



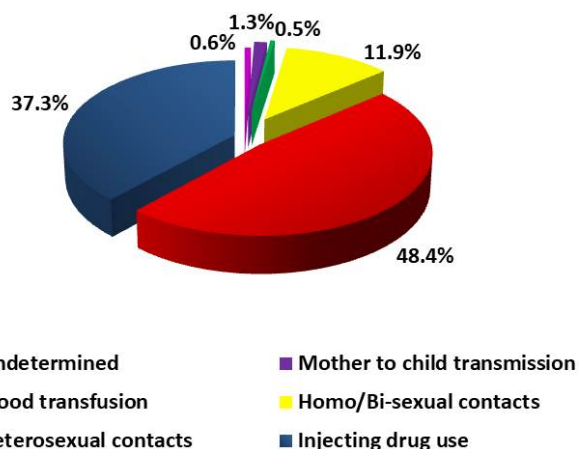
GEORGIA Brief 2020

HIV/AIDS in Georgia

Georgia is among low HIV prevalence countries, with a concentrated HIV epidemic among Key Affected Populations – people who inject drugs (PWID), female sex workers (FSW), and men who have sex with men (MSM). Since the beginning of the epidemic, **by December 1, 2020, 8598 individuals have been registered with HIV**. Out of them, 1,690 have died, and **5379 individuals are on ARV treatment**. **The estimated number of adults living with HIV is 9,100 for 2020**. For the past two years, annually, there were 600 to 675 new cases registered. **The national-level HIV prevalence among the adult population is 0.4 (2019)**

HIV Transmission: During 1990-2010 the main route of HIV transmission was injecting use of drugs. For past years, the number and the share of cases attributed to sexual transmission of HIV have been increasing, and by the end of 2019, 48.4% of cases was attributed to unprotected heterosexual contacts and 11.9% to homosexual contacts.

According to the last IBBSS data, the HIV epidemic is controlled in KAPs, but we observe an alarming increase of new cases in MSM. IBBSS in 2010 and 2018 recorded a rise of the HIV epidemic among MSM: from 7% to 21.4%.



Population	IBBSS prevalence	Year
PWIDs	2.30%	2017
FSWs	2.20%	2015
MSM	21.40%	2018
Prisoners	2%	2015

Data Source: National AIDS Center

Georgia is well-positioned for the prevention of mother to child transmission of HIV. Based on WHO recommendation, Georgia is moving towards dual elimination of Mother-Child Transmission of HIV and Syphilis. There were no more than two annual cases of HIV mother-to-child transmission during the last several years, which fully meet WHO elimination criteria for HIV. The first time in 2019, there was no case of congenital syphilis reported also. But more needs to be done to increase coverage of pregnant women with screening for HIV and Syphilis. The elimination plan sets the relevant activities to be carried forward during 2020-2021 with collaborative efforts of antenatal and HIV care services. In 2017 the Multidisciplinary Board was created at the Ministry of Labour, Health and Social Affairs, overseeing the implementation and monitoring of the progress achieved. In 2019 new national EMTCT guidelines and training curricula were developed, and more than 300 GY and OBs were trained.

Georgia is on track for achieving the last two targets for UNAIDS 90-90-90 Fast Track. However, it is lagging on the first 90: by the end of 2019, only around 65% of estimated persons living with HIV knew their status. The international experts recognize the National HIV Program as one of the best in the region. It provides universal access to HIV prevention, diagnostics, and treatment and ensures high coverage of target populations. Georgia was one of the first in the region to start the implementation of WHO “Treat ALL” strategy in 2015. Also, Georgia was the first in the region to start a PrEP program among MSM & TGs in 2017.

The low and late detection rate of new HIV cases remains a primary challenge for the National HIV Program. NCDC works closely with the National AIDS Center, non-governmental and community organizations to increase the coverage of key affected groups and test new integrated screening of HIV, TB, and Hepatitis C, providing mobile outreach services. To accelerate HIV testing, the country has introduced HIV self-testing platform and starting distributing HIV self-tests via Glovo courier distribution and vending machines.

Covid-19 Impact on HIV programs

As in other countries of the world, the Covid-19 epidemic has substantial negative impact on the national HIV response of Georgia. The coverage of different KAPs with HIV prevention services has dropped by more than 50% during the lockdown period in March and April.

The Global fund’s C19 funding mechanism has provided the country with an additional \$1,27 million to support C19 PCR testing capacity development, procurement of PPE and to ensure the sustainability of HIV and TB prevention and treatment interventions during the Covid-19 epidemic. The following mitigating measures were immediately introduced in the national HIV program:

- Three-month stocks of ARV medicines were dispensed to HIV patients;
- 5 day-doses of methadone were dispersed by OST clinics
- Mobile ART monitoring units were delivering ARV medicines to patients’ homes and collecting blood samples for adherence monitoring tests (Viral Load, CD4);
- Online Platform was launched for HIV self-testing linked to carrier mobile delivery for MSM and TG people; The platform was expanded for all KAPs later.
- HIV self-tests, hand sanitizers and face masks are included in the HIV prevention standard distribution packages for MSM, FSWs and TG people;
- PrEP beneficiaries were provided with refills of medicines (Truvada) via mobile units;
- In partnership with Sigma Project HIV prevention commodities were dispersed from vending machines (9 units)

Planning Sustainability and Transition of donor funded programs

Despite the important positive developments and significant progress achieved in HIV and TB control, Georgia continues to face a number of challenges and the priority issue would be the sustainability and transition of

the Global Fund supported programs to domestic funding. The support to Georgia by the Global Fund is projected to halve by 2022 and Georgian government needs to mobilize domestic resources not only to cover the gap, but also to scale up programs in response to the growing epidemics.

In 2016 the country developed a Sustainability and Transition Plan (STP) for 2017-2021 to ensure a smooth and effective transition from the Global Fund funding to the domestic financing of HIV program activities by 2022. The WHO Euro support was instrumental for the technical review of the updated HIV National Strategic Plan for 2019-2022 (HIV NSP) with the STP integrated into it.

Starting from 2015, the country is increasingly taking responsibility for procurement of ARV medicines, diagnostic test systems, including the viral load and CD4 testing for AIDS Treatment (ART) monitoring and ARV Drug resistance testing. Starting from 2017, Georgia has fully transitioned the funding of the Opioid Substitution Treatment. From July 1st, 2020 the state is covering all HIV testing and counseling related costs for PWIDs also.

WHO support is anticipated for the Strategic Plan's midterm review for identifying effective, innovative interventions for the GF new funding cycle for 2023-2025 and the epidemiological trends' assessment and future target-setting. WHO is assisting the country with update of the national HIV testing and surveillance guideline and relevant capacity building of public health workers.



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