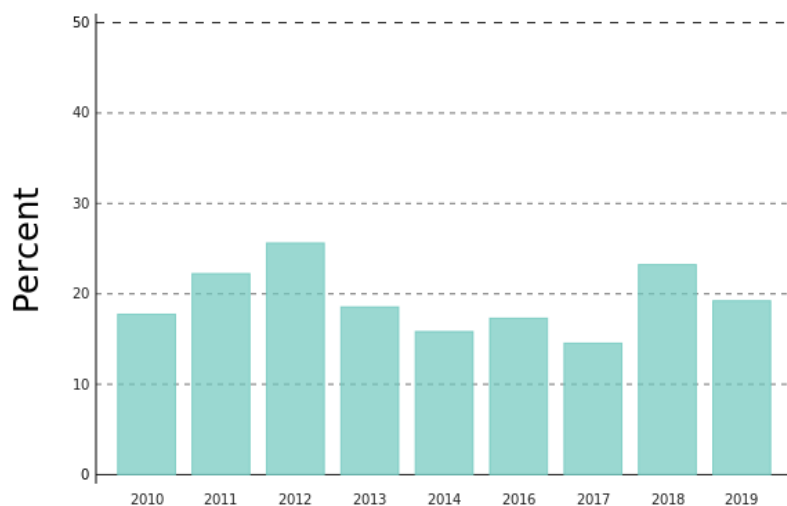
Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



↑ 91.2% (2018)

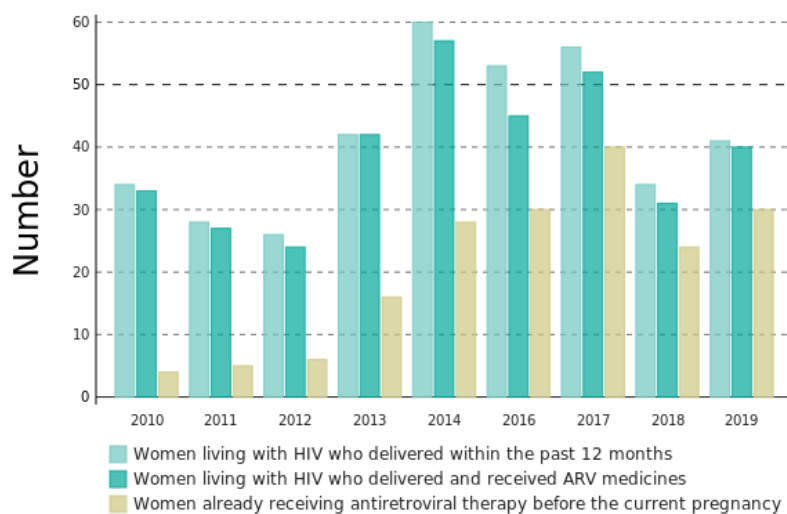
2.2 Mother-to-child transmission of HIV, Georgia (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

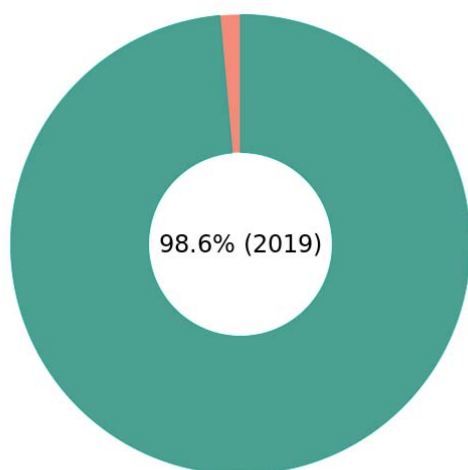
2.3 Preventing mother-to-child transmission of HIV, Georgia (2010-2019)



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Georgia (2018-2019)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV

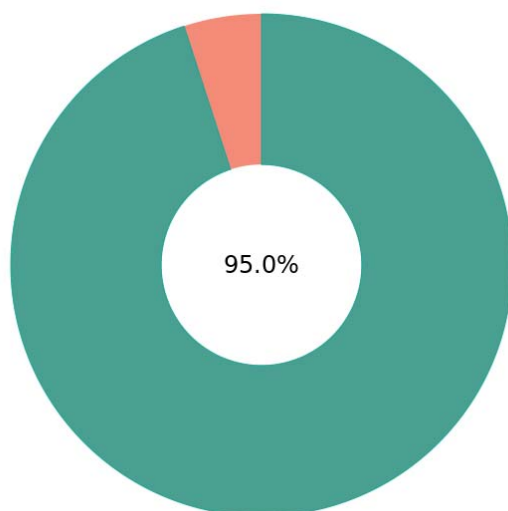


↑ 90.31% (2018)

Source: Spectrum file

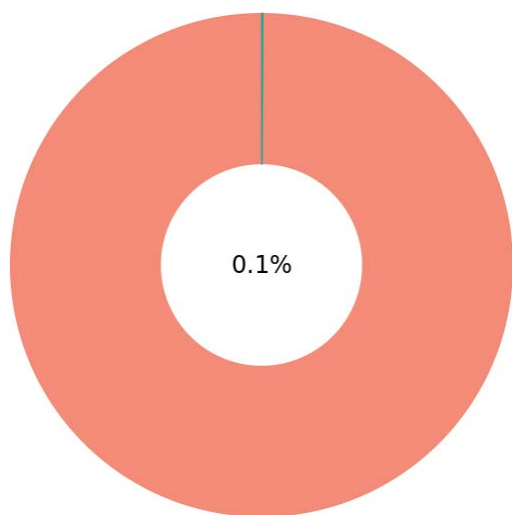
2.4 Syphilis among pregnant women, Georgia (2019)

Percentage of pregnant women tested for syphilis



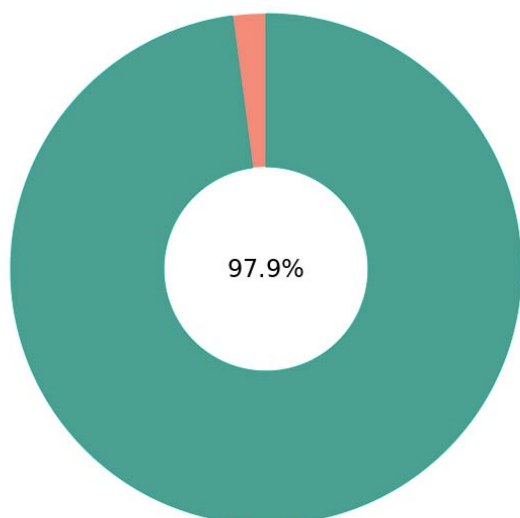
2.4 Syphilis among pregnant women, Georgia (2019)

Percentage of pregnant women tested positive for syphilis



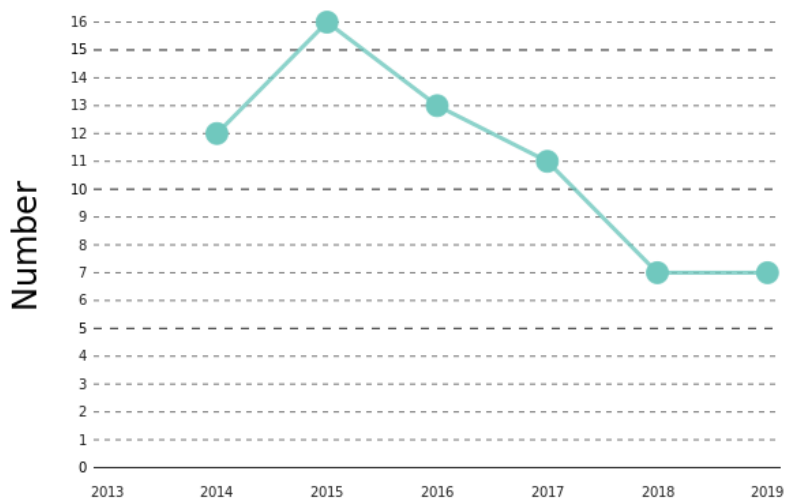
2.4 Syphilis among pregnant women, Georgia (2019)

Percentage of pregnant women on treatment among those who tested positive



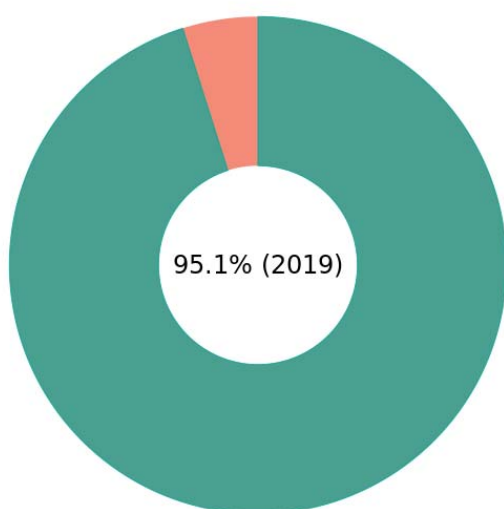
2.5 Congenital syphilis rate (live births and stillbirth), Georgia (2013-2019)

Number of reported congenital syphilis cases (live births and stillbirths)



2.6 HIV testing in pregnant women, Georgia (2018-2019)

Percentage of pregnant women with known HIV status



↑ 92.0% (2018)

HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

Georgia is constantly increasing coverage of KAPs with prevention interventions based on the defined HIV prevention program packages for each KAP group. The prevention packages include harm reduction (needle and syringe distribution, OST), HIV risk and transmission reduction (including risk reduction counselling and condom distribution) and VCT services. By the end of the reporting year 68.2% of PWIDs and 70.6.8% of FSWs were covered by HIV prevention interventions (Programmatic Data, 2019). Although, coverage of MSM with HIV prevention package interventions was increased up to 47.6% frp, 22.6% in 2018 through intensified community based provision of services, it still remains very low and isn't adequate for effective response to the alarming increase of HIV infection among MSM in the country. To test PrEP as an evidence based effective intervention, a pilot PrEP program was started for 100 MSM in Tbilisi, the capital city in 2017 and it was the first PrEP program for the EECA region. The pilot was successfully completed in 2018 with 106 MSM enrolled in the program, The same year the program was expended to two regions of the country - Adjara and Imereti where we have higher burden of HIV and larger estimated number of KAPs. By the end of 2019 256 MSM&TGs were enrolled in the program which is more than double number of 2018 beneficiaries. With new protocol the program serves not only MSM and TGs, but it is accessible for other KAPs. A new HIV NSP developed in 2018 has stronger focus on HIV prevention and case identification and link to care interventions for MSM population in particular and for all other KAPs in general.

Building on the momentum of developing the National Sustainability and Transition Pan (STP) of GFATM programs in Georgia initiated by the CCM through the Policy and Advocacy Advisory Council (PAAC), UNFPA Georgia and EHRN provided strategic inputs to the STP in the area transitioning of HIV prevention programs for key populations to the state funding. After the policy advocacy dialogue initiated by the UNFPA and EHRN with the PAAC, GFATM

and NCDC first ever National standards with its intervention's cost calculation tool for HIV prevention services for key populations (PWIDs, MSMs, SWs, YKPs) has been developed as part of the STP for transitioning of HIV prevention activities including SRH issues for key population to the state funding.

The standards on HIV prevention services for key populations are aligned with the best international recommendations and approaches, SWIT and MSMT tools are embedded within the standards, as well as with the National HIV/AIDS Strategic Plan (NSP) for 2019–2023;

In 2019 the government has approved KAP prevention services standards that is a step forward towards state funding of this interventions. In 2019 with support of the Global Fund international consultation was obtained to assess feasibility and promptness of funding the KAPs services from the State HIV Program budget based on the RBF model. Based on the positive evaluation provided during the international consultation country plans to develop relevant service procurement and implementation packages for each KAP group and start piloting of new RBF funding model in 2020 for PWIDs.

Policy questions: Key populations (2019)

Criminalization and/or prosecution of key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- Profiting from organizing and/or managing sexual services is criminalized
- Other punitive and/or administrative regulation of sex work

Men who have sex with men

- No specific legislation

Is drug use or possession for personal use an offence in your country?

- The law allows possession of a certain amount of drugs
- Drug use or consumption is specified as a criminal offence

Legal protections for key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- No

Men who have sex with men

- No

People who inject drugs

- No

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

Yes, PrEP guidelines have been developed and are being implemented

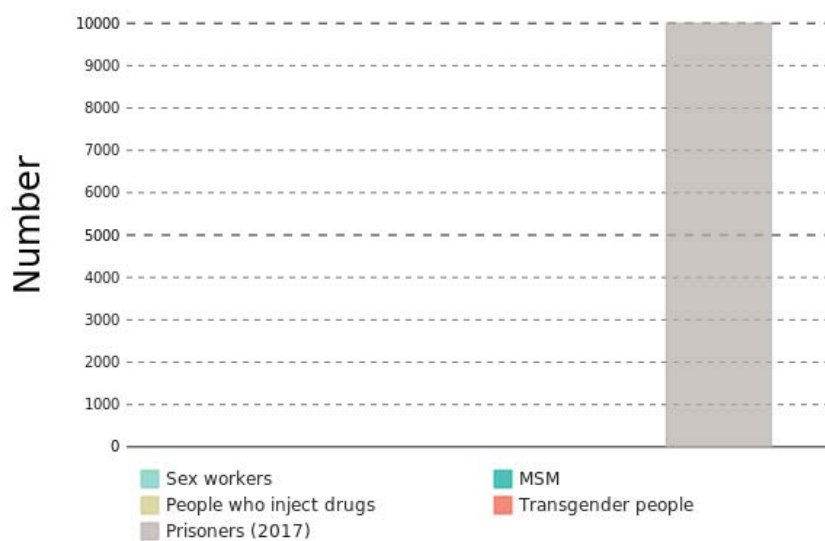
3.1 HIV incidence rate per 1000, Georgia (2010-2019)

New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



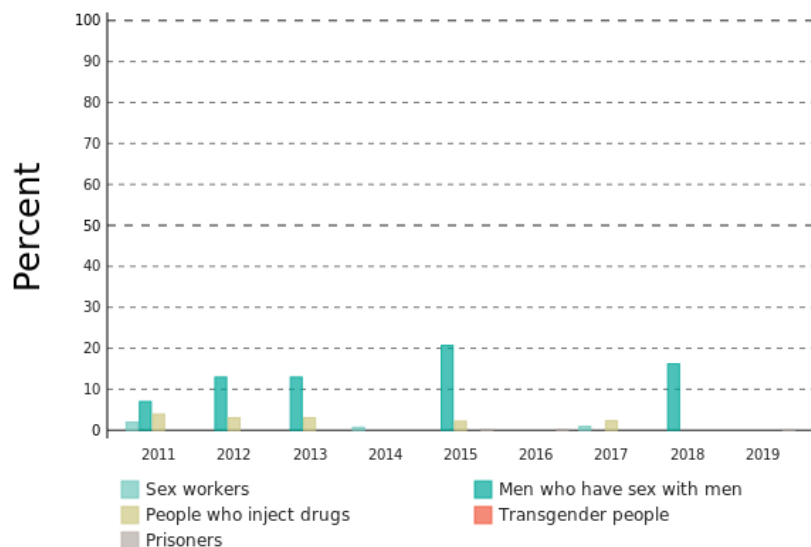
Source: Spectrum file

3.2 Estimates of the size of key populations, Georgia



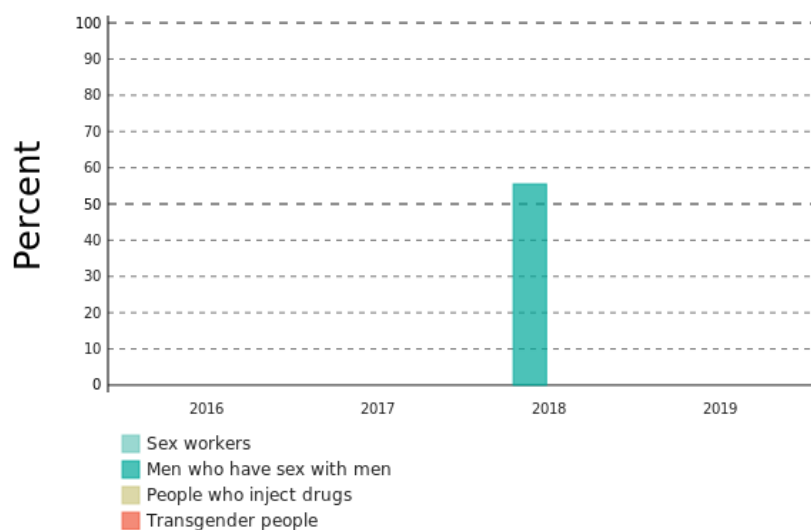
3.3 HIV prevalence among key populations, Georgia (2011-2019)

Percentage of specific key populations living with HIV



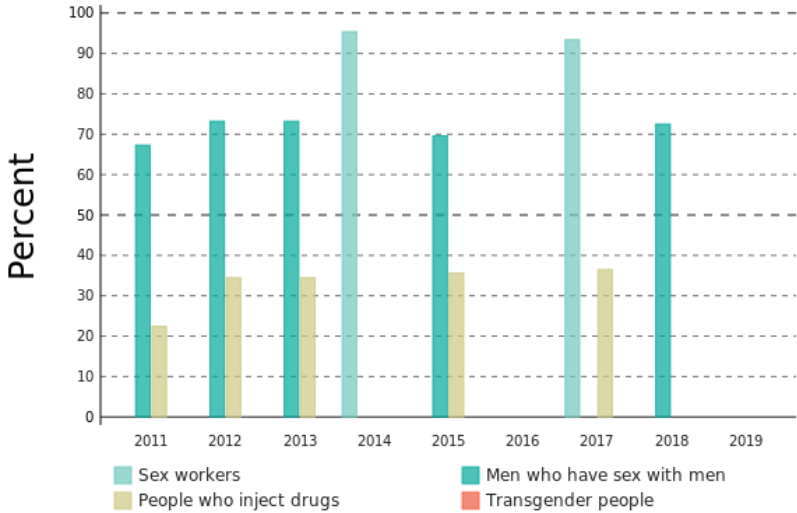
3.4 HIV testing among key populations, Georgia (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



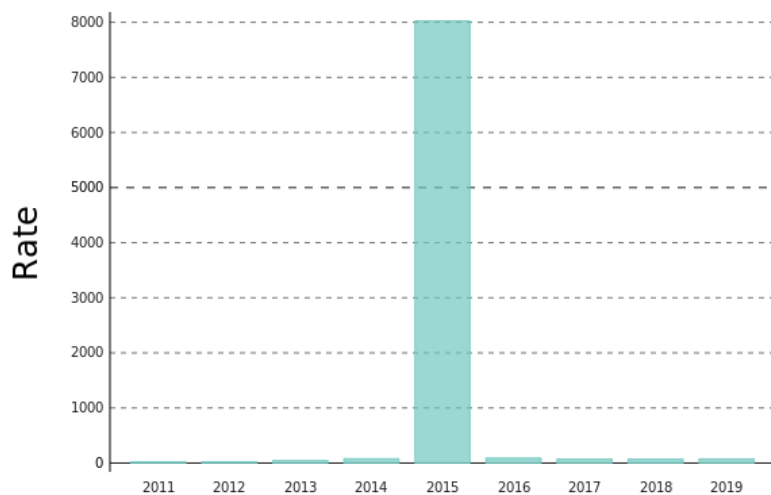
3.6 Condom use among key populations, Georgia (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



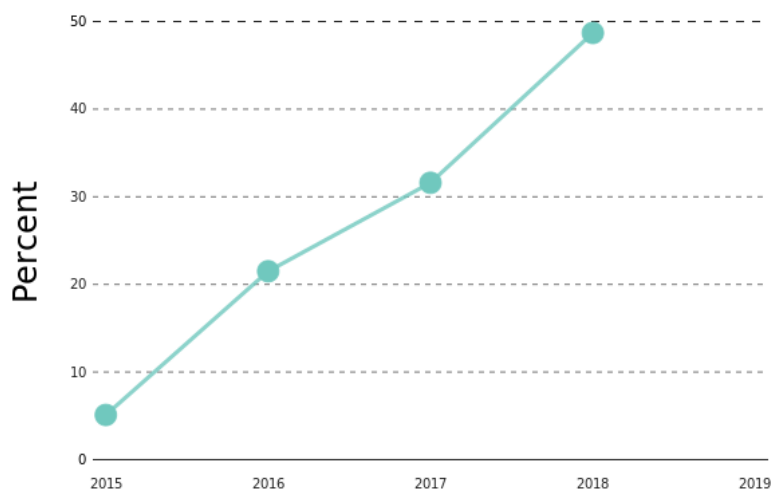
3.9 Needles and syringes distributed per person who injects drugs, Georgia (2011-2019)

Number of needles and syringes distributed per person who injects drugs per year by needle-syringe programmes



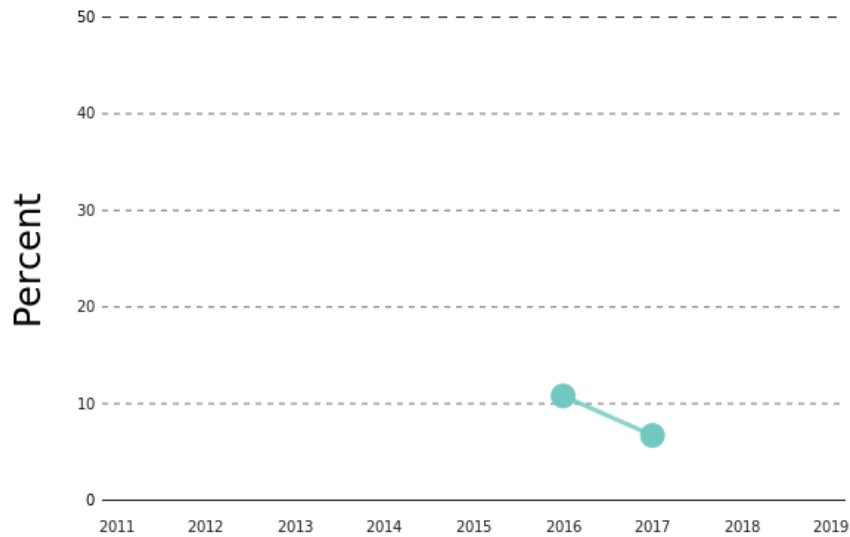
3.10 Coverage of opioid substitution therapy, Georgia (2015-2019)

Percentage of people who inject drugs receiving opioid substitution therapy (OST)



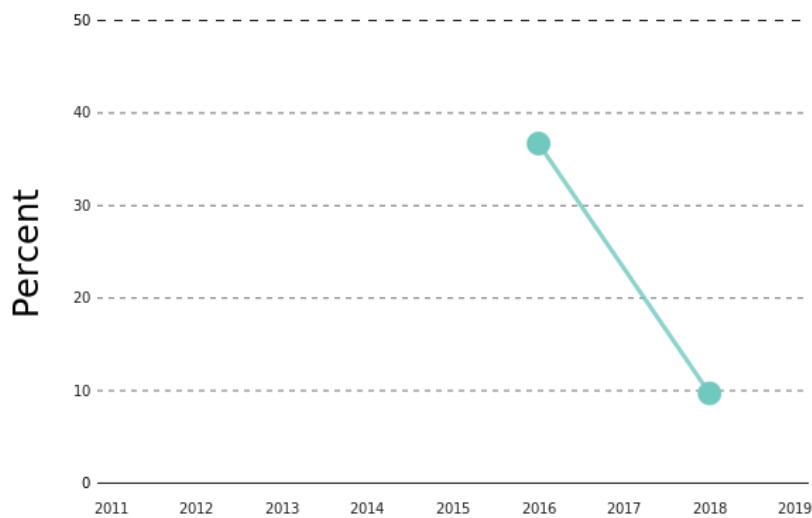
3.11 Active syphilis among sex workers, Georgia (2011-2019)

Percentage of sex workers with active syphilis



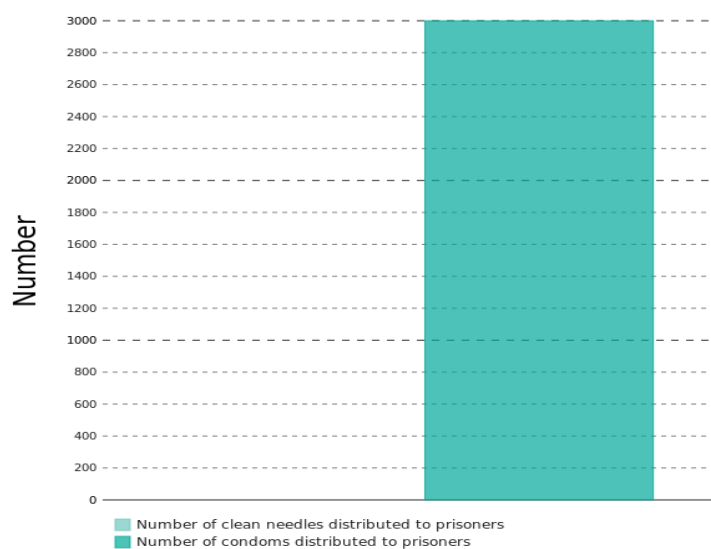
3.12 Active syphilis among men who have sex with men, Georgia (2011-2019)

Percentage of men who have sex with men with active syphilis



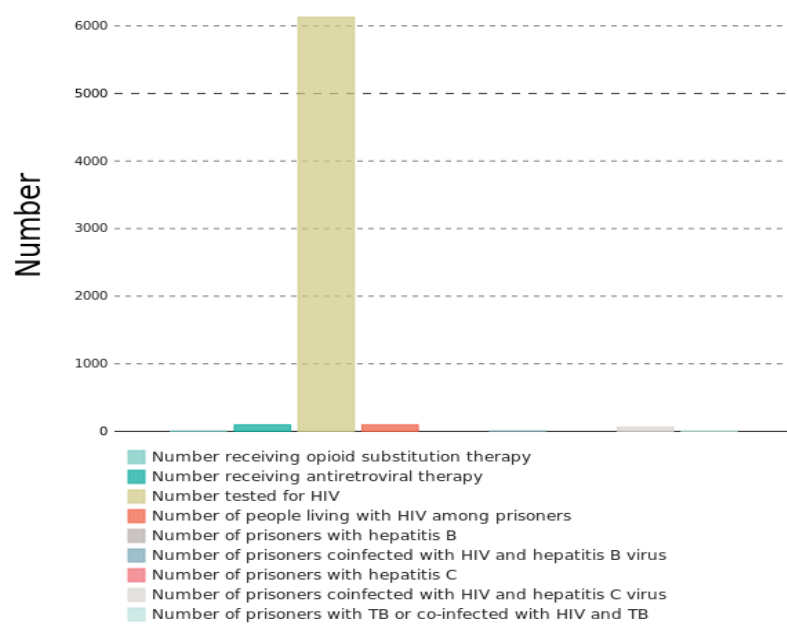
3.13 HIV prevention programmes in prisons, Georgia (2019)

HIV prevention and treatment programmes offered to prisoners while detained



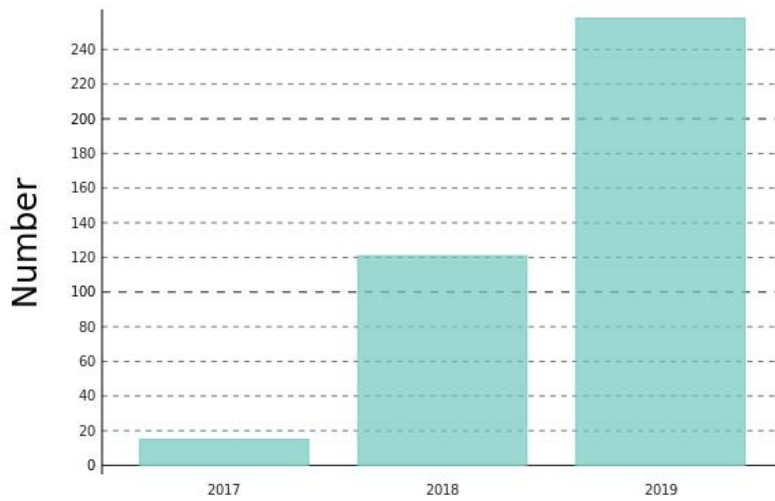
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HIV prevention and treatment programmes offered to prisoners while detained



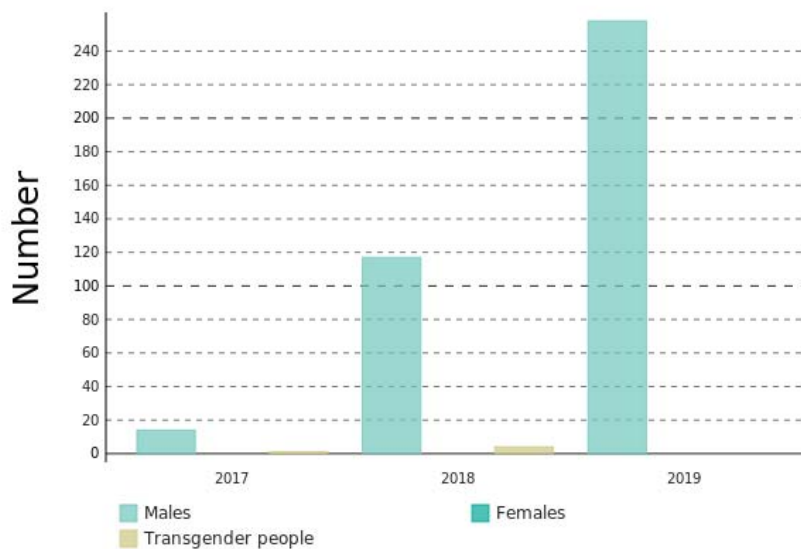
3.15 People who received pre-exposure prophylaxis, Georgia (2017-2019)

Total number of people who received oral PrEP at least once during the reporting period



3.15 People who received pre-exposure prophylaxis, Georgia (2017-2019)

Number of people who received oral PrEP at least once during the reporting period



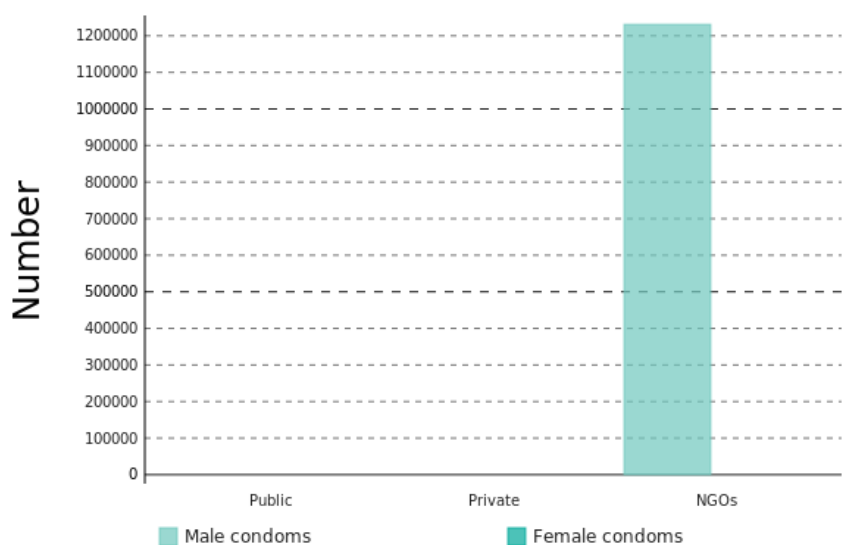
3.19 Annual number of condoms distributed, Georgia (2019)

Number of condoms distributed during the past 12 months



3.19 Annual number of condoms distributed, Georgia (2019)

Number of condoms distributed during the past 12 months



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

As of January 2019, amendments addressing gender based inequalities introduced to the Constitution of Georgia entered into force. In addition to gradually transforming the country into a classic parliamentary system, the amendments enshrine new constitutional guarantees for substantive gender equality. The discourse of the new equality article trades earlier formal equality wording for substantive equality that shifts the emphasis towards combating structural inequalities and mandating the State to establish and implement special laws, policies and programmes to ensure that women enjoy equality of opportunities as well as results. The amendment was introduced as a direct result of lobbying efforts by civil society organizations and women's groups, spearheaded by the Task Force on Women's Political Participation - an umbrella network of organizations promoting women's participation in decision-making processes and actively working under the auspices of the Gender Theme Group chaired by UN Women. The amendments will further empower Georgian women and girls to demand equal treatment at work, education and health care institutions.

Responding to the crucial need of strengthening the National Referral Mechanism on DV through strengthening health care system response to Violence against Women and Domestic Violence, UNFPA traditionally cooperates with the Ministry of Health, Labor, and Social Affairs of Georgia. Recommendations on Revealing, Referring, and Documenting the Cases of Physical, Sexual and Psychological Violence against Women and Children (Recommendations) has been finalized reflecting the recent legislative amendments initiated by the Ministry of Justice of Georgia. The document also considers HIV needs of women and girls as the victims of sexual violence. One of the crucial recommendations and achievement made by the working group has been related to the HIV testing, treatment and PEP.

In 2019, UNFPA Georgia continued to direct its efforts towards strengthening the health system response to DV/GBV, thus responding to the commitments undertaken within the framework of the Council of Europe Convention on preventing and combating VAW. Several key normative acts regulating the healthcare system, were amended and refined enabling the primary healthcare professionals to document the cases of the VAW/DV appropriately. The amendments include standardized forms that will be used for documenting DV/VAW cases in healthcare settings. They gather the most relevant information about individual GBV incidents and the case history. The forms provide a common set of indicators as a means of collecting

consistent data on GBV – in particular, on the GBV victim/survivor's profile. The forms also include steps for the provision of post-coital interventions for preventing pregnancies, post-exposure prophylaxis PeP for preventing HIV as well as testing and care for STIs for victims of sexual violence. Moreover, Risk Assessment tool has been elaborated and integrated it into the DV/VAW documentation form for ambulatory settings to enable family doctors in identifying high risk cases of violence and to prevent or refer cases to the specific services.

With UNFPA's technical assistance, eight training sessions for the capacity development of emergency and family doctors have been conducted. In 2017, 136 medical professionals were targeted to respond to VAW/DV. In 2018 the same training was delivered to HIV prevention service delivering organizations, particularly for counselors, case managers and social workers working with KAPs.

GBV prevention and relevant capacity building of KAP service providers is also prioritized by the Global Fund HIV Program and relevant budget is allocated for 2020 with an ultimate goal to create GBV country working group, develop relevant response plan and build the capacity for implementation.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

No

Does your country have legislation on domestic violence*?

Yes

- Physical violence
- Sexual violence
- Psychological violence
- Emotional violence
- Economic violence
- Explicit criminalization of marital rape
- Protection of former spouses

What protections, if any, does your country have for key populations and people living with HIV from violence?

- General criminal laws prohibiting violence

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

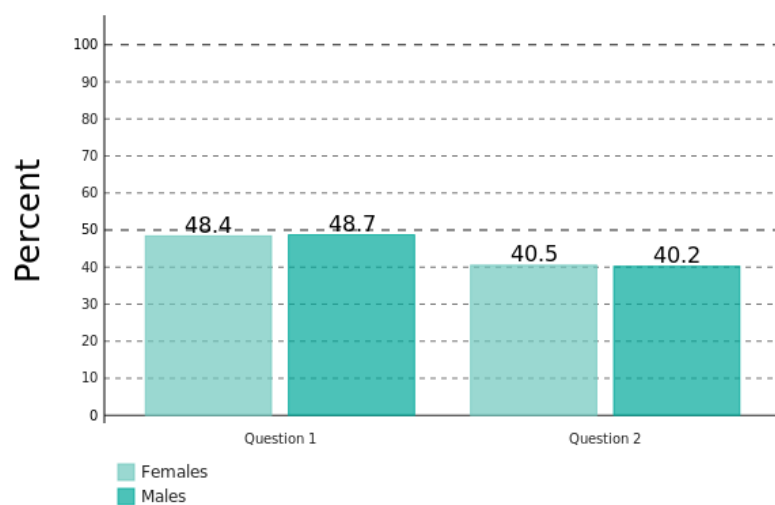
Yes, policies exists and are consistently implemented

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

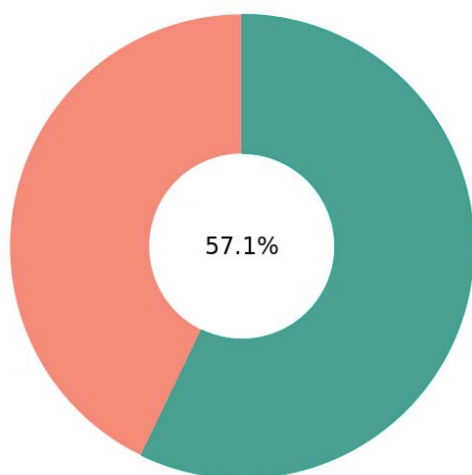
Yes

4.1 Discriminatory attitudes towards people living with HIV, Georgia (2019)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

Georgian national HIV program is focused on key young population (young FSWs, PWIDs and MSM) as on the sub-groups of KAPs and provides access to HIV prevention, testing, treatment and care services as of the sub-groups of KAPs. Annual general population awareness raising media campaigns aims at increasing of young people knowledge on HIV infection and also spreads information regarding the available screening and treatment services. School based youth have access to HIV prevention information through healthy life promotion education programs that is available as an optional class.

Young people, especially young key populations (YKPs), are particularly vulnerable to HIV in all epidemic settings, due to the lack of access to Comprehensive Sexuality Education (CSE) and to SRH services; often reason also is related to stigma and discrimination.

Evidence generated from the FGDs among the YKPs on Access and Barriers to HIV/SRHR services to identify and better understand the availability and access of YKPs to HIV/SRH services has shown that access to and uptake of HIV prevention services by adolescents (especially YKPs) is lower than for many other groups, leaving them disadvantaged in terms of seeking and being linked to HIV prevention, treatment and care services. This qualitative information gave opportunity to develop the recommendations for national partners and service providers to enhance actions on SRH and HIV prevention strategies for YKPs, also initiated development of a Health, Rights & Well-Being - Programming Tool for YKPs in EECA Region. EECA region pioneered the development of this tool for YKPs sparking high demand for adaptation at the national level.

In 2017, six workshops were conducted on how to deliver HIV and Sexual and Reproductive Health and Rights (SRHR) Programs for Young Key Populations (YKPs) and to develop an approach on how to reach young key population in order to provide them with the information, skills and access to SRHR services. In total 82 participants from harm reduction service organizations, SRHR service provider organizations, LGBT community organizations, HIV+ community organizations and activists, sex workers' community organizations and activists, youth NGO representatives participated in the workshops to support advocacy for rollout of the document across the country. The workshops also served as the platform to discuss about the challenges and opportunities within the complex environment where governments and civil society face significant constraints in openly addressing these issues and how organizations working on HIV and SRHR must be engaged.

Also, since 2017 AHF is working in Georgia on development of youth friendly HIV testing sites in two large cities of the country where any young person can go and get tested on HIV and receive condoms with gradual country level expansion plan of youth friendly HIV testing sites development in coming years. In 2019 AHF was organized large youth event to promote HIV testing and condoms. AHF supplies NGO/CBOs with HIV rapid tests for screening of youth.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

No

b) Secondary school

No

c) Teacher training

No

Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

The social protection act of Georgia ensures equal social benefits for all citizens including PLHIV or people at risk of the infection based on their household assessment scores. People below 70 score have social pension and free access to all health services. PLHIV, as well as any other citizen of Georgia, benefit from universal health care program which guarantees free access to emergency and basic health care services. The same time PLHIV have free access to specialized HIV diagnostics and treatment services, including ARV medicines and lab monitoring as well as to peer support and home based care services in 4 largest cities (Tbilisi, Kutaisi, Batumi and Zugdidi) of the country. Although some members of PLHIV community demands development of special HIV sensitive social protection policies, the majority of them reluctant to seek such support due to high HIV related stigma, including self-stigma. As social support HIV positive mothers receive free infant formula for their newborns also through the National AIDS Center and the regional AIDS Centers. In 2019 33% of registered PLHIV accessed peer-support centers for psycho-social services.

Policy questions (2019)

Does the country have an approved social protection strategy, policy or framework?

Yes, and it is being implemented

a) Does it refer to HIV?

No

b) Does it recognize people living with HIV as key beneficiaries?

No

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

No

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d) Does it recognize adolescent girls and young women as key beneficiaries?

No

e) Does it recognize children affected by HIV as key beneficiaries?

No

f) Does it recognize families affected by HIV as key beneficiaries?

No

g) Does it address the issue of unpaid care work in the context of HIV?

No

What barriers, if any, limit access to social protection programmes in your country?

- Social protection programmes do not include people living with HIV, key populations and/or people affected by HIV
- Fear of stigma and discrimination

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

More than half of the Georgian National HIV Response budget is utilized by the NGOs and CBOs that are responsible for all HIV prevention and HIV, HBV, HCV and STIs screening interventions among KAPs. Mainly funding for NGO/CBOs comes from the Global Fund. PWID and MSM communities are directly responsible for HIV prevention and screening interventions among their peers. MSM community is largely involved in the PrEP recruitment and monitoring interventions also. PLHIV community organizations provide peer support to HIV positive people and their partners and family members, thus the civic society places key role is HIV service delivery in Georgia. In 2019 with support of the Global Fund international consultation was obtained to assess feasibility and promptness of funding the KAPs services from the State HIV Program budget based on the RBF model. Based on the positive evaluation provided during the international consultation country plans to develop relevant service procurement and implementation packages for each KAP group and start piloting of new RBF funding model in 2020 for PWIDs.

Policy questions (2019)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

- Registration of HIV CSOs is possible
- Registration of CSOs/CBOs working with key populations is possible
- HIV services can be provided by CSOs/CBOs
- Services to key populations can be provided by CSOs/CBOs
- Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

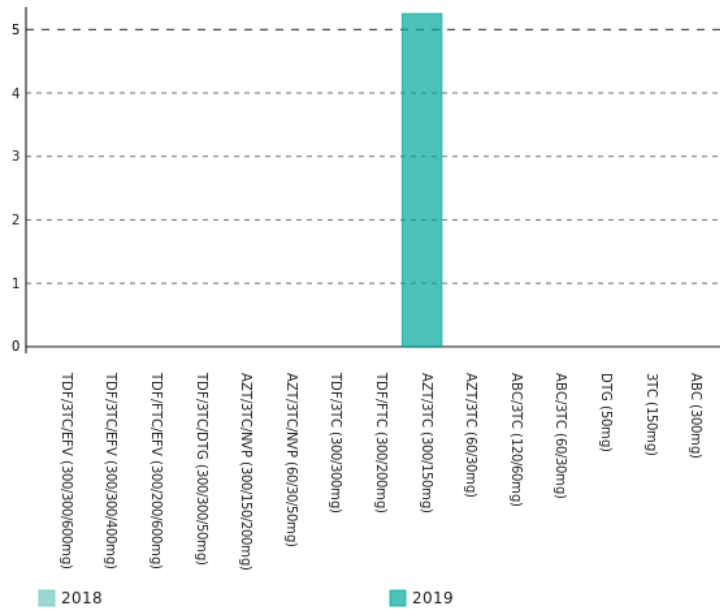
HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

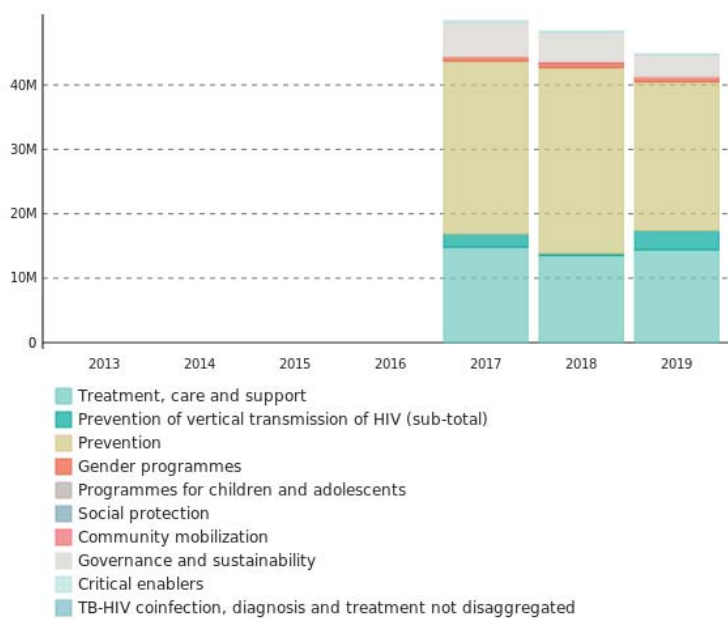
Progress summary

Georgia maintains increasing funding trend for the National HIV Program. In 2019 total spending on HIV programs was ?? million USD. Spending on HIV prevention programs accounted to ??% of total HIV expenditures in 2019.

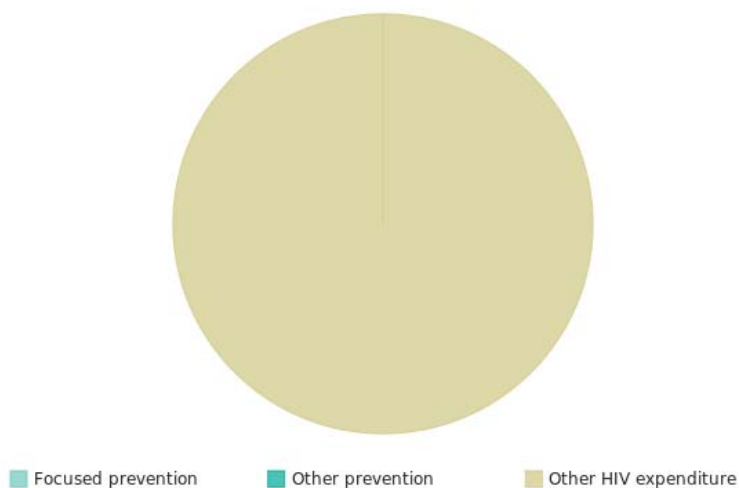
8.2 The average unit prices of antiretroviral regimens (in US\$), Georgia (2018-2019)



8.3 HIV expenditure by programme category, Georgia (2013-2019)



Share of effective prevention out of total, Georgia (2019)



Structure of investments on effective and other prevention programmes (%), Georgia (2019)



Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

Community based organizations of PLHIV in Georgia (HAPS and Real People, Real Lives, Brotseuli) provide legal support or direct PLHIV to free community friendly legal companies, like “Young Lawyer’s Association of Georgia” to defend their legal rights in case of work, social or health related discrimination cases/issues. PLHIV and their family members have opportunity to take part in educational events organized by HAPS and Real People, Real Lives to increase their awareness on their rights and regarding the services that are available for them. The same organizations advocate for improvement of PLHIV related policies and programs at the national level. There are some PLHIV champions who overcome self-stigma and openly defend PLHIV rights and demand improvement of access to various services. In 2019 community advocacy helped to change ART delivery schedules for PLHIV with having opportunity to get three month refill instead of monthly visits to treatment centers. Mobile ART units supports PLHIV who can’t access the treatment sites to get ART monitoring and medicines at homes also.

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

Yes

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

- Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

- Affordability constraints for people from marginalized and affected groups
- Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

10. Georgia as one of the FSU countries had vertical health systems for HIV, TB and viral hepatitis prevention, treatment and control that had a little room for development of people-centred integrated health delivery models. During the last decade the decentralization of the services was prioritized by the Georgian Government, including in relation to HIV, TB and viral hepatitis. Access to full HIV and TB services (screening, confirmation, treatment and care) was guaranteed to patients not only in the Capital City Tbilisi but in regional centres of the country based on the epidemic's geographic distribution patterns. The service decentralization has been especially accelerated within the Georgia's initiative to eliminate hepatitis C by 2020 that has catalyzed the HIV and TB screening interventions' integration with hepatitis C screening services at different level of health care, including primary care, secondary and tertiary care institutions. Integrated HIV, TB and hepatitis C cases' laboratory confirmation model explored in one of the regions of the country during 2017-2018 was replicated to other regions in 2019 that will further improve detection of all three disease, access to services and will support HIV, TB and hepatitis related stigma reduction at health care institutions. There is a strong collaboration between TB and HIV services ensuring effective implementation of collaborative HIV/TB activities, including HIV screening of all persons with active TB disease, TB case finding among HIV positive persons and provision of treatment for both diseases. The prevalence of HIV among TB patients remained low – below 3.5% in 2019 and at all time points over the last decade. The new and relapse TB cases among newly diagnosed HIV patients was 22 (it was 51 in 2018). Many of the TB/HIV co-infected patients have deteriorated immune system at the time of the diagnosis that is why TB is major cause of death in HIV persons despite the universal availability of treatment for both diseases. Estimates of TB/HIV treatment coverage is over 90% and significantly exceeds global and European figures.

Georgia was the first country in the region to ensure universal access to free hepatitis C treatment for HIV/HCV co-infected persons. It started in 2011 within the Global Fund supported program and from 2015 continued within the national hepatitis C program. Over 2011-2015, 420 persons received dual therapy with pegylated interferon and ribavirin. By the end of 2019 17.2% (782) of PLHIV on ART had confirmed HCV infection. Since the start of elimination program a total of 702 (??) PLHIV were treated achieving very high (98%) cure rates. In 2019 National AIDS Center has organized international conference dedicated to elimination of hepatitis C among PLHIV in Georgia with an ultimate goal to reach HCV elimination among registered PLHIV by the end of 2020.

Policy questions (2019)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

No

b) The national strategic plan governing the AIDS response

No

c) National HIV-treatment guidelines

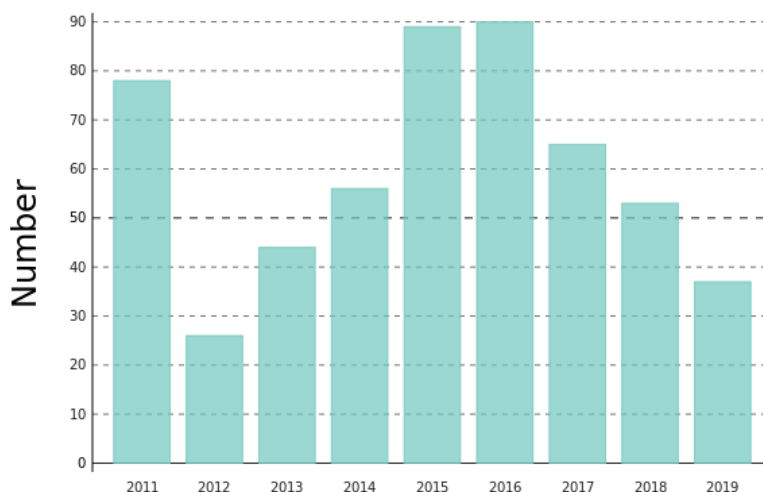
Yes

What coinfection policies are in place in the country for adults, adolescents and children?

- Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV
- Intensified TB case finding among people living with HIV
- TB infection control in HIV health-care settings
- Co-trimoxazole prophylaxis
- Hepatitis B screening and management in antiretroviral therapy clinics
- Hepatitis C screening and management in antiretroviral therapy clinics
- Hepatitis B vaccination provided at antiretroviral therapy clinics
- Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics
- None

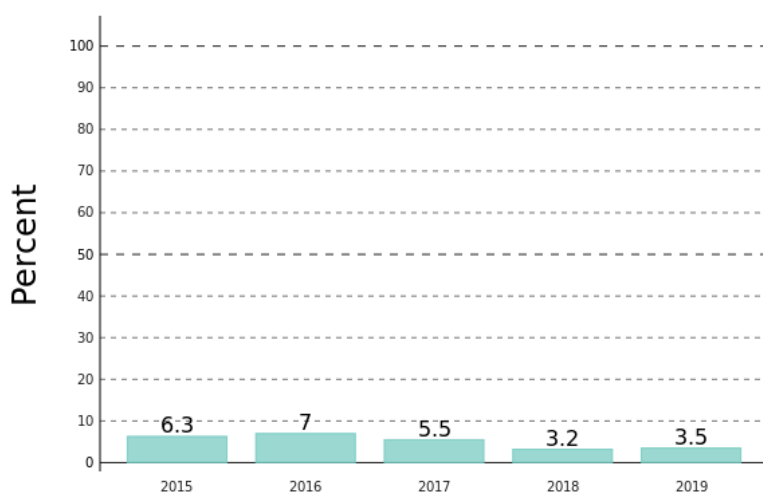
10.1 Co-managing TB and HIV treatment, Georgia (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



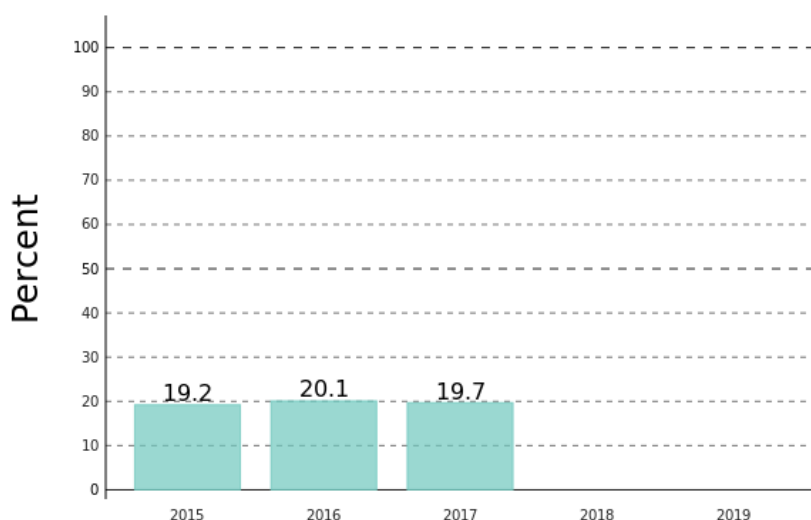
10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Georgia (2015-2019)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



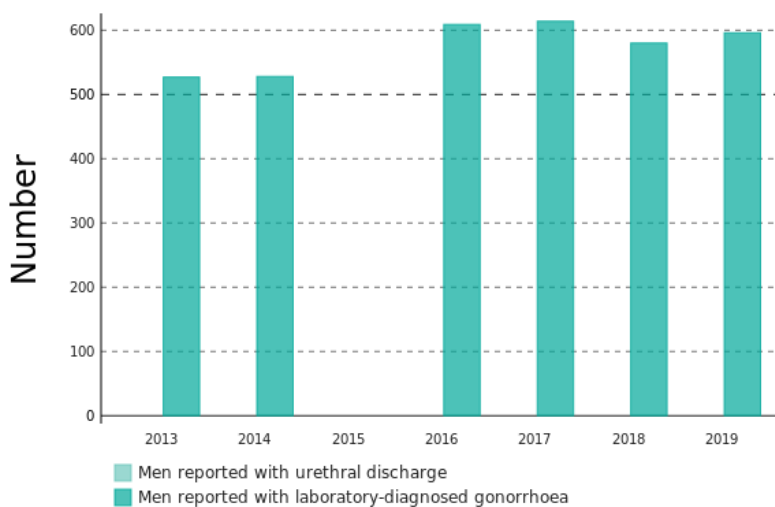
10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Georgia (2015-2019)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period



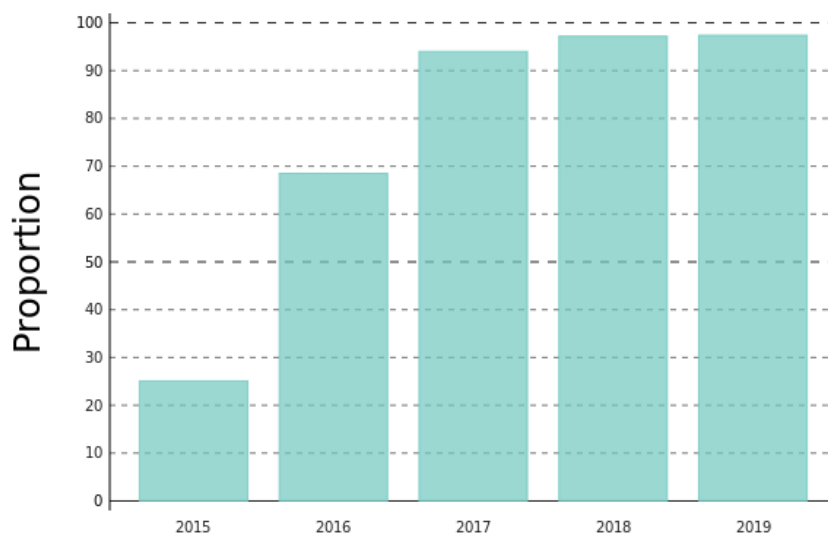
10.4/10.5 Sexually transmitted infections, Georgia (2013-2019)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months



10.6 Hepatitis testing, Georgia (2015-2019)

Proportion of people starting antiretroviral therapy who were tested for hepatitis C virus (HCV)



10.7 People coinfecting with HIV and HCV starting HCV treatment, Georgia (2015-2018)

Proportion of people coinfecting with HIV and HCV starting HCV treatment

