

Georgia Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

Data for the National Commitments and Policy Instrument (NCPI) have been collected by administering NCPI questionnaire recommended by the GLOBAL AIDS RESPONSE PROGRESS REPORTING 2012 Guideline. The questionnaire was translated into Georgian and distributed among all key stakeholders; Part (A) of the questionnaire has been completed by the Government officials, Part (B) by the Civil Society Organizations, Bilateral Donors and UN agencies. All completed NCPI questionnaires were reviewed by the technical coordinators, data consolidated and preliminary results were discussed at the National consultation meeting organized by the NCDCPH on March 27, 2012. Two separate meetings were held for government organizations, and NGOs/donor organizations. In order to obtain the necessary information, the most knowledgeable key people were interviewed about the specific topics. Based on completed questionnaires, interviews and consensus reached during the consultation meetings, the NCPI responses were finalized and presented at the final workshop held on March 30, 2012 for validation and approval. The final NCPI data were submitted using the dedicated software provided on the Global AIDS Progress reporting website (www.unaids.org/AIDSReporting) and attached the Global Country Progress Report.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

-

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Country Coordinating Mechanism	Eka Iashvili/HIV/AIDS Consultant	Yes	Yes	Yes	Yes	Yes	Yes
The Ministry of Labor, Health and Social Affairs	Ketevan Goginashvili/Chief Specialist at Policy Division of Healthcare Department	Yes	Yes	Yes	Yes	Yes	Yes
Penitentiary System	Davit Asatiani/Head of Medical Department	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Justice	Ana Marjanidze	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Education	Irine Kurdadze/Deputy Minister	Yes	Yes	Yes	Yes	Yes	Yes
National Center for Disease Control and Public Health	Nata Avaliani/Director General	Yes	Yes	Yes	Yes	Yes	Yes
Infectious Diseases, AIDS and Clinical Immunology Research Center	Otar Chokoshvili/Epidemiologist	Yes	Yes	Yes	Yes	Yes	Yes
Research Institute on Drug Addiction	Khatuna Todadze/Deputy Director	Yes	Yes	Yes	Yes	Yes	Yes
National Center for TB and Lung Diseases	Ucha Nanava/Database Manager	Yes	Yes	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Association "Tanadgoma"	Nino Tsereteli/Director	Yes	Yes	Yes	Yes	Yes
Curatio International Foundation	Merab Eliosishvili/Project Manager	Yes	Yes	Yes	Yes	Yes
World Vision Georgia	Davit Raminashvili/HIV Project Officer	Yes	Yes	Yes	Yes	Yes
Unicef	Tamar Ugulava/Health Specialist	Yes	Yes	Yes	Yes	Yes
UNAIDS	Lia Tavadze/Social Mobilization Adviser	Yes	Yes	Yes	Yes	Yes
UNFPA	Natalia Zakareishvili/Officer	Yes	Yes	Yes	Yes	Yes
Public Union "Bemoni"	Lela Tavzarashvili/Expert	Yes	Yes	Yes	Yes	Yes
World Bank	Nino Moroshkina/Health Specialist	Yes	Yes	Yes	Yes	Yes
USAID	Tamar Sirbiladze/senior Health Adviser	Yes	Yes	Yes	Yes	Yes
The Global Fund	Nia Khetaguri/	Yes	Yes	Yes	Yes	Yes
Harm Reduction Network	Maka Gogia/Program Director	Yes	Yes	Yes	Yes	Yes
USAID Georgia HIV prevention project	Mzia Tabatadze/HIV Policy and Advocacy Expert	Yes	Yes	Yes	Yes	Yes
WHO Country Office	Amiran Gamkrelidze/Country Programme Coordinator STIs/HIV/AIDS	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2011-2016

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

HIV/AIDS Surveillance function has been formally re-assigned to NCDCPH and local technical assistance has been secured to strengthen HIV/AIDS surveillance system of the Civil society participation in planning and budgeting of the national response and their role in delivering preventive, curative and supportive services has significantly increased. The civil society is a full partner in HIV/AIDS national response.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

The Country Coordinating Mechanism; the Ministry of Labor, Health and Social Affairs; The Georgia Health and Social Projects Implementation Center – the principle recipient of Global Fund grant; The National Center for Disease Control and Public Health (NCDCPH), The Infectious Diseases, AIDS and Clinical Immunology Research Center;

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy Earmarked Budget

Yes	Yes
Yes	Yes
No	No
Yes	Yes
No	No
Yes	No
Yes	Yes

Other [write in]:

-

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

No

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

Target populations were identified by considering country local context and through national consultation meetings.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

IDUs; MSM; CSW; Youth; Prisoners; People with HIV clinical signs and symptoms; People with B,C hepatitis.

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

Representatives of NGOs were actively involved in the preparation of the National HIV/AIDS Strategic plan for 2011-2016.

Also representatives of local NGOs are the members of STI/HIV Prevention Task Force (PTF), Country Coordinating Mechanism (CCM) and all other unities, who work on HIV/AIDS related problems.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

- 1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

No

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

No

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

Georgia National HIV/AIDS Monitoring and Evaluation Framework, Operations Manual & Operationalization plan has been created on February 2011. Initial steps are taken by NCDC & PH (National center for disease and public health) in formulating M&E working group, NGO sector will be presented in this group. New National HIV/AIDS Strategy for 2011-2016 was adopted.

What challenges remain in this area:

Detailed annual plan doesn't exist and the financial mechanism for implementation is not finalized.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

In 2011 the president of Georgia in his annual presentation, mentioned the success achieved by the HIV/AIDS Center in this field and awarded them with state honor.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Sandra Elisabeth Roelofs - First Lady of Georgia

Have a defined membership?:

Yes

IF YES, how many members?:

24

Include civil society representatives?:

Yes

IF YES, how many?:

8

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

The CCM has been operating with a multi-sectoral mandate for coordinating the national response. It includes broad representation from all relevant ministries, government institutions, UN, civil society organizations, bilateral and multilateral agencies as well as organizations representing people living with HIV. While seeking enhanced representation of NGO sector in the CCM, local NGOs are selected on a rotational basis through the STI/HIV Prevention Task Force (PTF).

What challenges remain in this area:

-

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

2.3%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

In 2009 Parliament of Georgia adopted new law on HIV/AIDS, which improved overall legal environment for national response.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

The new law on HIV/AIDS does not address regulatory barriers for drug users and prisoners stemming from criminal code of the country.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

Increasing of state budget. The strengthening of NCDCC role in this area.

What challenges remain in this area:

-

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Law on Human Rights; Law on Public Health; Law on Patients Rights; Law on Health. General nondiscrimination provision is included in these laws.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

Sub-laws, which regulates the operations of the law. e.g. Health Minister decree on State Program.

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

Yes

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

Consumption of drugs is an administrative misdemeanor; State regulations and attitudes of prison authorities are highly restrictive. penalty 500 GEL(300USD) is defined by law for drug consumption.

Briefly comment on how they pose barriers:

State laws, regulations and policies that are relevant to drug use and preventive work among IDUs are limited factors for effective response to HIV/AIDS. e.g. there is no Law on needle exchange, this causes the Needle Exchange Program to work incomplete, IDUs have fear to bring needles and change it to new ones, that's why program works more on distribution rather than on exchange.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

No

Be faithful:

Yes
Be sexually abstinent:
 Yes
Delay sexual debut:
 Yes
Engage in safe(r) sex:
 Yes
Fight against violence against women:
 Yes
Greater acceptance and involvement of people living with HIV:
 Yes
Greater involvement of men in reproductive health programmes:
 Yes
Know your HIV status:
 Yes
Males to get circumcised under medical supervision:
 No
Prevent mother-to-child transmission of HIV:
 Yes
Promote greater equality between men and women:
 Yes
Reduce the number of sexual partners:
 Yes
Use clean needles and syringes:
 Yes
Use condoms consistently:
 Yes
Other [write in below]:
 -

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in _____

Primary schools?:

No

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

No

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

In 2011 in a frame of USAID funded Georgia HIV Prevention Project (GHPP), "Behavior Change Communication Strategy" was created for the effective implementation of prevention of HIV infection in high risk groups.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	No	-
Yes	Yes	Yes	Yes	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
No	No	Yes	Yes	No	-
Yes	Yes	Yes	Yes	No	-
Yes	Yes	Yes	Yes	No	-

No	No	No	No	No	-
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3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

8

Since 2009, what have been key achievements in this area:

Introduction of Opioid Substitution Treatment (OST) program in prisons.

What challenges remain in this area:

The restriction of anonymity on demand of HIV/AIDS state program. State program on HIV/AIDS demands presenting the personal number from beneficiary.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Specific needs for HIV prevention programs have been identified through the BSS studies conducted among different sub-populations (CSWs, IDUs, MSMs and prisoners). The study results were used for the purposes of intervention planning, advocacy and policy-making

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Agree

IEC on risk reduction:

Disagree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Disagree

Universal precautions in health care settings:

Disagree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

7

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Based on guiding principles of accessibility, quality of care and equity of access, National AIDS Center, back in 2004, developed comprehensive approach for provision of treatment and care services that determined the success of the program.

Effective selection algorithm, which includes 4-monthly clinical and laboratory monitoring of all registered patients, ensures that all patients in need of treatment are timely started on ART. The algorithm has been a key for maintaining universal access over the last 7 years with 98% of eligible patients receiving lifesaving therapy in 2011. As per the Georgian National guidelines, the standard of ART monitoring relies upon laboratory monitoring of CD4 count, HIV-1 viral load, and development of resistance based on a resistance-genotype detection when indicated.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Two important initiatives were started in 2011. The first initiative is directly linked to ART program is the implementation of HIV drug resistance (HIVDR) strategy, which started in 2011. The strategy aims to support ART program in terms of preventing emergence and transmission of HIVDR. The other initiative addresses burden of HIV/HCV co-infection. Study conducted by the National AIDS Center identified high prevalence of HCV infection and resulting morbidity and morbidity among people living with HIV in Georgia. The study served as basis for application to TGF succeeded to secure funds for treating hepatitis C among dually infected patients. This program started enrolling patients in 2011. 2011 also marked the launch of web-based AIDS health information system (AHIS). Developed by the National AIDS Center, AHIS networks all HIV/AIDS clinical facilities countrywide and has been regarded as exemplary for other fields of healthcare. AHIS captures epidemiological, clinical and laboratory data on all patients registered since the start of the epidemic. Its implementation represents important advancement for individual patient management, as well as program monitoring and planning.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Neutral

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Strongly Agree

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Services that contribute to improving quality of life of people living with HIV in Georgia include palliative (institutional and home-based) care, food assistance, close linkages with drug dependence and tuberculosis services and network of patient self-support centers.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

N/A

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

Two important initiatives were started in 2011. The first initiative is directly linked to ART program is the implementation of HIV drug resistance (HIVDR) strategy, which started in 2011. The strategy aims to support ART program in terms of preventing emergence and transmission of HIVDR. The other initiative addresses burden of HIV/HCV co-infection. Study conducted by the National AIDS Center identified high prevalence of HCV infection and resulting morbidity and mortality among people living with HIV in Georgia. The study served as basis for application to TGF succeeded to secure funds for treating hepatitis C among dually infected patients. This program started enrolling patients in 2011. 2011 also marked the launch of web-based AIDS health information system (AHIS).

What challenges remain in this area:

Improve earlier diagnosis: Increase coverage with HIV testing and counseling among MARPs, especially among IDUs; To implement HIV indicator disease guided testing and counseling in healthcare system particularly focusing on primary healthcare

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

N/A

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

Nearly universal access to treatment.

What challenges remain in this area:

Important challenge currently treatment and care services face is the early loss of patients due to late HIV diagnosis. Five year assessment of ART program outcomes showed that advanced immunodeficiency at the time of HIV diagnosis was the major cause of death (Tserstadvze et al., AIDS Res Treat. 2011). Currently, as it is shown in this report, significant proportion of newly diagnosed HIV patients enter healthcare late in the course of their chronic HIV infection and this situation has remained stationary over the last several years. Two major reasons underlying this problem is the low HIV testing uptake among key populations and missed opportunities to diagnose HIV earlier in healthcare setting as identified by operational research conducted by the National AIDS Center. Consequently two strategic approaches were outlined to improve earlier diagnosis: - To increase coverage with HIV testing and counseling among MARPs, especially among IDUs - To implement HIV indicator disease guided testing and counseling in healthcare system particularly focusing on primary healthcare

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

In order to implement the Monitoring & evaluation system in the Country, initial steps have been taken regarding the establishment of the M&E unit at the NCD/CPH. The recently assigned M&E Coordinator has started to fulfill the roles and responsibilities according to the National M&E workplan. Also decision regarding the creation of the Working group on M&E issues, comprised by the experts from governmental and nongovernmental organizations has been made. The budget for the proper implementation of different activities has to be revised and adjusted.

1.1 IF YES, years covered:

2011-2013

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, all partners

Briefly describe what the issues are:

Representatives of civil society were actively involved in the preparation of M&E framework. NGO sector will be presented in the M&E working group.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

No

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

No

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

0%

4. Is there a functional national M&E Unit?:

In Progress

Briefly describe any obstacles:

In order to implement the system, initial steps have been taken regarding the establishment of the M&E unit at the NCDCPH. The newly assigned M&E Coordinator has started to fulfill the roles and responsibilities according to the National M&E work plan. The rest of the staff will be assigned shortly.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

No

In the National HIV Commission (or equivalent)?:

No

Elsewhere [write in]?:

NCDCPH which is under control of Ministry of Health.

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

No

Briefly describe the data-sharing mechanisms:

-

What are the major challenges in this area:

Under implementation process

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

No

6. Is there a central national database with HIV- related data?:

Yes

IF YES, briefly describe the national database and who manages it.:

Clinical database which is managed by Infectious Diseases, AIDS and Clinical Immunology Research Center National Surveillance database which is managed by NCDCPH

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

No

IF YES, at what level(s)?:

-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

No

8. How are M&E data used?

For programme improvement?:

No

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

-

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

26

At subnational level?:

No

At service delivery level including civil society?:

Yes

IF YES, how many?:

6

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

4

Since 2009, what have been key achievements in this area:

Establishment of the M&E unit at the NCDCPH.

What challenges remain in this area:

In order to implement the system, initial steps have been taken regarding the establishment of the M&E unit at the NCDCPH. The newly assigned M&E Coordinator has started to fulfill the roles and responsibilities according to the National M&E work plan. The rest of the staff will be assigned shortly..

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

5

Comments and examples:

Representatives of civil society were actively involved in the preparation of the National HIV/AIDS Strategic plan for 2011-2016 and M&E framework. Also representatives of local NGOs are the members of STI/HIV Prevention Task Force (PTF), Country Coordinating Mechanism (CCM) and all other unities, who work on HIV/AIDS related problems. The level of participation of civil society representatives in advocacy activities is increased. e.g. Active involvement in drug policy advocacy.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

5

Comments and examples:

Representatives of civil society have been actively involved in the planning and budgeting process of the National HIV/AIDS Strategic plan for 2011-2016.

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

1

c. The national HIV reports?:

3

Comments and examples:

B.) Only NGOs who work on Opioid Substitution Treatment are funded from National HIV budget. C.) NGOs constantly

participate in preparation of international HIV/AIDS reports e.g. UNGASS country progress report 2010, WHO/Universal Access to HIV/AIDS Prevention Treatment and Care 2009.

4.
a. Developing the national M&E plan?:
5
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
:
2
c. Participate in using data for decision-making?:
3
Comments and examples:
B.)Georgia National HIV/AIDS Monitoring and Evaluation Framework, Operations Manual&Operationalization plan has been created on February 2011. Initial steps are taken by NCD&PH (National center for disease and public health) in formulating M&E working group, NGO sector will be presented in this group.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4
Comments and examples:
There are few organizations which consists of people living with HIV, sex workers and other risk groups, because of stigma. Although presented organizations doesn't have barriers for inclusion in HIV/AIDS related efforts.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access
a. Adequate financial support to implement its HIV activities?:
3
b. Adequate technical support to implement its HIV activities?:
4
Comments and examples:
Financial support for civil society to implement HIV activities is decreased from both, the government and the donor organizations. Technical support is much better then financial.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?
People living with HIV:
<25%
Men who have sex with men:
>75%
People who inject drugs:
>75%
Sex workers:
>75%
Transgendered people:
>75%
Testing and Counselling:
51-75%
Reduction of Stigma and Discrimination:
>75%
Clinical services (ART/OI)*:
<25%
Home-based care:
<25%
Programmes for OVC:**
<25%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

9
Since 2009, what have been key achievements in this area:
1.) Increased role of civil society in advocacy activities 2.) Involvement in Country Coordinating Mechanism (CCM) 3.) Involvement in STI/HIV Prevention Task Force (PTF) 4.) Participation in preparation of the National HIV/AIDS Strategic plan for 2011-2016
What challenges remain in this area:
Due to high stigma and inappropriate legislation. MSM, CSW and other vulnerable population couldn't establish organizations and involve in civil activities

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

PLWH (People Living With HIV/AIDS) are the members of Country Coordinating Mechanism (CCM), but other vulnerable populations doesn't reveal a desire to involve in various activities due to stigma.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

Law on Human Rights; Law on Public Health; Law on Patients Rights; Law on Health. General nondiscrimination provision is included in these laws, but the absence of the specific laws leaves gaps for discrimination.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Sub-laws, which regulates the operations of the law. e.g. Health Minister decree on State Program.

Briefly comment on the degree to which they are currently implemented:

By the Health Care Law of Georgia Article 4. "The principles of the state policy in the field of health care are the following: a.) To provide the population with universal and equal accessibility to medical care within the frames of state-funded medical programs."

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

Consumption of drugs is an administrative misdemeanor; State regulations and attitudes of prison authorities are highly restrictive. penalty 500 GEL(300USD) is defined by law for drug consumption.

Briefly comment on how they pose barriers:

State laws, regulations and policies that are relevant to drug use and preventive work among IDUs are limited factors for effective response to HIV/AIDS. e.g. there is no Law on needle exchange, this causes the Needle Exchange Program to work incomplete, IDUs have fear to bring needles and change it to new ones, that's why program works more on distribution rather than on exchange.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

1.) Domestic violence Law of Georgia 2.) Law of Georgia on Gender Equality; Article 9. Gender equality in the sphere of healthcare and social protection 1. In the sphere of healthcare and social protection universal and equal access to medical assistance shall be ensured for the population without discrimination based on sex. 2. Special measures implemented for the purpose of support to the health of mothers and children, family planning and protection of women's reproductive rights, as well as state policy for protection of pregnant women and motherhood, and other measures implemented in view of gender characteristics shall not be considered as discrimination.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

National HIV/AIDS Strategy and the country's law on HIV/AIDS protects the human rights.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

Public defender's office (ombudsman's office) is working on health right issues in country of Georgia, but due to stigma in key populations and other vulnerable sub-populations, it doesn't work effectively.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	No	No
No	Yes	No
No	Yes	No

If applicable, which populations have been identified as priority, and for which services?:

1.) IDU and their partners (IDU testing on HIV, needle exchange program) 2.) CSW and their clients, MSM (STI diagnostics)

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

Health Care Law of Georgia Article 4. The principles of the state policy in the field of health care are the following: a.) To provide the population with universal and equal accessibility to medical care within the frames of state-funded medical programs. ; THE CONSTITUTION OF GEORGIA. Article 14. Everyone is free by birth and is equal before law regardless of race, colour, language, sex, religion, political and other opinions, national, ethnic and social belonging, origin, property and

title, place of residence.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

No

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

HIV efforts adequately reflected in the UN Human Rights Mechanisms – the Human Rights Council’s Universal Periodic Review (UPR) for Georgia (2010, - the report dated March 2011)

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

USAID funded Georgia HIV Prevention Project (GHPP) has made significant efforts to reduce HIV-related stigma and discrimination in the country. For this purpose, GHPP has been working at various levels with health care workers, representatives of mass media and general population.

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

6

Since 2009, what have been key achievements in this area:

1.) Working on Improvement of legislation on drug consumption has been started, inter agency counsel has been created. 2.) High officials are more involved in activities in relation to HIV.

What challenges remain in this area:

State program on HIV/AIDS demands presenting the personal number from beneficiary, which resists the anonymity.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

5

Since 2009, what have been key achievements in this area:

Introduction of Opioid Substitution Treatment (OST) program in prisons.

What challenges remain in this area:

Development of affective mechanisms to enforce laws and regulations

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

It is determined in HIV/AIDS Strategic plan which is prepared after stakeholders meetings and workshops and based on general consensus.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Strongly Disagree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Disagree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Disagree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Strongly Disagree

Universal precautions in health care settings:

Disagree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

Introduction of Opioid Substitution Treatment (OST) program in prisons.

What challenges remain in this area:

The restriction of anonymity on demand of HIV/AIDS state program.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Universal access to treatment care and support by geographical area, drug stock out prevention, mother to child transmission prevention (PMTCT), Treatment observation and health condition during treatment observation.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Implementation of the new World Health Organization (WHO) treatment guidelines on initiating antiretroviral therapy (ART) when CD4 levels drop below 350 cells/ μ L.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Strongly Disagree

HIV testing and counselling for people with TB:

Strongly Disagree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Strongly Disagree

Nutritional care:

Disagree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Nearly universal access to treatment

What challenges remain in this area:

Moving to the new World Health Organization (WHO) on initiating antiretroviral therapy (ART) when CD4 levels drop below 350 cells/ μ L guidelines in 2012 is being delayed.

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

0

Since 2009, what have been key achievements in this area:

N/A

What challenges remain in this area:

N/A

Source URL: <http://aidsreportingtool.unaids.org/78/georgia-report-ncpi>