Country progress report - Georgia

Global AIDS Monitoring 2018

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Progress summary

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. 6,471 cases of HIV infection was identified since the beginning of HIV epidemic in 1989. The number registered PLHIV was 5,090 by the end of 2017. The estimated number of PLHIV is 10,500, indicating that about 52% of PLHIV are not aware of their HIV positive status. Although HIV epidemic remains stable among PWIDs and FSWs (<2.3% prevalence), the alarming HIV prevalence (20.7%) and fast increasing trend of new infections was observed among MSM during the last several years (IBBSS, Tbilisi and Batumi, 2015). Annual number of newly detected HIV cases ranges between 600 and 700, with a slight (12%) declining tendency for 2017.

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 will be increasing in coming years proportionally to sustain and scale up HIV prevention, treatment and care interventions previously supported through the GF grants. 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 the country will develop a new NSP for the period of 2019-2023 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.

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 81% in 2017; viral suppression rates among those on treatment increased from 84% in 2015 to 89% in 2017, the progress is relatively slow for the first 90 (only half of estimated PLHIV was identified by the end of 2017) 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 35% of PLHIV on ART virally suppressed which is not sufficient to derive maximum individual and public health benefits of ART.

Policy questions (2017)

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

a) Is solely performed based on voluntary and informed consent

Yes

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

No

d) Is mandatory for certain groups

Yes

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 it the implementation status?

No threshold; TREAT ALL regardless of CD4 count; Implemented countrywide

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, fully implemented

b) For children

Yes, fully implemented

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

Georgia is moving towards dual HIV and syphilis mother to child transmission elimination by the end of 2019. 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 2017 51 (46 with known HIV diagnosis and 5 new) HIV Pregnant women gave birth and all of them received ART. In 2017 all 51 children of HIV positive mothers received prophylactic ART and transmission rate was 0.

Elimination of mother to child transmission (EMTCT) has been prioritized by the government and relevant National EMTCT Board was created by the Minister's of Labour, Health and Social Affairs in 2017 to lead the elimination process. Due to UNICEF's and UNFPA's strong positioning in this area (in 2015 UNFPA supported NCDC representatives to participate in the WHO Regional Consultation on EMTCT of HIV and Congenital Syphilis in the WHO European Region in Astana), in 2017 UNFPA joined WHO initiative and in partnership with the UNICEF provided technical assistance to NCDC to strengthen EMTCT country efforts and deliver the EMTCT guiding documents aligned with the objective of the National Maternal &Newborn Health Strategy 2017-2030, such as; a) National EMTCT Self Assessment Indicators with passports and data sources according to the WHO EMTCT self assessment tool; b) EMTCT National Plan for 2018-2019; and c) M&Eplan based on the targets and objectives of EMTCT National Plan with detailed description of M&E tasks.

HIV positive children detected at older ages through provider initiated testing or HIV infected blood recipient children have full access to paediatric ARVs countrywide, including in conflict zone Abkhazia. In 2017 22 children (<10 years) were on ART in Georgia.

Policy questions (2016)

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

No

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; Implemented countrywide

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 54.8% of PWIDs and 51.8% of FSWs were covered by HIV prevention interventions (Programmatic Data, 2017). Although, coverage of MSM with HIV prevention package interventions was increased up to 22.6% 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 with a plan to expand it to other regions of the country from 2018. A new HIV NSP to be developed in 2018 will have 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 MSMIT tools are embedded within the standards, as well as with the National HIV/AIDS Strategic Plan (NSP) for 2016–2018;

Based on National Standards on HIV prevention for key populations and SWIT and MSMIT tools the first ever training module on HIV Prevention and SRH Service Standards for Key Population for service providers has been developed in close partnership with NCDC /GFATM and AIDS Center. As the next step, UNFPA supported pilot trainings for service providers who are providing HIV prevention and SRH services to key populations and their partners. The 3-day training was delivered for 40 services providers from the cities with the highest HIV prevalence rates.

Prison population is not left behind of HIV prevention interventions, inmates has access to HIV VCT, condoms, peer support interventions and risk reduction counselling. In 2017 more than 50% of prisoners received HIV VCT.They have access to HCV and TB screening and treatment also.

Policy questions: Key populations (2016)

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Other punitive 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?

Drug use or consumption is a specific offence in law

Legal protections for key populations

Transgender people

Constitutional prohibition of discrimination based on gender diversity

Sex workers

No

Men who have sex with men

Constitutional prohibition of discrimination based on sexual orientation

People who inject drugs

Yes

Policy questions: PrEP (2017)

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

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 2018, new amendments addressing gander 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 farther 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.

As soon as the National referral mechanism will be adopted by the government of Georgia, the package of health related recommendations will be presented to the Minister for adopting it by internal organizational Decree.

In 2017, 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.

PLHIV discrimination remains a hidden issue in Georgia as due to high stigma PLHIV don't report violation of their legal, health and social rights. Although, surveys conducted among PLHIV indicate that they face difficulties in access to health care services outside of HIV specialized clinics if their HIV positive status is revealed. In such cases the community based PLHIV organizations provide peer support to PLHIV and their partners/family members.

Policy questions (2016)

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

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

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, from 2018 AHF is planning to establish 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.

Policy questions (2016)

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

Yes

c) Teacher training

Yes

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.

Policy questions (2016/2017)

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

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

No

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?

No

f) 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

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 Program 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. 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 2017, UNFPA continued support community organizations as at the local level, as well as EECA regional organizations in the implementation of GFATM grant on the rights to Health for MSM transgender people, including MSMIT. Two capacity development workshops with the representatives of five community organizations to introduce the TOT Manual on Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men (MSMIT) have been conducted in Tbilisi. Community organizations were sensitized on PrEP, MSMIT and the Health, Rights and Well-Being Practical Tool for HIV and SRH Programmes for YKPs

Policy questions (2017)

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

No

What safeguards in laws, regulations and policies, if any, 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

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

-

b) Female condoms:

-

c) Lubricants:

-

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 2017 total spending on HIV programs was increased by 7% and reached 19.9 million USD. About 70% of HIV program expenditures are covered through domestic funds, including small percent (3%) covered from private sector. Spending on HIV prevention programs accounted to 58% of total HIV expenditures in 2017.

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) 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 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.

Policy questions (2016)

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)?

Ombudsman's office support

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

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 also 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 catalysed 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. Currently integrated HIV, TB and hepatitis C cases' laboratory confirmation model is explored in one of the regions of the country also that will farther 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 5% at all time points over the last decade. Prevalence of TB among newly diagnosed HIV patients is around 5-7. 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 coverage.

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. Since the start of elimination program in 2015 a total of 684 PLHIV were treated with highly effective direct acting antivirals, achieving very high cure rates.

Policy questions (2016)

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)

Yes

b) The national strategic plan governing the AIDS response

Yes

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