Overview

The current HIV cascade for Georgia looks like the following: 51% - 74% - 85%

Georgia is well positioned among other countries of the ECA region in terms of the meeting the 90-90-90 targets, but it is still behind for progressing in terms of actual achievement of the targets for the set deadline of 2020.

By the end of 2016 total of 6131 PLHIV were registered in Georgia, from which 4890 were living in Georgia by the end of the reporting year. Estimated number of PLHIV based on the SPECTRUM data of 2015 is 9600 for the country. During 2016, 719 new cases of the infection were registered. The breakdown of the new cases by the routes of transmission indicate that sexual route of transmission is becoming predominant (68.3% of new cases), while the number of new HIV cases attributed to injecting use of drugs is slowly decreasing (30.2% of new cases). The alarming spread of the infection was detected among MSM population. IBBSS conducted in 2016 in Georgia indicates that 25.1% of MSM in Tbilisi (the Capital) and 22.3% in Batumi (Black Sea seaport) are infected with HIV. As the number of registered HIV positive MSM remains relatively low, the country needs to accelerate HIV testing among this population group. Within the TGF program four LGBT resource centers were established during 2015-2016 with a primary goal to mobilize the LGBT community against HIV. From the end of 2016 HIV testing was included in the service list of the MSM resource center that, along with the intensified outreach work, will contribute to increased case detection among MSM in Georgia and support the country to meet the 90-90-90 targets. Late presentation of PLHIV to treatment sites is an issue of high concern as well. About 51% of HIV cases are detected at late stage of the disease with poor outcome and increased cost of treatment. Improvement of the referral system and case management for HIV positive KAP members is planned within the HIV prevention programs that will support early presentation of HIV positive individuals to treatment centers.

COMMITMENT 1.

By the end of 2016, 74% (3,638) of 4,890 PLHIV were enrolled in the treatment program.

Identification of HIV cases remains to be the biggest challenge for treatment cascade targets in Georgia. Coverage with HCT interventions within the both, the National HIV Program and TGF HIV program are targeting the KAPs (PWIDs, MSM, FSMs, Prisoners, TB patients, patients with Hepatitis B and C) has been increased during 2016, especially among PWIDs (first time the country has achieved more than 60% coverage of PWIDs with HCT). Increased coverage of KAPs with HCT is attributed to startup of HCV elimination program in Georgia and high interest for HCV and HIV tandem testing of KAP members.

Despite constantly increasing coverage of KAPs with prevention interventions packaged with HCT, the number of identified new infection cases remains small and manifestation of the disease at later stages still prevails (55% of PLHIV registered in 2016 had CD4 count <350 and among them 35.3% had CD4 count) .

From December 2015, Georgia has moved to TREAT ALL strategy and started offering ARV treatment to all registered PLHIV despite their immune status (CD4 count). The new strategy implementation is largely supported by the TGF HIV program (procurement of second line ARVs, treatment monitoring test systems (CD4, viral load), treatment adherence monitoring and support), although, from 2015 the State covers the cost of first line ARV medicines' procurement. Treatment regimens simplification and switching to less costly regimens is one of the key priorities of the program along with efforts to maintain high quality and good outcome of the intervention.

Mortality of PLHIV who were on treatment during 2016 was the same as during the previous year (94 per 100,000 population), but in real numbers it has been decreased. The negative effect is attributed to the changed (decreased) denominator of the indicator based on the latest census data.

Geographic access to ART is ensured through 5 ART clinics operating in all high HIV burden regions of Georgia, including one Clinic in Abkhazia conflict region. All services related to ART are provided free of charge for PLHIV within the State HIV program and TGF HIV Program.

The country has updated ART national guideline based on the WHO new guideline of 2016.

The main challenge for the further acceleration of the ART in Georgia is related to the infrastructure. The National AIDS Center doesn't have its own building and is renting a clinic which has limited capacity and isn't meeting the existing demand of PLHIV on ART. The Government has planned to build a new clinic for the Center during 2017-2018, but meantime, the infrastructure issue may jeopardize the country's plans to accelerate the ART and fully support TREAT ALL strategy implementation. Government takeover of the TGF funded ART interventions is another issue that requires careful planning and funding considerations. For 2016 the Government has successfully met its obligations for procurement of the FL ARV medicines using the TGF PPM mechanism, but during the coming years the share of the Government contribution to the National HIV Treatment budget should be increased considerably to accommodate all medicines and treatment monitoring cost, which will put extra pressure to the National health budget. To ensure smooth transitioning from TGF to local funding the MoLHSA and CCM of Georgia has procured TA to develop a Sustainability and Transition Plan for the period of 2017-2019. The Plan, that has been approved by the CCM will be guiding document for effective planning, implementation of monitoring of the donor supported program transitioning to the State funding during the coming years.

COMMITMENT 3.

UNFPA as the member of the CCM, and Policy and Advocacy Council in partnership with GFATM and NCDC&PH has contributed to the development of national comprehensive HIV prevention packages standards for sex workers, MSMs and young key populations with relevant cost calculation for transitioning of these programs to the state funding. UNFPA supported elaboration of the relevant national standards with wide range participation of the community organizations, NGOs and state Program Providers and other stakeholders. National standards for HIV prevention services for key populations are aligned with best international, regional and national recommendations, practices and approaches, including WHO/UNFPA/UNAIDS/NSWP/WB guidance "Implementation of comprehensive HIV/STI programs with MSMs (MSMIT) and with sex workers (SWIT) as well as National HIV/AIDS Strategic Plan (NSP) for 2016–2018, it fully integrates SRH issues related to Condom programming and. National standards will be part of the transition plan for transitioning of HIV prevention activities to the state funding.

The capacity development initiatives on HIV prevention for key population, community organizations and health care service providers last year, served as the bases to adapt the WHO/UNFPA/UNAIDS/NSWP/WB guidance "Implementation of comprehensive HIV/STI programs with sex workers (SWIT) and MSMs (MSMIT) to contribute to HIV prevention efforts among key population, including young key population, to improve their advocacy skills and capacity of community led organizations and health care workers who are engaged in provision of SRH to key populations nationwide. UNFPA also has been collaborating with Eurasian Network of Women with AIDS (EWNA), as EECARO strategic partner, and supported in the 2016 in development of the Strategic Plan and Action Plan, where the sexual and reproductive health of women living with HIV is the core issue, in addition to the Gender-based violence against women living with HIV. As there is growing evidence that GBV can increase the risk of HIV/AIDS and that HIV infected women are more likely to have experienced

violence, UNFPA Georgia CO also supported Round Table and a training among professional networks and civil society activists working for the rights of women and girls to raise awareness on violence against women who live with HIV/AIDS, use drugs and practice sex work within the frame of Annual 16 Days Against Gender-based Violence Campaign in partnership with EWNA, ACESO and Women's Fund in Georgia.

COMMITMENT 4.

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 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. It has been recommended that victims of violence should be provided the above-mentioned services provided that (a) perpetrator is unknown or (b) perpetrator belongs to any of the following groups: drug addict, TB, MSM, STI, HIV positive, transit driver, former or current prisoner. It has also been recommended that the services be provided within the scope of HIV state program by introducing a sub-component under the existing state program. 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.