



MINISTRY OF INTERNALLY DISPLACED
PERSONS FROM THE OCCUPIED
TERRITORIES, LABOUR, HEALTH AND
SOCIAL AFFAIRS OF GEORGIA



დაავადებათა კონტროლისა და
საზოგადოებრივი ჯანმრთელობის
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GEORGIAN NATIONAL CENTER FOR DISEASE
CONTROL AND PUBLIC HEALTH

GEORGIA *Brief 2020*

Improved Case Detection through Integrated Screening for Hepatitis C, HIV and Tuberculosis

Background

Georgia has one of the HCV prevalence rates in the world, with >5% of the adult population (~150,000 people) chronically infected, among which about two thirds are unaware of their infection. Georgia is one of the priority country for Tuberculosis (TB) control interventions in WHO European region due to decreasing but still high TB burden. Human HIV prevalence in the country is low, but steadily increasing and 40% of estimated number of PLHIV in Georgia are unaware of their status.

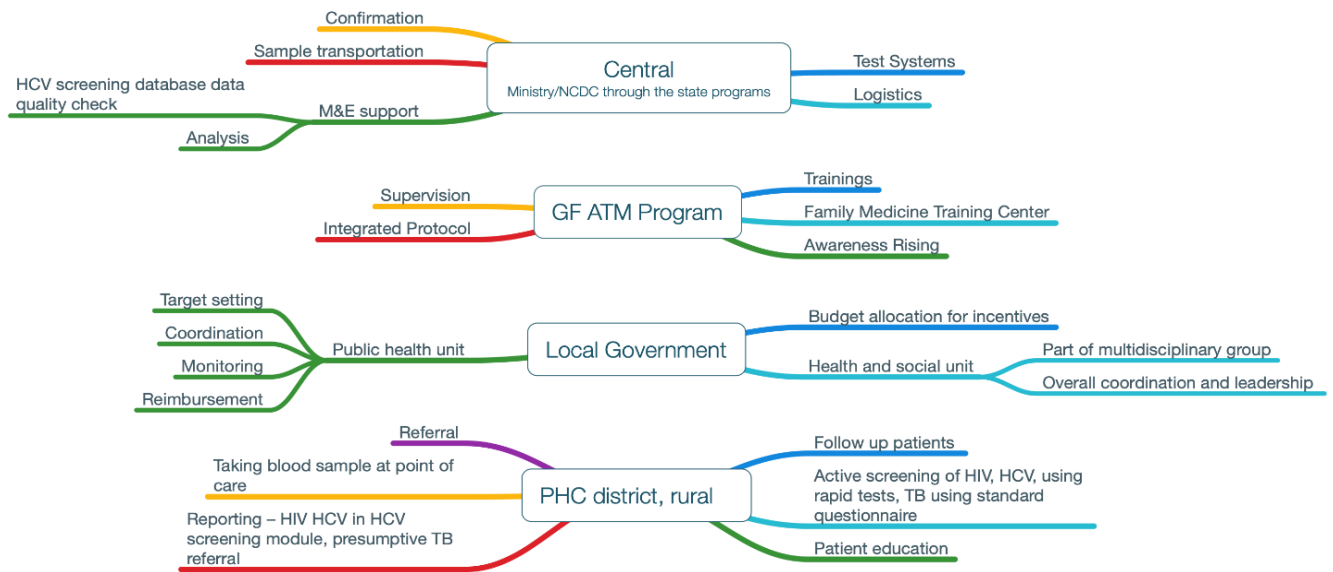
Primary care based integrated screening for TB/HIV/HCV is suggested as a new opportunity for collaboration and integration, which can provide significant system efficiencies and cost savings; and increase patient access. The need to screen for multiple infections at the same time is especially important in high-risk populations, where more than one infectious disease is highly prevalent.

Integrated Screening Initiative

The pilot project aiming at integration of HCV, HIV and TB screening services at the regional level and engagement of primary healthcare providers in detection and management of all three diseases under the "one umbrella" was implemented in Samegrelo –Zemo Svaneti region and afterwards rolled out throughout the country.

Before the launch of the screening program the regional Advocacy/Communication/Social Mobilization campaign was conducted to raise awareness on three diseases among all stakeholders, and establish collaboration. Memorandums of Understanding defining the roles and responsibilities were signed between the partners (Figure 1). The regional steering committee has been established to advocate and lead the implementation of the program with the support of the Ministry of Internally Displace Persons from Occupied Territories, Labour, Health and Social Affairs (MoIDP&LHSA), National Center for Disease Control and Public Health (NCDC) and National TB, Hepatitis C and AIDS Centers. District multidisciplinary teams comprised of local public health center, government and private service provider representatives were established for the program monitoring and support. The team members were trained to build monitoring capacity and raise understanding of their role and functions.

Figure 1. Partner roles and responsibilities

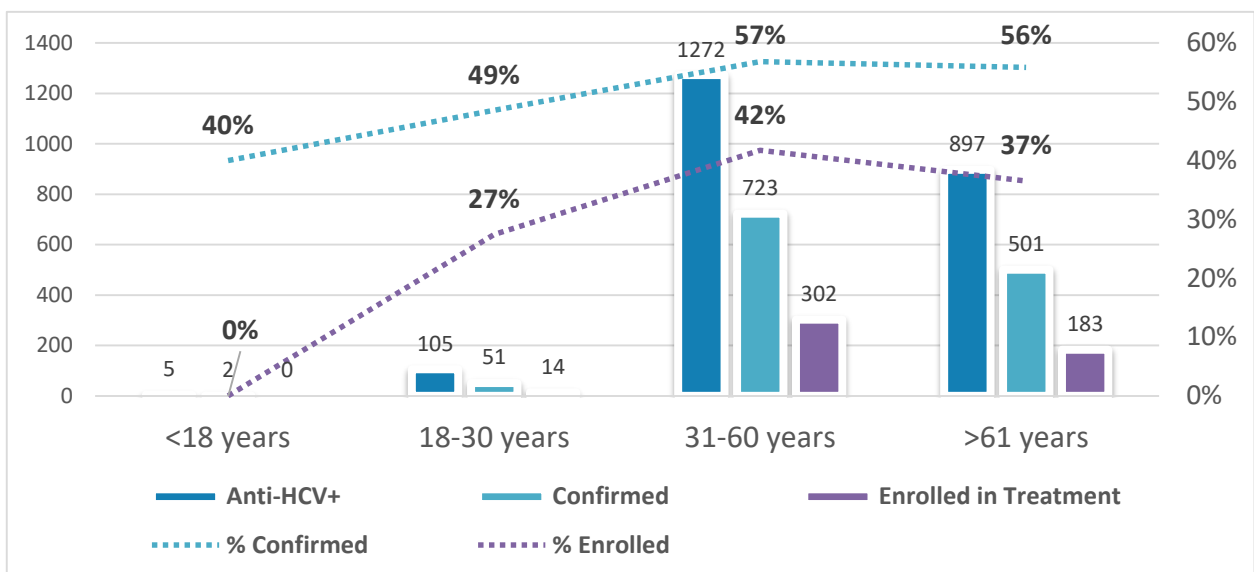


The integrated screening protocol and training module were developed and almost all primary healthcare providers in the regions were trained to ensure the quality of diagnostic procedures, ethical conduct, and case recording and reporting through web-based platform. Trained primary health care physicians currently offer triple screening to patients seeking for care at medical facilities, and also pursue active case finding using door to door approach for individual houses, congregate settings or public establishments. A questionnaire capturing TB signs and symptoms, and risk groups has been used for identification of presumptive TB cases, rapid tests are used for HIV and Hepatitis C screening. Presumptive TB or test positive patients are referred to specialized clinics for further diagnosis and care.

Integrated Screening Outcomes

The program implementation showed high interest of the local population in testing on all three diseases and it largely contributed to the overall large number of people screened.

Fig 2. HCV care cascade – pilot Samegrelo-Zemo Svaneti region, April-October 2018



From April 2018 to December 2019 about 380,000 people were screened, significantly exceeding the total number of screened individuals before the pilot in the same regions. Among them >5,000 were HCV antibody positive, > 350 HIV antibody positive, and about 900 were diagnosed as presumptive TB cases.

The project implementation enabled development of sustainable public-private partnership for effective integration of HCV/HIV/TB screening and early disease detection. It has become the first precedent of local government contribution to priority health initiatives.

The pilot also motivated private service providers to explore patient-centered approaches to case detection and supported decentralization of diagnostic services (HIV and HCV confirmation tests) to district level non-specialized facilities. Thus, integration of HCV/HIV/TB service delivery in primary care resulted in overcoming of barriers to access care.

Integration of HCV, TB and HIV screening in PHC settings decreased stigma related to each of them. Objection to screening for any of three diseases was negligible, while during the previous research efforts only one third of those, who accepted screening for HCV, agreed to be screened for HIV.



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