

GEORGIA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, UNDP, UNFPA, UN WOMEN, WHO

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

The Joint Team in Georgia supported the implementation of policy and advocacy interventions and activities to scale up HIV prevention, with special focus on key populations and young key populations. These included strengthening capacity of service providers on stigma and discrimination as well as developing/updating standards and protocols related to the service provision for those left behind; advancing policy dialogue for integrating HIV and sexual and reproductive health services; strengthening the response to gender-based violence against key populations and increasing medical professionals' awareness on issues related to sexual orientation and gender identity; supporting the Ministry of Health to conduct assessments and to update the national triple EMCT action plan 2023-2025; and conducting behavioral insight studies to identify and address barriers behind the low uptake of HIV testing services among young people and key populations, including young key populations. Various communication initiatives were implemented in partnership with national celebrities to increase demand for HIV testing services among young people. To improve access to HIV prevention commodities and services among key populations, the Government with support from the Joint Team developed a protocol for community-based pre-exposure prophylaxis (PrEP) services and introduced demand or event-driven initiation of PrEP; and implemented modern service delivery mechanisms, including an online platform and vending machines to access HIV prevention commodities and virtual counselling services. Finally, technical support was provided to develop a costed National HIV Strategic Plan (NSPs) for the period of 2023-2025 and to mobilize external resources which are critical for scaling up the HIV response in Georgia.

HIV PREVENTION AMONG KEY POPULATIONS

In 2017, Georgia became the first country in the Eastern Europe and Central Asia (EECA) region to rollout pre-exposure prophylaxis (PrEP) among men who have sex with men and transgender people. Building on this success, the Joint Team supported the National Centre for Disease Control and Public Health (NCDC) to review the current national HIV treatment guideline and protocol; develop a new protocol for community-based PrEP services; and introduce on demand or event-driven initiation of PrEP to scale up these services among other key populations groups, including people who use drugs and sex workers.

The COVID-19 pandemic significantly impacted access to HIV prevention services among key populations. In response, the Joint Team supported the development and implementation of innovative service delivery approaches, such as an online platform to order HIV prevention commodities by mail or courier delivery; vending machines providing a range of service packages; and virtual counselling services. These services reached 62% of the estimated number of people who inject drugs, 41% of female sex workers and 38% of men who have sex with men by the end of 2020, helping to increase HIV prevention coverage among key populations.

HIV TESTING

Exacerbated by the COVID-19 pandemic, access to quality health and social services among people who inject drugs, sex workers, men who have sex with men, and people living with HIV and/or tuberculosis remains low in Georgia. Hence the Joint Team collaborated with the National Centre for Disease Control and Public Health, the Global Fund, and Tanadgoma—a library and cultural centre for people with disabilities—to assess services barriers among key populations at higher risk of HIV infection. The assessment included analysis of the COVID-19 pandemic response in Georgia; economic, health and physiological impacts of the pandemic among the target populations; and various service delivery approaches to ensure the continuity of essential services during the pandemic. These assessment results were used to develop referral and communication plans aimed at improving access to quality and timely HIV services. To further understand the main drivers of low uptake of HIV testing services, the Joint Team also supported the conduction of a behavioural analysis among 200 young people to understand their perception and experiences to address the low uptake of HIV testing among this group.

Based on these results, the Joint Team organized six working sessions with service providers, medical professionals, and representatives of civil society organizations to co-design a sample protocol for remote and in-person stigma-free counselling and service delivery to ensure confidentiality, simplify pathways to relevant services, and address the needs of young people and key populations, including young key populations, all aimed at increasing uptake of HIV testing services. Meanwhile, technical support was provided by the Joint Team to produce a guidance note for the delivery of environment-friendly HIV testing services to guide implementation of all HIV testing programmes in Georgia.

Results from the research were also used to develop a communication strategy which comprised a social media campaign entitled *Get the power in your hands – get tested for HIV* to increase demand for HIV testing among these groups. With the help of national celebrities, the campaign sensitized more than 300 young people, including young key population, young people who use drugs, and ethnic minorities on HIV prevention, testing, and treatment. Behavioural insight as the learning method was applied in these campaigns to promote and disseminate correct information, change misconceptions, reduce behaviours that put people at high risk of HIV infection, and support the establishment of a healthier and stigma-free society.

A Randomised Control Trial was implemented to ensure the effectiveness of tailored messages promoting HIV services, and inform implementation of tailored and stigma-free HIV prevention, care, and support programmes for young people including young key populations. Through technical and financial assistance from the Joint Team, Czech Caritas, and the Caucasus Research Resource Center (CRRC) initiated the development of a webpage for HIV self-testing services and the production of visual messages to support the Randomised Control Trial.

HUMAN RIGHTS, STIGMA, AND DISCRIMINATION

The Joint Team worked with 60 healthcare professionals for the development of a stigma and discrimination education module to ensure stigma-free healthcare service delivery among young people and key populations, including young key populations. The module was aligned with the manual on stigma-free health facilities and incorporated into the existing accredited online training course on sexual and reproductive health and rights (SRHR) and HIV at the Tbilisi State Medical University.

Technical support was also provided for a situation analysis of the LGBTI community through the assessment of the legislative framework, government-led HIV services and programmes targeting this group vis-à-vis international standards, best practices, and the needs of people from the LGBTI community. The findings and recommendations were used to develop a communication strategy to create demand for existing HIV services among the LGBTI community and promote zero tolerance towards homophobia, biphobia, and transphobia in Georgia.

INVESTMENT, EFFICIENCY, AND SYSTEM INTEGRATION

The Joint Team provided oversight and technical support for the development of the Global Fund concept note, successfully mobilizing funds to scale up the national HIV, tuberculosis, and malaria responses for the 2023-2025 grant period. The Joint Team in collaboration with the United States International Development (USAID) also facilitated active participation of civil society organizations to inform and guide the national HIV and tuberculosis responses by addressing needs of communities as well as existing programmatic and service gaps, reviewing current progress and set programmatic targets for the Global Fund new funding period, and developing a strong proposal for the next cycle of the funding.

As the part of the Global Fund proposal development process, the Joint Team further supported the Government to finalize the costed National HIV Strategic Plan 2023-2025, which provides financial estimates to effectively address the needs of target groups, close sectoral gaps, and achieve critical systemic and disease specific goals.

Similarly, the Joint Team supported the conduction of an HIV epidemiological trend analysis, including HIV, tuberculosis, and other co-morbidities, to assess performance of HIV prevention, treatment, and care services, evaluate Georgia's progress towards achieving national targets, and inform new programme targets for the new Global Fund grant period.

Technical assistance was provided to the National Centre for Disease Control and Public Health for updating the National HIV Surveillance Guideline, including HIV consultation and testing protocol and the new HIV case reporting system in Georgia. The Joint Team also facilitated the training of 100 public health professionals and service providers working with key populations on the implementation of the updated guidelines. Technical support was further provided for the integration of a recent infection testing algorithm (RITA) into the national surveillance system to help the Government monitor trends in recent HIV infections.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team in Georgia contributed towards the Sustainable Development Goals (SDGs) through the provision of substantial technical assistance for the development of the National HIV/AIDS Strategic Plan 2023-2025. The plan is fully aligned with the Georgian National Health Strategy 2021-2025 and the SDGs in its commitment to ensuring quality health care for all people in Georgia—in line with SDG 3 (Good Health and Wellbeing).

Under the *leave no one behind* principle, the Joint Team drafted amendments to the standard operating procedures on the healthcare system response to gender-based violence against women reflecting the specific needs of the LGBTI community and women with disabilities. It also identified reporting and referral mechanisms for cases of gender-based violence against women; and encompasses special provisions to ensure rights-based approach throughout the process. The document was submitted to the Ministry of Health for validation.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic had a significant socioeconomic impact in Georgia, particularly to the healthcare system. Communities who face stigmatization, discrimination, or even some level of repression, including people living with or affected by HIV and tuberculosis, men who have sex with men, transgender persons, sex workers and people who inject drugs were affected the most by the consequences of the pandemic. These included the disruption of health and social services, loss of income, vulnerability to violence, including domestic and gender-based violence, and psychological and mental health problems.

The disruption of services during the COVID-19 pandemic required decentralising HIV services and implementation of community-led delivery of ART to ensure access to treatment for people living with HIV across the country. Pandemic-related restrictions led to the implementation of innovative public outreach and service delivery approaches, including online services for the delivery of HIV prevention packages and commodities. The lessons learned from these innovative approaches will help to scale up access to services, particularly for hard to reach or hidden populations, such as men who have sex with men.

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