

**Georgia CCM
Civil Society Forum
February 20, 2018
Hotel Holiday Inn Tbilisi
Address: 1, 26 May Square
Minutes**

Agenda

**Facilitators: Mr. David Otiashvili - Alternative Georgia, Director,
Ms. Mzia Tabatadze – Consultant**

09:30 – 10:00	Registration/morning coffee
10:00 – 10:10	Opening and welcome Mr. David Sergeenko – CCM Chair, Minister of Labor, Health and Social Affairs of Georgia
10:10 – 10:15	Welcome Mr. Amiran Gamkrelidze – National Center of Disease Control and Public Health, Director
10:15 – 10:20	Welcome Mr. Lasha Abesadze – Community Based Organization “New Vector”, GeNPUD
Section 1: Provision of support for Transition Period / Global Fund current grants / future prospects of financing	
10:20 – 10:35	Global Fund supported HIV and TB grants / Funding Request preparation process / Elaboration of HIV/AIDS national strategic plan Ms. Irma Khonelidze – National Center of Disease Control and Public Health, Deputy Director, PIU, Director Ms. Ketevan Stvilia - National Center of Disease Control and Public Health, HIV Program Manager
10:35-10:50	The state support for the transition period / Trends in growth of state funding / Ensuring programs’ sustainability Ms. Ketevan Goginashvili - Ministry of Labour, Health and Social Affairs, Health Policy Division of Health Care Department, Head
10:50 – 11:20	<i>Discussion: Anticipated challenges during transition and the role of the Civil Society in this process</i>
11:20 – 11:50	<i>Coffee break</i>
Section 2: HIV/AIDS control current initiatives and the role of the CSOs in their implementation	
11:50– 12:05	Drug policy in Georgia and the ongoing reform Mr. Kakha Kvashilava – Georgian Harm Reduction Network, Executive

	Director
12:05– 12:20	Harm Reduction Program and community engagement Mr. Kakha Kvashilava – Georgian Harm Reduction Network, Executive Director
12:20-12:35	Global Fund regional project “Harm Reduction Works – Fund It!”, project results. Mr. Kakha Kvashilava – Georgian Harm Reduction Network, Executive Director Ms. Medea Khmelidze – Georgian Harm Reduction Network, Project Manager
12:35– 12:50	The vision and experience of community based organization “New Vector” and the importance of integrating Hepatitis C treatment on the base of its service center Mr. Konstantine Labartkava – “New Vector”, GeNPUD Mr. Lasha Abesadze - “New Vector”, GeNPUD
12:50– 13:20	<i>Discussion</i>
13:20 – 14:20	Lunch
14:20-14:50	Bio-Behavioral Surveillance Surveys and Population Size Estimation Studies among sex workers and IDUs Ms. Natia Shengelia – Curatio International Foundation Ms. Nino Tsereteli - Center for Information and Counseling on Reproductive Health TANADGOMA Ms. Tamar Sirbiladze – Bemoni Public Union
14:50 – 15:05	Pre-Exposure Prophylaxis and other services for MSM and Transgenders Mr. David Kakhaberi – Equity Movement
15:05 – 15:15	City Platform for Sustainable and Efficient AIDS and Tuberculosis Interventions in Eastern Europe and Central Asia Ms. Nino Tsereteli - Center for Information and Counseling on Reproductive Health TANADGOMA, Executive Director
15:15 -16:00	<i>Discussion: The ways/barriers and possibilities of strengthened CSOs involvement in national response to HIV/AIDS</i>
Section 3: TB control current initiatives and the role of the CSOs in their implementation	
16:00-16:15	Provision of Support for Patients with Resistant Tuberculosis to Provide Improvement in Treatment Ms. Tamar Kakulia – New Vector Ms. Ketikobiashvili – New Vector
16:15– 16:30	TB Outpatient Care Model Ms. Tamar Gabunia – URC branch in Georgia, Director Ms. Irine Karosanidze - Georgian Family Medicine Association, President

16:30– 17:00	<i>Discussion: The ways/barriers and possibilities of strengthened CSOs involvement in national response toTB</i>
17:00– 17:15	<i>Conclusion /closure of the meeting</i>

Opening session

Dr. David Sergeenko:

It is the forth NGO forum organized by the Country Coordinating Mechanism. Georgia has achieved significant progress in fighting HIV/AIDS and tuberculosis. This progress would not be possible without critical contribution from the side of non-governmental organizations and community groups. Hepatitis C elimination program and its remarkable achievements are another example of successful collaboration between state institutions and civil society organizations. Ministry of Labor, Health and Social Affairs is committed to these partnerships and will continue working closely with representatives of non-governmental sector.

Dr. Amiran Gamkrelidze:

In no country a progress in fighting HIV/AIDS and HCV epidemics can be achieved without close collaboration between the government and community-based organizations. This partnership is specifically important to control infections among key affected populations. Community groups play critical role in reaching and engaging in prevention and treatment services most at risk populations. We need to work together in order to prepare for transition from the Global Fund funding to national funding of HIV programs.

Mr. Lasha Abesadze:

Non-governmental organizations, including community groups, representing the most affected populations have been providing important contribution to the overall success of Global Fund supported programs in Georgia. However, the punitive drug legislation and criminalisation of people who use drugs remains the major barrier for optimal implementation of effective prevention and treatment interventions. Drug policy reform and humanisation of drug-related legislation is a primary precondition for the ultimate success of our fight with both HIV and HCV epidemics.

Presentation #1: Global Fund supported HIV and TB grants / Funding Request preparation process / Elaboration of HIV/AIDS national strategic plan

Presenter: Ms. Irma Khonelidze – National Center of Disease Control and Public Health, Deputy Director, PIU, Director

Major points: Total allocation for Georgia is defined at US\$15,588,062, of which US\$8,412,986 will be allocated to strengthen HIV/AIDS National response; US\$ 7,175,076 – to TB national response; 9.3% of the total allocation will be directed to build resilient and sustainable Health System in Georgia. Dr. Khonelidze stated that in order to ensure access to full allocated amount, the Government should increase public funding in 2017-2019 years by 25% of the total allocation amount that is US\$ 3, 897,016. Half (50%) of the State funding should be allocated to implement interventions targeting HIV and TB vulnerable populations.

In March-June, 2018, National HIV/AIDS, and TB Strategic Plans for 2019-2022 will be developed through participatory process. To have one, comprehensive and all-inclusive document, it is expected that new Strategic Plans will incorporate existing HIV and TB Transition Action Plan as well. National consultation meetings to agree on the Strategic Plans will take place. Approval of costed NSP for HIV and TB from the Government is expected by

July 2018. In August, TGF application will be submitted to request program continuation funding. TRP review of submitted proposal will take place in September 9-21, 2018.

Presentation #2: The state support for the transition period / Trends in growth of state funding / Ensuring programs' sustainability

Presenter: Ms. Ketevan Goginashvili - Ministry of Labour, Health and Social Affairs; Health Policy Division of Health Care Department, Head.

Major points: Government expenditure on health has been steadily increasing since 2011 reaching 3% of Gross Domestic Product in 2017. After introducing Universal Healthcare by the Government in 2013, out-of-pocket payment started declining, and decreasing trend will be sustained as the Government recently placed more focus to provide co-financing for medications for certain disease categories and most vulnerable population groups. The share of Government spending out of total health expenditure is also increasing. Data from the MTEF about expected state funding for HIV and TB national response in 2018-2021 was presented.

To ensure smooth transition and program sustainability, the Government has already started absorbing considerable portion of HIV and TB program costs; namely: in 2015, state fully covered the cost of first line drugs (FLDs) for both diseases. In 2017 – 25% of total cost of second line drugs (SLDs) was covered by the State. The share of the Government spending on drugs will increase to cover 50% of the cost in 2018, and 75% - in 2019. Starting from 2020 y. the GoG is expected to assume full financial responsibility to cover all the cost of FLD & SLDs for HIV & TB.

Other achievements demonstrating the Government's political and financial commitment were also presented; such as: removing co-financing by patients for OST; launching psycho-social rehabilitation services for PWIDs; expanding OST to non-citizen patients who were receiving substitution therapy abroad prior to arrival to Georgia; state investments to improve TB infrastructure through building/renovating TB services, and procurement of new equipment. Steps were taken to address existing challenges in human resources in TB field; to improve patients' registration database and introduce a System of Health Accounts in Georgia.

Question: Koka Labartkava – New Vector:

Are there any plans to launch HIV prevention services targeting youth population?

Answer: Dr. Irma Khonelidze, NCDC

Georgia is planning to submit Project Continuation request to the Global Fund to continue pre-defined programs with the focus on increasing program coverage. That limits our ability to request funding for new set of interventions for new target group – such as general youth population. If substantial changes to current grant are proposed, then we would have to prepare and submit full application that would require full review of the proposal by TRP.

Comment: Dr. Mzia Tabatadze, AIDS Healthcare Foundation Program Consultant in Georgia.

AIDS Healthcare Foundation, a US-based non-profit, non-governmental organization that provides HIV prevention, testing and treatment services in the US and many other countries globally, is planning to launch services in Georgia. The AHF Branch Office registration process is in progress, and it is expected that HIV program will be launched in near future in Georgia. It has been already decided that AHF program in Georgia will focus on young people, and will provide free HIV counseling and testing services to this group. It is believed that new HIV strategic plan for 2019-2022 that will be developed in few months, will reflect the youth-focused interventions that will be supported and implemented by AHF in Georgia.

Question: Koka Labartkava – New Vector:

Can we be assured that HIV prevention services, including harm reduction services targeting key affected populations will be sustained by the Government at the same scope and scale after the GF funding ends?

Answer: Ms. Ketevan Goginashvili, MoLHSA

Ms. Goginashvili stressed that the Government of Georgia has already demonstrated its commitment to program sustainability. Harm reduction services have proven to be one of most cost-effective prevention strategies that will save state funds on health in future. Therefore, we do not anticipate that the scope and/or service coverage scale for harm reduction programs will be put at stake after the GF withdraws its funding.

Question: Ms. Salome Panjikidze, Kamara:

Psychosocial rehabilitation is key to successful prevention program and social reintegration of PWIDs into the society. Is the Government planning to sustain and further scale-up such services?

Answer: Dr. Irma Khonelidze, NCDC

In the light of current events and ongoing drug policy reform, we believe that country will make a shift towards treatment and care services to deal with drug abuse problems. We may not be satisfied with the pace of progress towards liberalization of drug policy, but we all expect that desired changes will happen. Therefore, we believe that the Government will continue investing in psycho-social rehabilitation services and service scale up will be inevitable.

Question: Medea Khmelidze, GHRN/Real People, Real Vision:

Ensuring access to quality and unrestricted treatment is of utmost importance. Does the Government have concrete vision and plans what types of drug procurement mechanism will be used after the Global Fund funding ends in Georgia?

Answer: Ms. Ketevan Goginashvili, MoLHSA:

At present, Georgia enjoys having access to Pooled Procurement Mechanism, and GDF services to procure high-quality ARV and TB drugs at competitive prices, and the country will continue using these channels in upcoming few years. At this stage, we have no certain plans what types of procurement mechanism the Government will be using to procure health products after the GF funding ends in Georgia.

Comment: Dr. Mzia Tabatadze:

Given the importance of the topic, we all need to watch closely that new Strategic Plan 2019-2022 envisions appropriate activities that will assess the situation, and identify most appropriate procurement mechanisms that will guarantee access to quality drugs beyond TGF grants.

Comment and suggestion: Dr. Eka Sanikidze, TB Georgia Coalition, Patients' Union:

We acknowledge that recently substantial efforts were made to strengthen engagement of civil society and community organizations in TB treatment and care services. It is also obvious that coordination and communication among key players have noticeably improved. However, there are still challenges that need to be addressed in terms of improved case detection, treatment adherence, TB prevention among elderly people, or newborn babies, etc. Patients Referral system to TB and HIV services should be strengthened. TB case detection should be intensified at all possible levels of health care system, including at multi-profile hospitals, private clinics. All potential resources can be mobilized through institutionalization of TB screening strategies based on symptoms at non-TB medical institutions. I, being a representative of a private clinic, can convincingly state that there is readiness and willingness of private clinics to be engaged in

TB case detection and integrated TB service model. This will strengthen public-private partnership in TB national response.

Presentation #3: Drug policy in Georgia and the ongoing reform

Presenter: Mr. Kakha Kvashilava – Georgian Harm Reduction Network, Executive Director

Major points: Drug policy and drug related legislation remains one of the critical problems in the field. Small quantities of drugs (thresholds for criminal responsibility) remain unrealistically low. Sentences for drug related offences, even when no purpose of dealing is present, are disproportionate. Automatic restriction of civil right for individuals convicted for any drug related offence hinders the process of integration and socialization. There have been number of rulings by the Constitutional Court in relation to drug use and possession, but the system remains to be oriented on harassment and harsh prosecution of drug users. Georgian National Drug Policy Platform (GNDPP) submitted a package of legislative initiatives to the Parliament; service providers, experts, community representatives have been engaged in the advocacy to support approval of the bill.

Presentation #4: Harm Reduction Program and community engagement

Presenter: Mr. Kakha Kvashilava – Georgian Harm Reduction Network, Executive Director

Major points: As suggested by the Population Size Estimation (PSE) studies the number of PWID has been growing in the country. Georgian harm Reduction network has been scaling up its services. We provide support to 8,000-10,000 beneficiaries every month. It is important to note that community involvement in service delivery is critical. About 69% of social workers in our programs are community representatives. Since the introduction of mobile units (6) we have been able to deliver services in 65 cities. Annual coverage is about 30,000. Harm reduction programs also serve (testing and counseling) representatives of general population.

Presentation #5: Global Fund regional project “Harm Reduction Works – Fund It!”, project results.

Presenter: Ms. Medea Khmelidze – Georgian Harm Reduction Network, Project Manager

Major points: The project was funded by the GF and was implemented in 6 countries of the EECA region in 2014-2017. Major goals of the project were to advocate for the sustainability of harm reduction programs, including funding, and support capacity building and engagement of community organizations in harm reduction advocacy. Among other specific results were the development of first national standards for the provision of harm reduction services, guidelines and protocols. The documents combine detailed package of interventions, methodology for implementation and costing according to activities. A study visit of Members of Parliament to Portugal was organized and supported by the project. In addition, a Drug Policy Conference was held in November in Tbilisi and allowed for discussion of best international evidence in support of humanization of drug legislation.

Presentation #6: The vision and experience of community based organization “New Vector” and the importance of integrating Hepatitis C treatment on the base of its service center

Presenter: Mr. Konstantine Labartkava – “New Vector”, GeNPUD

Major points: Experience and lessons learned of the first PWID community-based organization were presented. New Vector has been engaged in harm reduction service provision, advocacy

activities targeting drug policy, prevention services availability and sustainability, HCV prevention and treatment and other important issues. The organization has initiated and supported the establishment of community advocacy platforms - Consultative Council of the Community of Patients of Georgia (GeCAB), Georgian Network of People Who Use Drugs (GeNPUD), Georgian National Drug Policy Platform (GNDPP). Integrated services available at the site can serve as a model for other service providing organizations. Apart from regular HIV prevention and harm reduction services (VCT, NSP, referral) the organization provides HCV related diagnostics (fibro scan), as well as dental services for PWIDs.

Presentation #7: Bio-Behavioral Surveillance Surveys and Population Size Estimation Studies among sex workers and IDUs

Presenters: Ms. Natia Shengelia – Curatio International Foundation

Ms. Nino Tsereteli - Center for Information and Counselling on Reproductive Health TANADGOMA

Ms. Tamar Sirbiladze – Bemoni Public Union

Major points: PWID population size has been steadily growing and reached 52,500 based on last study results. Rates of injection risk behaviour among PWID have been decreasing. Major drugs injected are heroin, buprenorphine and ATS made of ephedra plant (conifer vint). Coverage by prevention (harm reduction) services has been growing. HIV rates among PWID have been stable. CSW knowledge of HIV/AIDS has not been growing. Rates of sexual risk behaviour have been stable. The same is truth for HIV rates. There is an increase in use of non-injection drugs by CWS. Use of condoms with regular clients has decreased.

Presentation #8: Pre-Exposure Prophylaxis and other services for MSM and Transgenders

Mr. David Kakhaberi – Equality Movement

Major Points: The presenter provided operational definition of MSM. Estimated size of MSM population in Georgia is set at 17,200 (11,700-27,600) that accounts for 1.32% (0.89%-2.11%) of the total male population in the country. HIV prevalence is the highest among MSM population (25.1% in Tbilisi, 22.3% in Batumi) compared to other KAPs. Prevalence of Syphilis is also alarmingly high (35% in Tbilisi, 25% in Batumi). PrEP project was initiated in 2017. Criteria of enrollment in the PrEP were described. Services targeting MSM under the PrEP project include the following: case management, social accompanying to services, risk reduction counseling; adherence counseling, patients' school, group counseling, free distribution of condoms and lubricants. Equality Movement will be hiring new staff – doctor, psychiatrist, endocrinologist, doctor of infection diseases, and sexologist.

Question: Ms. Nino Tsereteli, Local NGO Tanadgoma asked the presenter to provide the number of MSM who were currently enrolled in PrEP.

Question: Dr. Mzia Tabatadze

According to the targets set under the PrEP project, 40 MSM should be receiving PrEP by the end of 2017; and the number of beneficiaries should increase up to 100 by the end of 2018. Is the project achieving the target; and if not – what are main reasons? Is there plan to start distribution of PrEP drugs at the community settings?

Answer: Mr. David Kakhaberi, Equality Movement:

The target has not been achieved. Only 17 MSM are receiving PrEP. Few MSM, who intended to get enrolled, appeared to be HIV positive; few started on PrEP but dropped out. Major reason for non-adherence is the reluctance of MSM to visit AIDS Center on a regular basis. In 2017,

Equality Movement infrastructure and staffing was not adequate to receive drugs and start distribution of prescribed drugs. Absence of warehouse was the major obstacle. Currently, the office is being adapted to program requirements. New staff, including medical doctors, are to be hired soon. However, MSM enrolled in PrEP will still be expected to visit the AIDS Center for treatment monitoring and laboratory testing once in a month. Therefore, it is not very likely that the enrollment will substantially scale up.

Presentation #9: City Platform for Sustainable and Efficient AIDS and Tuberculosis Interventions in Eastern Europe and Central Asia

***Ms. Nino Tsereteli - Center for Information and Counselling on Reproductive Health
TANADGOMA, Executive Director***

Major points: The goal of this on-going project is to develop a model of sustainable city response to HIV and TB among key populations. The Model should significantly contribute to achieving 90-90-90 HIV/TB targets for key populations in Tbilisi. The project is implemented in 5 countries. The following key populations networks are engaged in project implementation in Tbilisi : ENPUD – Eurasian Network of People who Use Drugs; SWAN – Sex Workers Rights’ Advocacy Network; ECOM – Eurasian Coalition on Male Health; South Caucasus Network on HIV among MSM and Transgender. Variety of activities focus on advocacy and capacity building, trainings and study visits to support the goals of the project.

Discussion:

The discussion followed major themes articulated during the presentations. There is number of positive developments in terms of HIV prevention and harm reduction service provision, as well as in CSO capacity building and partnership development in the country. Coverage of services has been scaled up. Number of innovative services have been integrated into the programs. Quality standards have been developed and submitted to the MOH for approval. Civil society and community organizations have shown the ability to form thematic coalitions and work together for advocacy purposes. These coalitions have established excellent partnership with the government on many occasions, and HCV elimination program is one of the most successful and evident examples of such partnership.

Nevertheless, there are challenges to be addressed. There are still barriers for HCV elimination program, specifically the need for out-of-pocket payment for some diagnostic procedures. Initiation of HCV treatment by those patients diagnosed with Hep C through harm reduction programs remains low in some locations, and there is an obvious need to identify and address existing barriers to treatment program. Sustainability of harm reduction programs after the Global Fund withdraws its funding still remains the subject of concern for civil society groups. And, finally, drug policy is obviously a major cross-cutting problem affecting access to prevention and treatment services.

Presentation #10: Support services for Patients with drug-resistant Tuberculosis to improve treatment adherence

Presenters: Ms. Tamar Kakulia and Ms. Ketii Kobiashvili – CBO - New Vector

Major points: Innovative project to introduce TB community care model for TB drug resistant patients and their family members through engaging community based organizations – New Vector, and Patients’ Union. Multi-disciplinary teams were established that involve social workers, psychologists and peer educators to provide community-based services to TB patients

in 5 major cities of Georgia. Psychological and social barriers that negatively affect TB treatment adherence among TB patients were described. Project results, including quantitative data about project beneficiaries and the services provided within the project were presented.

Presentation #11: TB Outpatient Care Model

Presenter: Ms. Tamar Gabunia – URC branch in Georgia, Director

Major topics: Importance of holistic approaches in health and making health services people-centered/ patient-oriented. Shifting from hospital-based TB care to outpatient, client-centered and community care; principles of outpatient care for TB patients; expected benefits of introducing outpatient TB care model in Georgia. Sharing experience of other countries in treating susceptible and M/XDR TB patients. Major changes that need to apply to implement outpatient TB care model in the country, including integration of people-oriented care principles into the professional competencies. Revision and adjustment of TB treatment guidelines according to WHO most updated recommendations. Overview of current initiatives towards improving TB care in Georgia.

Question: Dr. Mzia Tabatadze:

One of the objectives of the Georgia Transition and Sustainability Action Plan was to establish external monitoring mechanism, which shall allow civil society to conduct monitoring on fulfilment of Government obligations and progress achieved towards the objectives set in the Action Plan. Can anyone give progress updates in this regard?

Answer: Nino Tsereteli, Tanadgoma; Dr. David Otiashvili, Addiction Research Center – Alternative Georgia.

Shortly after the Transition Plan was approved, civil society organizations organized few meetings to agree on the mechanism, define terms of reference for civil monitoring group, and select civil monitors. However, over the last few months the process has been slowed down with no tangible results. We admit that the work should be resumed immediately.

Immediate Action items:

- Continue community mobilization and advocacy initiatives to foster the process of drug policy reform and liberalization of drug legislation in the country.
- Consult with the Pardon Commission at the Office of the President of Georgia. Explore if persons sentenced for drug-related offences will re-gain deprived rights (such as: employment restrictions, driver's license) after releasing them from prisons. Assess if there are advocacy needs from civil society to address this issue, and plan adequate actions through engaging civil society and human-rights activists.
- Resume working on establishment of effective civil monitoring mechanism as outlined in the Transition and Sustainability Plan.
- Follow up with relevant stakeholders to foster the process of approval and institutionalization of HIV prevention and harm reduction service standards. Having approved national standards will be key for development of **costed** National Strategic Plan for 2019-2022.

Prepared by: Ms Mzia Tabatadze, MD. MPH. PhD(c) and Mr. David Otiashvili, MD. PhD.
Director, Addiction Research Center – Alternative Georgia

List of participants of the Civil Society Forum is attached.