

Georgia Report NCPI

NCPI Header

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Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

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Describe the process used for NCPI data gathering and validation: National Commitments and Policy Instrument (NCPI) was developed through participatory meetings of Government and non-state actors separately. After developing a first draft of the NCPI, it was circulated with the wider audience allowing all stakeholders to comment on the draft. All the comments were discussed and incorporated into the final 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):

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

Organization	Names/Positions	Respondents to Part A
National Center for Disease Control and Public Health;	Maia Tsereteli/Head of Division of HIV/AIDS, TB, STIs and Hepatitis Department of Communicable Diseases	A1,A2,A3,A4,A5,A6
National Center for Disease Control and Public Health;	Tsira Merabishvili/Chief Specialist Division of HIV/AIDS, TB, STIs and Hepatitis Department of Communicable Diseases	A1,A2,A3,A4,A5,A6
National Center for Disease Control and Public Health;	Tamar Kikvidze/Senior Specialist Division of HIV/AIDS, TB, STIs and Hepatitis Department of Communicable Diseases	A1,A2,A3,A4,A5,A6
Ministry of Labor, Health and Social Affairs of Georgia	Ketevan Goginashvili/Chief Specialist at Policy Division of Healthcare Department	A1,A2,A3,A4,A5,A6
Infectious Diseases, AIDS and Clinical Immunology Research Center	Nikoloz Chkhartishvili/Deputy Executive Director for Research	A1,A2,A3,A4,A5,A6
Infectious Diseases, AIDS and Clinical Immunology Research Center	Nino Badridze/Head of Epidemiology Department	A1,A2,A3,A4,A5,A6
Research Institute on Drug Addiction	Khatuna Todadze/Director	A1,A2,A3,A4,A5,A6
National Center for Disease Control and Public Health	Irma Burjanadze, Chief Specialist, State Programs Department,	A1,A2,A3,A4,A5,A6
Ministry of Justice of Georgia	George Lortkipanidze/Deputy Minister	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
USAID Georgia HIV prevention project	Mzia Tabatadze/HIV Policy and Advocacy Expert	B1,B2,B3,B4,B5
Association "Tanadgoma"	Nino Tsereteli/Director	B1,B2,B3,B4,B5
Georgian Harm Reduction Network	Lasha Zaalishvili/Executive Director	B1,B2,B3,B4,B5
NGO "Real People, Real Vision"	George Soselia	B1,B2,B3,B4,B5
Institute of Human Rights	Alex Shoshikelashvili/Chairman	B1,B2,B3,B4,B5
Georgian Harm Reduction Network	Maka Gogia	B1,B2,B3,B4,B5
Health Research Union	Lela Serebriakova, Consultant	B1,B2,B3,B4,B5
NGO "Real People, Real Vision"	Medea Khmelidze, Project officer	B1,B2,B3,B4,B5

A.I Strategic plan

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

IF YES, what is 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.: The strategy hasn't changed, although the HIV/AIDS Surveillance function has been formally re-assigned to NCDCPH. A 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.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Country Coordinating Mechanism (CCM); Ministry of Labor, Health and Social Affairs; National Center for Disease Control and Public Health;The Georgia Health and Social Projects Implementation Center – the principle recipient of Global Fund grant (till 2014);

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

Education:

Included in Strategy: No

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: No

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: No

Earmarked Budget: No

Young People:

Included in Strategy: No

Earmarked Budget: No

Other:

Included in Strategy: No

Earmarked Budget: No

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/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: No

CROSS-CUTTING ISSUES:

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?:

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

People living with HIV: Yes

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

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Prisoners; People with HIV clinical signs and symptoms; People with B,C hepatitis.

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: No

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

1.7. 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

1.8. 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.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

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

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

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

: Yes

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): 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 protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): No

Other [write in]:

: No

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 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 and children: The health systems strengthening remains one of the top priorities of the Georgian government that is reflected in the considerable budget increase for the system in 2013. The health care sector strategic planning conducted in 2013 will affect many areas of the system, including the ambulance services, ambulatory care and inpatient services. From February 2013 the government has launched the universal health insurance program with the aim to provide health care services for more than 2 million uninsured people living in Georgia. MOLHSA is planning to strengthen the postdoctoral and CME programs to promote the evidence based medical practice at health care institutions countrywide. Although, all these changes should have positive impact on health status of children living in Georgia, no major direct influence on the medications delivery logistical system is anticipated.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Few

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) ART and Tuberculosis: None

f) ART and general outpatient care: None

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: None

i) Other comments on HIV integration: :

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 your country's HIV programmes in 2013?: 5

Since 2011, what have been key achievements in this area: MOLHSA's efforts were directed towards the strengthening the coordination of efforts between the two major HIV programme funding sources in the country: The Global Fund to fight AIDS, TB and Malaria and the State Budget.

What challenges remain in this area: Although, the state funding allocation for HIV programs is increasing, but the pace of this development is not adequate for effective planning of the future takeover of the GF supported major interventions, including the ART starting from 2016. Without the proactive strategic planning for increasing the state HIV programmes' budgets it will be extremely challenging to face and cover the large funding gap developed due to planned decrease in GF funds allocations for Georgia.

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. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Ministry of health committed funds to renovate national AIDS center;

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

IF NO, briefly explain why not and how HIV programmes are being managed::

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, Country Coordination Mechanism Chair person

Have a defined membership?: Yes

IF YES, how many members?: 28

Include civil society representatives?: Yes

IF YES, how many?: 13

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 coordination 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, 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). In 2013, three community based organizations - Real People Real Vision (representing PLWHIV),

New Vector (representing PWID), and LGBT Georgia became CCM members.

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?: 42

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

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]:

: No

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?: No

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

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

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 2013?: 6

Since 2011, what have been key achievements in this area:: In 2013 the MOLHSA has initiated the state and GF supported HIV programs harmonization exercise to ensure that the available limited funding is effectively allocated and are directed to the most critical areas of HIV prevention and treatment in the country.

What challenges remain in this area:: The national HIV response is heavily relies on GF funds and the Government needs start increasing its allocation at early stage to ensure the sustainability of GF funded activities, including ART in Georgia.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

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: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable subpopulations [write in]:

: No

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:: The draft of anti-discrimination law is submitted to the government for the consideration, which aims at eliminating all forms of discrimination and envisages efficient mechanisms in order to meet that end. Draft Strategy on Human Rights, currently being under consideration by the government, also aims at elimination of all forms of discrimination. National Anti-Drug strategy fosters elimination of discrimination and stigma against drug users. Law on gender equality more specifically prohibits gender based discrimination.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: For the implementation of Human Rights strategy, the relevant action plan is drafted; the implementation of the both documents will be monitored and assessed by the Inter-agency Council. The action plan for Anti-Drug Strategy providing concrete activities, funding and responsible institutions, is under the process, of implementation since the beginning of 2014. This process is coordinated and monitored by the relevant Inter-Agency Council. Action plan for gender equality is being implemented by relevant stakeholders under the coordination and monitoring of the Council established under the parliament of Georgia.

Briefly comment on the degree to which they are currently implemented:: The Human rights strategy and relevant action plan was drafted with active participation of all the relevant stakeholders and it will be approved soon by the parliament of Georgia. Concrete actions for more participation of women in public life are implemented as well as women rights awareness raising campaigns have been conducted. Drug monitoring center is being established, which will gather and analyze information regarding drugs, including HIV/AIDS related to drug consumption.

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

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: 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

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

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

Briefly comment on how they pose barriers::

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?:

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]:

: No

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

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: No

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:: Within the Global Fund's program the country has approved the minimal package of interventions for the key populations (IDUs, MSM and FSWs) that includes distribution of IEC materials on HIV prevention and infection risk reduction.

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

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment

Customers of sex workers:

Prison inmates: Condom promotion, Drug substitution therapy, HIV testing and counseling

Other populations [write in]:

:

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 2013?: 4

Since 2011, what have been key achievements in this area?: The development of comprehensive intervention packages for the key target populations IDUs, FSWs and MSM

What challenges remain in this area?: The low coverage of key population driving the HIV epidemic in the country - MSM

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 subpopulations (CSWs, IDUs, MSMs and prisoners).

IF YES, what are these specific needs? : Increase coverage by preventive interventions; Safe sex and safe injection commodities etc.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: N/A

HIV prevention in the workplace: N/A

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 agree

Prevention for people living with HIV: 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

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: N/A

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 2013?: 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: The comprehensive package includes ART and relevant laboratory and clinical monitoring, treatment of HCV infection and palliative care of critically ill patients

Briefly identify how HIV treatment, care and support services are being scaled-up?: Georgia maintains leading position in the region regarding the access and coverage of PLWH with ART. In 2013 51% (2029) of PLWH were covered with ART.

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

Economic support: Disagree

Family based care and support: N/A

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

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: N/A

Nutritional care: N/A

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Strongly agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): 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?: No

Please clarify which social and economic support is provided:

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?: Yes

IF YES, for which commodities?: For ARTs and Methadone

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 2013?: 9

Since 2011, what have been key achievements in this area?: At the end of 2013 the country has switched WHO ART inclusion new criteria and PLWH who's CD4<500 became eligible for the treatment which will considerably improve the outcome of the ART program.

What challenges remain in this area?: The late HIV diagnosis remains the major challenge for ART program. Lack of social assistance programs for PLWH is another critical area.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
N/A

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

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 2013?:

Since 2011, what have been key achievements in this area?:

What challenges remain in this area?:

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?:

1.1. IF YES, years covered: 2011-2016

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 governmental and non-governmental organisations, local and international have been actively involved in the preparation of M&E framework. They tried to harmonize their programmatic M&E with the National M&E requirements, but the reporting system is not comprehensive yet.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address?:

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

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: Yes

3. Is there a budget for implementation of the M&E plan?: No

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: <6%

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

Briefly describe any obstacles:: In order to develop the Monitoring & Evaluation System in the Country, the M&E unit was established 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.

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?: Yes

If elsewhere, please specify: NCD/CPH

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M&E officer	Temps plein	2013
M&E specialist	Temps plein	2013

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
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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?: Yes

Briefly describe the data-sharing mechanisms:: NCD/CPH is working with all key implementing parts to collect the relevant information for M&E plan indicators.

What are the major challenges in this area:: Not all partners provide the reports in timely and regular base.

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 National Center for Disease Control and Public Health

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

IF YES, but only some of the above, which aspects does it include?: NCD/CPH collects the information about the key populations served by the MARP groups, the packages of services and geographic location.

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: No

IF YES, at what level(s)?:

7.1. 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

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: IDUs, MSM, FSW, Blood Donors, Prisoners, TB patients, Pregnants;

Briefly explain how this information is used:: To assess the trends of HIV epidemic development in the country; For planning of the national HIV programmes and for defining the gaps in implementation to be addressed with donors' support.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: at regional level

Briefly explain how this information is used:: For planning of future interventions.

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: The M&E data has identified the concentrated HIV epidemic among MSM and this data was used for reprogramming of the National Response to increase the coverage of MSM population with prevention interventions.

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. 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 2013?: 5

Since 2011, what have been key achievements in this area?: Establishing the M&E data reporting system in the country.

What challenges remain in this area?: Not all implementing partners provide the M&E report in timely and regular manner.

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?: 4

Comments and examples::

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)?: 4

Comments and examples:: Civil society organizations were involved in development of NSPA on HIV as well as in budgeting process in 2010-2011; In the reporting period 2012-2013 no revision / refinement of the NSPA took place

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 4

c. The national HIV reports?: 4

Comments and examples::

4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 4

c. Participate in using data for decision-making?: 4

Comments and examples::

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

Comments and examples::

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::

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: >75%

Men who have sex with men: >75%

People who inject drugs: >75%

Sex workers: >75%

Transgender people: >75%

Palliative care : >75%

Testing and Counselling: >75%

Know your Rights/ Legal services: >75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): <25%

Home-based care: >75%

Programmes for OVC: >75%

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 2013?: 9

Since 2011, what have been key achievements in this area:: Increasing NGO representation within the CCM; community based organizations became CCM Members as well as members of the CCM Oversight Committee.

What challenges remain in this area::

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:: In 2013, three community based organizations - Real People Real Vision (representing PLWHIV), New Vector (representing PWID), and LGBT Georgia became CCM members. Civil society organizations in close partnership with the Ministry of Corrections has led successful advocacy initiatives to launch State Program on Hepatitis C in penitentiary system.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
No

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: Currently work on development of Law on non-discrimination is in progress

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

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

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE 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

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]: Internally Displaced People

: No

Briefly describe the content of these laws, regulations or policies: Georgia has extremely strict punitive drug legislation

Briefly comment on how they pose barriers: Strict, repressive regulations, frequent police raids, street testing on drugs, criminalizing drug use force PWID to underground.

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.: Law on prevention of domestic violence

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: The law on HIV prevention protects rights of PLWH ensuring guaranteed access to employment, education and treatment, including ART

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

IF YES, briefly describe this mechanism: The rights of PLWH is protected by the Law of patients rights and Law on HIV prevention. The discrimination case may be documented and addressed by patients themselves or PLWH support organizations and taken to the relevant authorities (State Medical Activities Regulation Agency and/or Court)

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

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

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:: Equal access to prevention, treatment, care and support is guaranteed by the Law on HIV/AIDS as well as NSPA.

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?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: Tailored services, including different commodities are envisaged in the NSPA.

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

IF YES, briefly describe the content of the policy or law:: HIV/AIDS State law prohibits HIV screening for general employment purposes.

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::

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 enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

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: No

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: No

Other [write in]::

: No

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 2013?: 5

Since 2011, what have been key achievements in this area::

What challenges remain in this area: Drug legislation is not well-balanced, is punitive; two packages to amend drug related laws were submitted to the Parliament in 2008 and since then no progress has been made! By laws for HIV/AIDS State Law that was drafted in 2010 has not yet been approved.

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 2013?: 6

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

B.IV Prevention

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

IF YES, how were these specific needs determined?: Through various research, such as BBS, qualitative surveys, etc.

IF YES, what are these specific needs? : Safe sex commodities, safe injection commodities, access to testing and counseling services, psychological support etc.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly 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: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: 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: Agree

Universal precautions in health care settings: Agree

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 2013?: 7

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

B.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::

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

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: 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: Disagree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: 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 2013?: 6

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and 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 in the implementation of HIV treatment, care and support programmes in 2013?: 6

Since 2011, what have been key achievements in this area::

What challenges remain in this area::