

Minutes
of
Policy and Advocacy Advisory Council Meeting: 20

The extended PAAC meeting was held at the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia on March 11, 2020 at 16:00.

Objectives:

- To present and agree on Spectrum HIV/AIDS estimates and programing results

Attendees:

<i>Tamar Gabunia</i>	First Deputy Minister of Internally Displaced persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia; PAAC Chair
<i>Irma Khonelidze</i>	National Center for Disease Control and Public Health (NCDC), Deputy Director, PAAC member
<i>Ketevan Stvilia</i>	NCDC, GF HIV Program Manager
<i>Ekaterine Ruadze</i>	NCDC, GF HIV Program M&E Specialist
<i>Maia Tsereteli</i>	National Center for Disease Control and Public Health
<i>Otar Chokoshvili</i>	Epidemiologist, Manager of National Health information system for HIV/AIDS at Infectious Diseases, AIDS & Clinical Immunology Research Center
<i>Nikoloz Chkhartishvili</i>	Infectious Diseases, AIDS & Clinical Immunology Research Center, deputy general director
<i>Khatuna Todzadze</i>	Center for Mental Health and Prevention of Addiction, PAAC member
<i>Mzia Tabatadze</i>	“Alternative Georgia”
<i>Giorgi Soselia</i>	PTF, MDM, PAAC member
<i>Nino Lomtadze</i>	National Center for Tuberculosis and Lung Disease, PAAC Member
<i>Gocha Gabodze</i>	Association “Pomegranate”, Director
<i>Lasha Tvaliashvili</i>	NGO “Real People Real Vision”, representative of HIV infected community, PAAC member
<i>Giorgi Magradze</i>	Georgian Health Promotion and Education Foundation - TB Coalition member organization, Deputy Board Chairman, PAAC member
<i>Lia Mamatsashvili</i>	Center for Information and Counseling on Reproductive Health - Tanadgoma
<i>Natalia Zaqareishvili</i>	UNFPA, Program Analyst, PAAC Member
<i>Nino Mamulashvili</i>	Program Coordinator, WHO Country Office Georgia, PAAC member

<i>Maia Uchaneishvili</i>	Curatio International Foundation
<i>Marine Gogia</i>	HIV program director, Georgia Harm Reduction Network, PAAC Member
<i>Irina Grzelidze</i>	CCM, Executive Secretary
<i>Natia Khonelidze</i>	CCM, Administrative Assistant
<i>Tamar Zurashvili</i>	PAAC, Policy and Advocacy Specialist

The meeting was opened by **Ms. Tamar Gabunia**, MoLHSA First Deputy Minister, PAAC Chair, who welcomed the attendees and introduced the purpose of the meeting. Ms. Gabunia emphasized the importance of HIV/AIDS estimates and programming in the country, thanked the AIDS Center for preparing the estimates and gave floor to **Mr. Otar Chokoshvili**, Manager of National Health information system for HIV/AIDS at Infectious Diseases, AIDS & Clinical Immunology Research Center.

Mr. Chokoshvili welcomed the audience and thanked them for participation. He noted that the spectrum initial results would be presented at the current meeting, which will be further processed and may undergo some minor changes. Using strategic information is essential for planning and evaluating any activities. Strategic information needed to plan measures for combating the HIV/AIDS epidemic includes: the number of PLHIV in the country; new HIV cases per year; the number of HIV/AIDS deaths; ARV treatment needs; the number of mother-to-child transmissions and PMTCT planning; etc. This is an incomplete list of data needed to properly and effectively plan HIV/AIDS response in the country. The sources of above mentioned strategic information are: programs' data, including yearly statistical reports and additional data analysis; the results of surveys, including IBSS and size estimation studies of risk groups. In addition, so-called modeling methods are used, including the Spectrum provided by UNAIDS, as well as estimation program provided by the European Center for Disease Control, known as an ECDC tool.

Then Mr. Chokoshvili talked about the advantages of modeling: first of all, it is noteworthy that obtaining accurate figures, such as how many people are likely to be HIV infected each year in the country, requires significant financial and human resources. In addition, by modeling, based on scientific calculations, we can use existing programmatic and research data to obtain reliable results and compare the trends. At the same time, this does not require substantial financial expenses.

Mr. Chokoshvili also briefly overviewed two main modeling tools (Spectrum and ECDC tools): both of which are computer software that yields certain results based on mathematical modeling and various estimations.

He also talked about the processes needed for modeling using the Spectrum: existing programmatic data (by gender and age, by years) is entered into the software. These data include: Number of registered HIV/AIDS cases by year, the number of patients on ARV; the results of viral load tests and suppression; the number of pregnancies in the country; the number of HIV-tested and HIV-infected pregnant women; the number of newborns etc. The data entry is followed by the adjustment of certain parameters. Most parameters are automatically provided by the software and do not require any further adjustment and/or

modification. Sometimes you need to adjust the parameters according to the guidelines. Considering the recommendations of and in agreement with experts, parameters are modified and it might further affect the outcome variables. Sometimes you need to enter some data on forecasts or targets for the future years: for example, the HIV incidence, which may be entered according the National Strategic Plan (target 0.016 for 2025); the planned number of patients on ART (90% of estimated PLHIV for 2025); Prevention of HIV transmission among those on ART (95%), etc.

Mr. Chokoshvili also spoke about the process of developing estimates: Initially UNAIDS invites country experts to attend international training. Then the experts develop the country data file (currently the results are almost ready and in-country agreements are underway). The finalized file will be submitted to UNAIDS experts for final agreement (it will undergo the same processes there and will be validated). Subsequently, the final data from UNAIDS will be agreed with the country's experts and a report developed.

Mr. Chokoshvili briefly overviewed the epidemiology of HIV/AIDS in Georgia and presented the data that were entered into the Spectrum (total registered cases – 8204; deaths – 1645; developed AIDS – 4271; registered cases by years, including newly registered and cumulative cases; as well as registered cases that are alive and accessible; trend by gender and root of transmission). Then he presented the program outputs for 2019 (this is a reporting period that will be included in the 2020th report): (1) the cumulative estimated number of PLHIV – 9983; (2) the estimated number of newly diagnosed cases – 707; (3) the estimated number of cumulative HIV cases by gender - the majority remain to be male; (4) the estimated number of HIV infected children - is less than 100 and corresponds to the actual value; (5) AIDS-related mortality – there is considerable decrease and in general is lower among those on ART; (6) Distribution of HIV estimated cases by risk groups - the largest share falls on MSMs, but the share of IDUs is declining; (7) the estimated number of mothers needing PMTCT – according the 2019 Spectrum data is 64 (although to some extent this figure is overestimated); (8) the estimated PMTCT coverage – 61% (considering that the NCDC data on HIV testing coverage of registered pregnant women is quite high [above 90%], as well as almost 100% coverage of registered HIV infected pregnant women with ARV at AIDS Center, the estimated numbers and coverage of PMTCT should be higher). The estimated treatment coverage of children (<15) – 69% (this figure also should be higher). Mr. Chokoshvili noted that the last three figures needs clarification and further correction in communication with experts; (9) the estimated number of PLHIV on treatment – 9894 (the program calculates this figure from estimated [not from registered] number of PLHIV and focuses on 90% coverage); (10) ARV coverage among estimated number of PLHIV – 51% (there is a significant improvement over the previous year, though the 90% coverage is still lagging behind).

Ms. Tamar Zurashvili, Policy and Advocacy Specialist, thanks Mr. Chokoshvili for the presentation and opened the discussion on Spectrum results.

Ms. Mzia Tabatadze, HIV/AIDS expert and representative of Alternative Georgia, highlighted two issues. (1) According to the data, the leading root of transmission among new cases is heterosexual contacts, although it would be interesting to see the gender distribution among them. In her opinion, most of them will be men and may even include MSM who simply do not disclose their status because of stigma. (2) She expressed her general concerns regarding the Spectrum, since we have no access to the exact formulas

the program uses for calculations. According to Ms. Tabatadze, the use of targets in calculations by the program may result in data inflation.

Mr. Nikoloz Chkhartishvili, deputy general director at Infectious Diseases, AIDS & Clinical Immunology Research Center, responded to the comments of Ms. Tabatadze. He noted that the targets do not affect calculations for the reporting year, hence inflation will not occur. The spectrum uses actual, programmatic data for calculations until the reporting period, and targets are used for projections. The Spectrum new approach focuses on the basic parameters such as CD4 count and viral suppression (for example how many individuals could be affected by HIV infected patient whose CD4 count is less than 500 and is living with HIV for 7 years; also, how many infections could be prevented by having viral suppression and so on). There are only actual data and not estimates entered into the program until 2019 (for example those 5098 patients that are currently on ART). 90% coverage with ART in 2025 is taken as a target for instance (the percent is from the estimated number of PLHIV, not from those that are diagnosed, the later one is already almost reached). Such targets participate in calculating the data for the period after 2019. Ms. Chkhartishvili also commented on the roots of transmission. He agrees with Ms. Tabatadze's assumption that there might be non-disclosure of MSM contacts among those reporting heterosexual ones due to high stigma. This assumption was backed-up with the finding of viral similarity study conducted at AIDS Center. According to the result, 30% of men reporting the heterosexual transmission had the similar virus as MSM. It is likely that such transmissions might have occurred through MSM contacts, but this is not reflected in the official statistics.

Mr. Gocha Gabodze, director of association "Pomegranate", made several comments. In his opinion, the form at which patients are asked about the roots of transmission at the AIDS Center is quite inconvenient, and it takes a great deal of courage for the patient to report his risky behavior. He also noted that it is important to have access to the data such as the number of patients terminating treatment and/or leaving the country. He also touched upon the issue of disseminating the HIV/AIDS statistical information in the media. He thinks that releasing statistical information in media on a monthly basis followed by the chronicles on new cases of a dangerous infection, supports the deepening of stigma in the society. He believes that statistical information should be sent to the media with relevant comments and explanations. The information should be easily understandable and shouldn't include only numbers. Mr. Gabodze also thinks that it is sufficient to provide media with statistical information once a year, for example on certain days, like December 1 etc.

In response to Mr. Gabodze's comments, **Mr. Nikoloz Chkhartishvili** noted that the staff of AIDS Center do not create any inconvenience to the patients, they just ask about their sexual behaviors, which is part of the routine surveillance. In his opinion, it is important to work on this issue by combating homophobia in the country. In addition, it is also possible to adapt the questionnaire and develop more advanced methods for evaluating transmission roots. Regarding the dissemination of statistical information in the media, Mr. Chkhartishvili noted that the data of the AIDS Center is publicly available for anyone. Everyone can use and publish it, and no restrictions can be imposed by the Center.

Active discussion was held on the numbers used for the numerators and denominators while defining different indicators. Special attention was paid to the HIV detection and treatment coverage indicators. The following explanations were made by the representatives of the AIDS Center based on the existing

statistical data: the number of registered HIV cases since 1989 is – 8102. The second figure used is the number of registered and accessible PLHIV that is 5850. The latter is obtained by subtracting the number of AIDS-related deaths, as well those who left the country from the total number of registered cases. In addition, this figure includes migrants. Therefore, a separate section of migrants is added to the spectrum that calculates the epidemic of migrants, and the numbers are affecting the estimates of a particular country, meaning that migration-in is added and migration-out is subtracted from the number of diagnosed PLHIV for the certain country. Therefore, we have the following certainty while elaborating the cascade: HIV diagnosed individuals are those who have been diagnosed, are alive and contribute to the country epidemic in the certain year. According to Ms. Mzia Tabatadze, it is important for UNAIDS targets to know the treatment coverage out of the total number of infected people in the country. According to the existing calculations, the total number of alive, registered PLHIV is not included in the denominator. This number excludes those PLHIV, who have registered in Georgia but who have been lost in the system or have migrated. With such a calculation, Georgia will report a higher percentage of treatment coverage, which, according to Ms. Tabatadze, may be misleading or distracting. She also asked whether there are any directives or references from UNAIDS that we should subtract the number of those who were lost to follow up or those who migrated from the total number of PLHIV for a certain period. In addition, what are the standard definitions, when and after what period can a person be considered as migrant, how is it confirmed and so on. After an active discussion, the group agreed that it is best to refer to UNAIDS for each indicator or data of concern and get standard, established answers from them.

The sources of information were also emphasized during the meeting. **Ms. Khatuna Todadze** noted that cross-border data would be useful to obtain reliable information about persons leaving the country (currently the data is taken from the patient's medical records and databases, and this information is updated yearly). The importance of synchronization with the database of the country Registry was also highlighted in order to get information about deaths.

Ms. Ekaterine Ruadze, GF HIV Program M&E Specialist, noted that it is important to correct the PMTCT data within the Technical Working Group. Correcting these data will not have a significant impact on the final estimated numbers, as the share of PMTCT in Georgia is quite low.

Ms. Irma Khonelidze, GF PIU director, asked for clarification regarding the estimated numbers of PLHIV for the previous years: since the Spectrum methodology has changed this year and it uses a different approach, how does this affect the previous years' data that we use as a reference or for comparisons?

Mr. Otar Chokoshvili responded that the data of previous years was also entered by new methodology into the program and it produced the estimated numbers for previous years as well. In 2018, the estimated number of PLHIV was 9400. According to the new methodology, this figure is 9548, meaning a difference of 148 people, which falls within the 95% confidence interval and is considered the same value.

The group also discussed the possibility of using the ECDC modeling tool. Mr. Chokoshvili noted that it is possible to transfer data from the ECDC tool to the spectrum program and make appropriate modeling. However, the ECDC tool has the limitation that it does not provide future forecast data.

Ms. Marine Gogia, GHRN HIV Programs director, commented regarding the Spectrum new methodology: the current methodology does not consider the total number of conducted HIV screening as an input data,

like in case of pregnant women. Given that the number of screening tests carried out in the country has increased significantly, both in the general population and in risk groups, Ms. Gogia believes that entering this data into the program could affect the final outputs.

Mr. Otar Chokoshvili noted that the Spectrum program uses standard approaches. Countries differ in their screening data, and the program works with the assumption that the number of estimated PLHIV will be calculated according to the country's population, existing number of diagnosed cases and other population parameters, without any influence of conducted screening tests.

Mr. Nikoloz Chkhartishvili noted that the program uses the data on CD4 counts at the start of the treatment to measure the effectiveness of HIV screening. This figure has remained almost unchanged in the country in recent years and has not risen above 300. In addition, there is a late diagnosis in almost 50% of cases. Under the conditions of effective screening, the rates of detection of newly infected individuals and the levels of CD4 would increase.

The group members noted that in future it would be interesting to study the impact of testing on CD4 levels, conducted among general population within the integrated screening program.

Ms. Irma Khonelidze thanked the representatives of the AIDS Center for the work done and sharing the results.

At the conclusion, **Ms. Tamar Zurashvili** summarized the meeting and thanked the participants.

Next Steps:

- Refer to UNAIDS for each indicator or data of concern and get standard, established answers from them;
- PMTCT data will be corrected within the technical working group;
- The final processed file will be sent to UNAIDS;
- UNAIDS comments and final results will be shared with all key stakeholders;
- The final estimates will be reflected in UNAIDS database by June;
- The UNAIDS final report is anticipated to be issued in early December.

Minutes prepared by Tamar Zurashvili

Policy and Advocacy Specialist, PAAC