Minutes
of
Policy and Advocacy Advisory Council Meeting: 21

The extended PAAC meeting was held online via Zoom platform on May 18, 2021 at 15:00.

Objectives:

- To present and discuss analysis of HIV/AIDS and TB epidemiological trends, targets and program gaps
- To present and discuss needs assessment, recommendations and costed interventions for MSM, TG, FSW, PWID, PLHIV and TB communities
- To present and discuss the results of community dialogue for C19RM preparation (HIV/TB)
- To present and discuss priority activities within the Global Fund's Covid-19 Response Mechanism (C19RM)

Attendees:

Mzia Tabatadze	CCM Vice Chair
Irma Khonelidze	National Center for Disease Control and Public Health (NCDC), Deputy Director, PAAC member
Olga Varetska	WHO consultant
Tea Jibuti	WHO consultant
Nicole Seguy	WHO
Sayohat Hasanova	WHO
Gennady Roschupkin	CRG consultant
Christina Celan	CRG consultant
Pavlo Smyrnov	SoS consultant
Kateryna Boiko	SoS consultant
Ketevan Stvilia	NCDC, GF HIV Program Manager
Alexandre Asatiani	NCDC, GF HIV Program M&E Specialist
Lela Serebryakova	NCDC, GF Implementation Unit
Maka Danelia	NCDC, GF TB Program Manager
Irina Javakhadze	Ministry of Finance, PAAC member
Nino Badridze	AIDS center, PAAC member
Khatuna Todadze	Center for Mental Health and Prevention of Addiction, PAAC member

Giorgi Soselia	PTF, MDM, PAAC member
Nino Lomtadze	National Center for Tuberculosis and Lung Disease, PAAC Member
Nino Mamulashvili	Program Coordinator, WHO Country Office Georgia, PAAC member
Marine Gogia	HIV program director, Georgia Harm Reduction Network, PAAC Member
Konstantine Labartkava	NGO "New Vector", PAAC Member
Lasha Abesadze	NGO "New Vector"
Beka Gabadadze	CBO "Temida", PAAC member
Tony Sarasfati	CBO "Temida", PAAC member
Ketevan Bidzinashvili	NGO "Step to the Future"
Otari Jijeishvili	NGO "Fenix 2009", PAAC member
Nino Janashia	NGO "Xenoni"
Vakhtang Gamsakhurdia	NGO "Ordu"
Mamuka Sudadze	Patients Union
Nino Tsereteli	Tanadgoma, PAAC member
Mariam Jibuti	NGO "New Vector"
Tengiz Chogadze	Patients Union
Davit Alkhazashvili	Patients Union, PAAC member
Giorgi Saginadze	Patients Union
Nikoloz Mirzashvili	Patients Union
Manana Sologashvili	NGO "Hepa Plus"
Dali Usharidze	NGO "New Way", PAAC member
Sopo Zalkaliani	UNFPA
Lika Gvinjilia	CDC
Lia Beritashvili	NGO "New Vector"
Nana Nabakhteveli	LFA
Irina Grdzelidze	CCM, Executive Secretary
Natia Khonelidze	CCM, Administrative Assistant
Tamar Zurashvili	PAAC, Policy and Advocacy Specialist

The meeting was opened by **Ms. Mzia Tabatadze,** CCM vice Chair**,** who welcomed the attendees and introduced the purpose of the meeting. She emphasized the importance of ongoing processes regarding preparation for the Global Fund country proposals, including C19RM and thanked all the consultants for their input and significant effort to support preparation of good applications to the Global Fund. She gave floor to **Ms. Olga Varetska**, WHO consultant, to present the result of analysis of HIV/AIDS epidemiological trends, targets and program gaps.

Ms. Olga Varetska thanked the audience and organizers for the opportunity to present and discuss the preliminary results of her consultancy, which was supported by WHO. The aim of the technical assistance provided by Ms. Varetska was to assess the progress made in implementation of the Georgia National Disease Specific Strategic Plan (NSPs) on HIV for the period of 2019-2022 and set programmatic targets for 2023-2025. The assignment consisted of the following three tasks: (1) to conduct HIV epidemiological trend analysis and monitor performance against indicators to evaluate the progress made toward achieving national HIV strategic plan targets to date; (2) to harmonize indicators with the present national and global context and priorities and (3) to set the programmatic targets for the HIV Program for 2023-2025 and for the GF proposal (Performance Framework). Data sources used for the analysis included: National HIV Strategic Plan for 2019-2022, Current PF for Global Fund grant, PU/DRs for Global Fund grant: 2019, 2020, CCM Dashboard – Q3 2020, IBBS and PSE reports: MSM (2018), FSW (2017), PWID (2017), Transition Readiness and Sustainability Report (Curatio, 2015), Optima results, GF portfolio analysis 2021, Global AIDS Monitoring data (2018, 2019, 2020) and Spectrum files 2020. The methodology for the assignment included desk review and number of on-line consultations/meetings held with main country stakeholders. She briefly overviewed the 2019 – 2022 NSP M&E Framework, including indicators, progress tracking measures and key targets. She pointed out that although it cannot be assessed whether the current NSP targets were achieved or not because the data analysed were only up till the end 2020 and the NSP covers the period till 2022, yet it is possible to look at the some of the trends so far: according to the spectrum estimations we see the slight increase in HIV prevalence per 100,000 population and AIDS-related mortality over the past four years. She also presented the HIV Care Cascade for 2017 – 2020 years. She highlighted that Georgia has very good results and has actually reached the targets in terms of second and third 90s (the number of PLHIV on ART and virally supressed). But the first 90, which is the percentage of people who know their HIV status is 76% in 2020, so there is still gap of 24% that needs to be covered and this gap is affecting the other two pillars of the cascade as well. In order to be able to achieve the HIV care cascade targets, it is important to analyse the cascade by gender and by Key Populations (KPs). In order to see which are those subgroups that are preventing us from achieving the 90-90-90 or 95-95-95 targets. Then Ms. Varetska presented the cascade targets disaggregated by KPs (PWID and MSM) based on the AIDS centre's data coming from routine statistics. We see that among PWID the percentage of those diagnosed is very high (96.5%), while in MSM population it's rather low (39.8%). According to Ms. Varetka most likely this data are not accurately reflecting the actual situation probably due to the wrong figures in estimated number of PWID, which might be underestimated, or the numbers of those diagnosed could be overestimated (as aids centre is basically using the HIV transmission mode as a criteria rather than belonging to the KP population who inject drugs). In case of MSM population, she also thinks that there is an underestimation in those numbers of diagnosed and other pillars as well, due to the same system of registering the mode of transmission and also high stigmatization of this group. Then she

presented some key information on KPs coverage with preventive services (based on GF programmatic data, as there were not carried out IBBSSs among KPs in 2020 because of COVID disruption) to see the progress over the past years. We see a downward trend in coverage with preventive interventions for all three KPs (PWID, MSM, and FSW) in 2020, and especially for FSWs. This downward trend in 2020 is again most likely due to COVID disruption that limited outreach and general service delivery. Afterwards, Ms. Varetska presented the proposed national indicator set for 2023 – 2025. During the analysis process the existing set of indicators in the current NSP where compared with WHO strategic information guidelines to make sure that all indicators correspond to the international definitions, so they are comparable across countries and in time. As a result 57 indicators were harmonised with WHO HIV SI Guidelines: I1 – I6 are impact indicators; C1 – C3 - HIV care cascade indicators, disaggregated by gender, age and key population. There are a set of outcome and output/coverage indicators, grouped by thematic area: Testing and Linkage: T1 – T3; ART and Viral load: A1 – A3; Key populations: PWID 1 – PWID 8, MSM 1 – MSM 5, FSW 1 – FSW 3, TG 1 – 3; P1; Blood safety: BL1; Elimination of mother to child transmission: EMTCT1 – EMTCT 9; HIV/TB and HIV/HCV Co-infection: HIV/TB 1 - HIV/TB 3; Care and support for PLHIV: CS 1; Stigma and discrimination: S&D 1 – 3; Government funding: Fin 1 – Fin 3. There is a large excel file which lists all these indicators and corresponding word file with the definitions for those indicators. In order to set the level of priorities all indicators are categorised as either “Core”, “Priority”, or “Other”. Baseline values and targets were set for all indicators where data were available. For new indicators it will be important to establish the baseline values this year and targets will be defined afterwards. The preliminary findings from the assessment carried out by Ms. Varetska are as follows:

- Georgia has made substantial progress in achieving the 90-90-90 targets. By the end of 2020, 76% of PLHIV knew their status, 86% of those were on ART, and 94% of those on ART were virally suppressed. The third 90 is already achieved, the second one is close to achievement and the first 90 still needs intensification of efforts.
- 24% of people living with HIV still do not know about their status and are not linked to life-saving treatment, and about 50% of PLHIV are still diagnosed late, with their CD4 cell count being <350
- A downward trend in coverage with HIV prevention services and HIV testing was observed in 2020 among all KPs due to COVID19-related disruptions. Intensification of efforts / alternative modes of service delivery are called for to increase prevention coverage in these groups, especially among MSM
- KP HIV care cascade data could be biased: KP size estimates require updating, AIDS Centre data might over report PWID and underreport MSM along the care continuum
- Due to latest IBBS among KPs being carried out in 2017 (PWID and FSW) and 2018 (MSM) there are no up-to-date data on HIV prevalence and risky behaviour among KP

Finally Ms. Varetska presented the M&E related recommendation: (1) Integrate HIV care cascade monitoring questions into the next rounds of IBBS among KPs, and monitor the KP cascades based on IBBS data and not only on AIDS centre’s data; (2) Conduct another round of KP size estimation together with next IBBS for three KPs and opioid users and (3) Redefine eligibility criteria for TB preventive treatment in line with WHO recommendations, and ensure that the TB programme captures these data in their electronic registry. At the end of her presentation, Ms. Varetska informed the participants on the deliverables: Report - desk review of progress of the Georgia National HIV Strategic Plan 2019 - 2022

against national targets and setting programmatic targets for 2023-2025 is currently under review by the WHO and afterwards will be shared with all stakeholders. The report includes three annexe - NSP 2019 – 2022 Indicator results to date, Indicator definitions and New NSP indicator targets for 2023 – 2025. She thanked the attendees for attention and all stakeholders who were involved in this very important assignment.

Ms. Mzia Tabatadze thanked Ms. Varetska for the important work done and opened the discussion on the presented topic.

Mr. Beka Gabadadze noted that the presentation focused on MSM, FSW and PWID populations and asked whether there was a need to highlight the Trans community during the work process, as there is such need concerning other issues and the community advocates for these processes.

Ms. Varetska responded that the comment is really very valid and Trans* population will be part of the set of the new indicators. She pointed out that in the new set of the indicators there are four KPs, including Trans* population, while in the current NSP there were only three KPs.

Ms. Mzia Tabatadze drew attention to the data presented by Ms. Varetska in the presentation, according to which 24% of the estimated number of PLHIV do not know their status, which can be considered a great achievement since last year the figure was up to 40%. She asked about the validity of this data and what has led to its reduction; whether it is due to the reduction of estimated number of PLHIV in the spectrum or there were some other measures taken to increase detection.

Ms. Ketevan Stvilia replied that the spectrum program is generally being refined and that this reduction is currently related to the reduction in estimated number of PLHIV, which according to the latest data is 8400. The final spectrum file is currently being processed and the country will have an official number, which will be shared by WHO and this new number will reported in GAM.

Ms. Maka Gogia noted that according to the information provided, more than 96% of the estimated number of HIV-infected PWID have already been diagnosed. The latter may indicate good performance of harm reduction programs, though it is a bit unbelievable and asked how this data can be verified.

Ms. Ketevan Stvilia responded that this bias is related to the fact that, according to the AIDS Center data, these are not current drug users, rather they are people who have ever used drugs and injecting drug use is recorded as a root of transmission in all these cases. Therefore, this data cannot be directly translated into the fact that such a high percent of the current drug users has already been identified. We still have the opportunity to work with Ms. Varetska on this issue, as we have not yet received the final report which is currently under review by WHO and we will have the opportunity to comment on these important issue later.

Ms. Mzia Tabatadze noted that in the process of working with the TB community, there was an active demand for the addition of one indicator - reference prices for ARV medicines, which should be defined as one of the main indicators. Accordingly, she asked if it is possible to review the final set of indicators and make comments (offer to add, although the list of indicators is quite large) by those who were not involved in the process of developing new indicators.

Ms. Ketevan Stvilia replied that this indicator is included in the GAM report and information on reference prices is reported annually, the mean of monitoring exists and there is no need to add it as an NSP indicator.

Ms. Mzia Tabatadze thanked Ms. Varetska for her presentation and the audience for the intensive discussion and gave floor to **Ms. Tea Jibuti**, to present the results of analysis of TB epidemiological trends, targets and program gaps.

Ms. Tea Jibuti welcomed the attendees and started presenting the results of the mid-term evaluation of the TB National Strategic Plan. The main objective of the review conducted by Ms. Jibuti was to identify the gaps in reaching the targets set in the monitoring and evaluation framework of the National TB Strategy. The tasks of the assignment included epidemiological trend analysis, defining gaps based on epidemiological analysis, alignment of national targets with the global and regional TB targets and indicators and projection for national targets on TB response for 2023-2025. She briefly overviewed the NSP objectives (Objective 1. To provide universal access to early and quality diagnosis of all forms of TB including M/XDR-TB; Objective 2. To provide universal access to quality treatment of all forms of TB including M/XDR-TB with appropriate patient support; Objective 3. To enable supportive environments and systems for effective TB control). Then she talked about the NSP Monitoring and Evaluation Framework, according to which there are three impact, three outcome and ten output indicators. Based on the assessment results, the NSP indicators and targets for 2021-2025 were updated to be align with WHO Global End TB strategy targets and milestones, and revised in accordance with the Monitoring Framework WHO European Region Tuberculosis Action Plan 2021–2030. Then Ms. Jibuti started presenting the NSP Monitoring and Evaluation Framework. She started with impact indicators. The current NSP includes the following three impact indicators – (1) TB mortality rate per 100,000 (excluding TB/HIV), (2) MDR-TB prevalence among new TB cases and (3) MDR-TB prevalence among previously treated TB cases. Ms. Jibuti noted that unfortunately the existing NSP M&E framework did not include information on the data sources for these indicators. Currently, the Institute of Health Metrics has been defined as the source for the first indicator, since in agreement with the PR and the Global Fund, this indicator is no longer reported by the WHO estimations, but by the IHME. The second indicator was modified, specifying that it refer to new cases of pulmonary TB, since in cases of extra-pulmonary forms the bacterial confirmation is complicated compared to the pulmonary forms. The target for 2025 for this indicator is set at 10%. The third indicator - MDR-TB prevalence among previously treated TB cases – has been removed and the following indicator has been added instead - Percentage of TB-affected households that experience catastrophic costs due to TB. The similar indicator to the latter in the current NSP was a share of out-of-pocket payments in total TB expenditures, although it was presented as an output indicator, while the new version defines it as an impact indicator. There is no baseline defined for this indicator currently and it requires conduction of a study. Then Ms. Jibuti continued to talk about outcome indicators. There were three outcome indicators in the current NSP: (1) Case notification rate: new cases and relapses, per 100,000 - this indicator was maintained. There are actual data given for 2019 and 2020 bassline data are all preliminary. The targets for this indicator increase in 2021 and 2022, which is due to the COVID pandemic (due to the existing restrictions TB detection has decreased and therefore an increase is expected in the coming years). (2) The second outcome indicator - treatment success rate, of new and relapse TB cases, as well as the third one - treatment success rate, laboratory confirmed RR/MDR-

TB cases – is also maintained. Again, the actual data for 2019, 2020 preliminary figures and the projected targets for the following years are given accordingly. In addition to the above three indicators, a fourth is added - RR/MDR TB case detection rate (%), only pulmonary cases are considered as well. As for the output indicators, we have a first one - percentage of notified new and relapse TB cases tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF) as the initial diagnostic test. This indicator is maintained as well, target for 2020 based on the preliminary data is quite high (88%), target for 2025 is 90%, which the country is likely to achieve. The next indicator is coverage of first-line drug susceptibility testing among notified culture-positive TB patients (new and previously treated). At this point, DST coverage includes results from molecular tests (e.g. WHO recommended rapid diagnostic test) as well as conventional phenotypic DST results. According to 2020 preliminary data, the target is 98.4% and it should reach 100% in 2025. The next indicator is coverage of second-line drug susceptibility testing among notified MDR-TB patients. It should be noted that in the past, this was meant for second-line injectable drugs, which have been removed from use in Georgia since 2019, the indicator has been modified accordingly and now only resistance to FQ has been defined. The fourth output indicator is TB notification rate in the penitentiary system: all cases, per 100,000 of average annual prison population. Here the change is that there were all cases considered in the existing strategy, while currently only new and relapse cases are considered. The next indicator in the existing NSP was a number of contacts of TB patients screened for active TB, per 1 TB case (all forms). The indicator has been modified and defined as Coverage of contacts with systematic screening for active TB. We do not have a baseline at this point and the target for 2025 is set at ≥90%. A new output indicator has been added - TB preventive treatment coverage (%) in childhood TB contacts aged under 5 years. The addition of this indicator was due to the revealed low coverage among this age group (in 2019 it was 16%). 2020 preliminary data are not known yet, although the target for 2025 was set at ≥90%. The next indicator is the Proportion of TB patients with known HIV status. The target for 2025 is set at ≥95%. The next, seventh (Prevalence of HIV among all TB cases) and eighth (Interim results of MDR-TB treatment: percentage of patients with culture conversion at six months of treatment) indicators were removed. New indicator has been added - Percentage of notified RR/MDR TB patients enrolled in treatment. The next indicator - Percentage of TB cases, all forms, receiving the entire treatment in outpatient (ambulatory) setting – has been divided in two parts by first and second-line treatment. And finally, the tenth indicator - Share of out-of-pocket payments in total TB expenditures – has been removed.

Ms. Mzia Tabatadze opened the discussion on TB issues.

Ms. Irma Khonelidze thanked Ms. Jibuti for the presented work and asked if the WHO had any comments regarding the use of IHME as a source of data in case of TB mortality rate. Ms. Khonelidze also stressed the importance of the indicator on catastrophic costs due to TB, however, noted that since this is a new indicator, the country will not be able to report it without conducting a relevant study to determine the baseline data. The latter needs mobilization of additional resources and the issues should be further discussed and agreed with MoH.

Ms. Jibuti replied that in the event of TB mortality rate, the data source is still to be finally agreed with WHO. Regarding the comment on the catastrophic cost indicator, Ms. Jibuti noted that in the current strategy it was specified as an out-of-pocket payment indicator, which also requires conduction of a study,

the indicator has just been modified, although the resources should be mobilized since it was not defined for out-of-pocket payment study as well.

Ms. Mzia Tabatadze additionally mentioned that she had communication with Ms. Medea Khmelidze and a TB catastrophic cost study is already planned in 2021 and the data should be available in December.

Mr. Nikoloz Mirzashvili confirmed that the study is planned as part of the TB People component of the SoS project, the methodology is being developed and the results will be available in December.

Ms. Mzia Tabatadze noted that it would be important to involve all interested stakeholders in the development of the research methodology and asked Mr. Mirzashvili to arrange a meeting with participation of all interested parties in the nearest future to share the research plan. Ms. Tabatadze gave floor to **Mr. Gennady Roschupkin** to present the results of the needs assessment among MSM, Trans*, FSW and TB communities.

At the beginning of his presentation, **Mr. Gennady Roschupkin** mentioned that he was working on the assignment together with his colleague **Ms. Cristina Celan** and they will be both presenting the results. He started the presentation with showing the HIV care cascades among general population and MSM as an example and with it explaining the importance of focusing attention on KPs. Then he briefed the audience on the course of the community consultation under their consultancy, which included: Online Survey to collect community members' needs in HIV and TB services and on community systems strengthening with participation of 98 respondents; Interviews with community experts and service providers to analyze the community needs (49 participants from 5 communities) and Focus groups with community activists and service providers to formulate the community recommendations to the new national request for funding to the Global Fund (41 participants from 5 communities). Then **Mr. Roschupkin** passed the floor **to Ms. Celan** to presents the results of community consultation/recommendations for TB services.

Ms. Cristina Celan thanked Mr. Roschupkin for the introduction and for describing the process of their joint consultancy work to ensure meaningful engagement of KP communities and express her gratitude towards all participants who contributed to this very important assignment. Three main interventions have been agreed with the community in case of TB: (1) Increase adherence support through multidisciplinary approach and case-management, including peer-to-peer support and online services; (2) Reduce stigma and discrimination by increasing knowledge raising on TB through community-led advocacy, communication and social mobilization activities; (3) Improve case detection through active case finding in key populations (PWID, homeless, PLHIV, other hard-to-reach), including community-led engagement in diagnostics. Ms. Celan passed the floor again to Mr. Roschupkin to presents the interventions identified and agreed with the communities for HIV.

Mr. Roschupkin started presenting the community recommendations for HIV services that were resulted from the dialogue with different KPs, including PLHIV, MSM, TG and FSW. All recommendation were divided into two groups: (1) related to medical and social services, which can be provided by local medical and social setting and by community organizations and (2) community systems strengthening activities. Recommendations related to HIV medical and social services are as follows:

- Increase ***geographic coverage and decentralization*** of HIV treatment and prevention, including new HIV-clinics, renewal of the Palliative Groups for PLHIV and Mobile Outreach for sex workers.
- Increase ***frequency and regularity*** of HIV testing (twice a year), including the use of self-tests.
- Increase quality and quantity of condoms and lubs for PLHIV and key populations, and the use of vending machines.
- Sustain outreach services and information campaigns, including ***online outreach and support***.
- Increase availability of PrEP and PEP through community-based services.
- Attention to the most marginalized ***sub-populations***: women, trans people, people with low income, people with disability, teenagers, migrants and ethnic minorities, undocumented people, drug users and chemsex users, and those who have no support from their families.
- Increase mental health and cognitive ability diagnostic and service.
- Expand and sustain safe spaces and shelters for key populations.
- Expand para-legal and professional legal services, human rights monitoring and protection mechanisms.
- Finalize national standards of HIV prevention in key populations.
- Increase ***quality and actuality of data on key populations*** for making decision: PSE, IBBSS, ***and Community Lead Monitoring (CLM)***.
- Provide PLHIV and key populations with sanitary masks and disinfectants for COVID-19 prevention.

Then **Ms. Cristina Celan** presented the recommendations related community systems strengthening both for TB and HIV affected communities. The following interventions have been prioritized:

- Facilitate and support self-support, violence preventing, and human rights protecting initiatives in TB, PLHIV, and key populations' communities.
- Increase government's accountability by engaging PLHIV, TB people, and key communities in Community-led Monitoring targeted to regular and on demand monitoring of availability and quality of TB and HIV services under the national HIV and TB programs.
- Strengthen organizational capacity of CSOs/CBOs.
- Ensure availability of public funding for community organizations.
- Facilitate cooperation between community organizations, NCDC, other national institutions, and local medical and social support settings.
- Engage community activists and NGOs in the preparation, conduction, and analysis of the results of IBBSS, and evaluation of national and local public health programs.
- Ensure meaningful engagement of PLHIV, TB people, and key communities representatives with CCM, with particular attention to women and Trans* people, and to sustaining people with diseases and key populations representation during the process of transition to national funding.

At the end of the presentation, **Mr. Roschupkin** expressed his huge gratitude towards national consultants and all community activists, experts, and members who during the consultation granted their time, expertise, and care, and shared thoughts and recommendations.

Ms. Mzia Tabatadze thanked Ms. Celan and Mr. Roschupkin for their work done and opened discussion on the presented topic.

Ms. Ketevan Stvilia made a small comment: Due to the fact that too many activities were listed, which would be quite difficult to implement, she asked the consultants to prioritize the activities / interventions in their final reports.

Ms. Mzia Tabatadze gave floor to **Mr. Pavlo Smyrnov** to present the needs assessment results among PWID.

Mr. Pavlo Smyrnov started his presentation by presenting the HIV care cascade among PWID, where we see that only pillar of treatment is not reaching the target (although the figures are still subject for discussion), indicating the need of improving linkage to care services among this group. Then he talked about the lessons learned for PWID programming over the past years. It is evident that the current programs for PWID has been successful in reaching to large proportion of key population and providing comprehensive package of services according to the international best practices. A low HIV prevalence has been maintained during last 15 years, thus proving the effectiveness of prevention programs. There has been a significant, 5-fold decrease in HCV transmission. The OST has been scaled up to almost 25% of PWID population. Support of community groups has led to strong network of community-based organization and key population network implementing majority of harm reduction programs in the country. He also pointed out that the ongoing transition to government funding needs additional support in terms of maintaining quality, accessibility for most vulnerable KPs and maintaining the principles of harm reduction. There is need to support complementary outreach strategies and advanced combinations of services that are required to engage and retain the underserved segments of key and priority subpopulations, improve case finding, ensure community initiated linkage to treatment. An finally there is a need to remove barriers related to human rights and gender, to develop a more proactive approach to setting results-based monitoring framework and acting on information collected from various community-based monitoring ongoing efforts. According to Mr. Smyrnov, the following approaches for GF funding for PWID in 2023-2025 has been proposed: (1) Program for PWID within HIV modules - strong focus on maintaining the progress should be continued while improving quality and accessibility of service delivery. A new focus suggested during the consultations with the communities include engaging younger and female drug users, young people who use drugs and are practicing high-risk sexual behavior and addressing drug use in ethnic minorities. (2) In terms of HIV prevention modules, taking into account the transition to government funding (70%), it will allow to allocate GF resources to reach to new and hidden subgroups (PDI, young key populations, ethnic minorities), with integrated and low threshold services (mobile vans, rehabilitation, vending machines). (3) In terms of HIV testing and treatment it will be important to optimize case-finding yield and improve linkage and retention. (4) the suggested approaches for programs for PWID within RSSH modules are focused on capacity building of KP-led CSOs and CBOs, developing capacity building strategies, training and mentoring and sustainability plans, support to Key Population network and community mobilization advocacy around key policy challenges. Afterwards, Mr. Smyrnov presented the 9 priority areas and corresponding activities, which has come up during the meetings and discussions with community representatives:

1. Shifting and expending outreach focus:

- PDI - effective outreach and service delivery mechanism based on social network strategy. Recruitment strategy, screening protocol will shift eligibility criteria to “drive” recruitment to underserved KPs
- OSOm - Operational Study Outreach model to engage people who use psychoactive substances recreationally and in sexual contexts. Utilizes online questionnaires designed to link qualifying respondents to offline delivery of necessary diagnostic and clinical services and home delivery of medicines and prevention commodities.
- Peer online outreach - is based on active usage of online peers, “health ambassadors”, opinion leaders in particular subgroups, influencers, etc.
- Mobile clinics will help to involve hard-to-reach and new people who use drugs to comprehensive package of services for prevention and early detection of HIV, TB, hepatitis C in prevention projects.
- Smarts Prevention Vending Machines (SPVM) will increase coverage via enhancement of outreach to unreached PWID and MSM community and injecting and non-injecting NPS and stimulant users with the focus placed on young people.
- Harm Reduction among Young People who Use Drugs (YPUD) to engage younger segments of key populations in HIV prevention and harm reduction activities. HIV prevention and sexual health services for young KPs including recreational users of psychoactive substances at entertainment or cultural venues includes distribution of HIV prevention commodities and information, drug checking, as well as collection of essential information to monitor drug scene and inform interventions and policy development.

2. Improving testing strategy
    - Social network strategy includes a broader set of social- and risk- network members of KP representatives (friends and acquaintances) who live and work within the same area, or have similar risk behaviors.
    - Blend of extended risk network exploration, direct digital communication and partner notification will allow for targeted delivery of multi infection tests to social networks of newly identified PLHIV while providing full anonymity of people reporting reactive test results.
    - Enhanced peer approach will be used to engage sexual/injecting partners and social- and risk-network members through the network of trained peer outreach workers. The strategy includes performance-based incentives for peer workers and aims at case-finding at the community level and KP engaging in harm reduction and HIV testing services.
    - Expending HIV self-testing strategies will help to surmount barriers faced by KPs through implementation of primary and secondary distribution and through mixed modalities. The strategy involves targeted assisted or unassisted HIVST, as well as both primary and secondary distribution provided at any community site requested by a client. Self-testing kits will be provided to clients who refuse from traditional HIV testing at the basis of community.
3. Differentiating linkage support, which includes two interventions:
    - CITI (Community Initiated Treatment Intervention) currently provides support for PWID and their partners who received HIV positive test result in order to get access to HIV care and ART. CITI support stops when the client receives ART at the health care facility. It is important to

recognize that testing and linkage to care does not ensure retention in care. Therefore, retention support should be integrated to HIV testing and care for PLWH.

- The patient centered approach which is already partially implemented through CITI client-oriented case management will be enforced with longer retention focused case management support CIRI – Community initiated retention intervention. While CITI is very short term, (time for support is 1 month on average) and intensive case management with the goal of ART initiation, CIRI is longer-term support for clients to stay on treatment with individual and group sessions (from 6 to 12 months) with the goal to improve retention in care and adherence to ART.

4. Demand generation and expansion for effective treatment and prevention (PrEP and MAT)
   - Peer online outreach and demand generation will be conducted through popular web platforms and social media resources. Target messaging and communication will aim not only to increase awareness of the available services and programs but also will address myths and misconceptions around OST, PrEP, HIV treatment, HIV testing and other issues.
   - Initiating OST sites in regions that still have no access to OST as well as providing longer term OST services in prison settings including prisons for women through opening new stationary sites or provision of OST on basis of mobile unit that can regularly deliver OST service in prison settings with no available stationary site.
   - It is important to ensure that PrEP is accessible at community sites in harm reduction programs. This will enable quick and low threshold PrEP initiation following demand generation activities in communities.
   - Clients involved through PDI and other innovative outreach models should be offered access to OST, PrEP and other available services.
5. Rehabilitation for PWID, which proposed two model:
   - Outpatient psycho-rehabilitation centers on the basis of 5 service centers implementing harm reduction programs: Tbilisi, the service center "HEPA Plus"; Shida Kartli; Samtskhe-Javakheti; Imereti and Samegrelo
   - Residential rehabilitation of people who use drugs (Suggested model implies provision of psychosocial rehabilitation services in residential (24-hour) centers)
6. Community strengthening for policy change and quality improvement, which envisages 4 main areas for community action:
   - Advocating for the full implementation of the transition plan
   - Humanization of drug policy
   - Promoting the delivery of quality harm reduction services.
   - Organizational strengthening of the community and GeNPUD.
7. Ensuring human rights and gender sensitivity
   - React (a human rights monitoring, response and advocacy system that is owned and managed by community-based organizations to document human rights-related barriers experienced by individuals to accessing HIV and health services, but can include broader human rights related barriers).
   - It is also proposed to include cascade of interventions aimed at client support in case of human rights violations such as hotline number for legal counseling and support linked to

emergency teams of lawyers that can be linked to clients directly in some urgent cases, outreach street layers can be involved on the basis of community organization to decrease cost of legal support and resolve "light" cases on their level while link a professional lawyers for serious offences and client protection.

8. Surveys (light IBBS, client based surveys, etc.)
9. Certification and online in-service training and supervision program
    - Program will prioritize introduction of a comprehensive online system of technical capacity development based on a comprehensive set of standards for high quality delivery of HIV services. It will support series of training and skill development modules on all essential matters of operational and technical aspects of CBO and NGO involvement in HIV prevention and harm reduction. It will link providers to the supervision with offline and online capabilities engaging healthcare providers, psychologists, social and outreach workers. The course will include a framework for the assessment of knowledge and practical skills (methods, tools and specific assessment criteria), certification, individual development profiles and areas requiring further development, tools and methods for in-service training, and follow-up certification schedules.

Ms. Mzia Tabatadze thanked Mr. Smyrnov for the interesting presentation and for the very important suggestions and encouraged attendees to ask questions and participate in discussion.

Ms. Ketevan Stvilia referred with the same comment and request to Mr. Smyrnov to prioritize the interventions in the final document.

Mr. Konstantine Labartkava expressed his gratitude for the important work done by the consultants and for the active involvement of KPs in the process and consideration of their needs and interests. Mr. Labartkava asked to provide more information on REAct activities and asked how much community members opinion was taken into account while considering this activity in the proposed interventions.

Ms. Tamar Zurashvili responded that the REAct platform is being operated currently under the SoS project and represents an effective system for documenting the cases of human rights violations. This in turn enables evidence based decision-making and proper planning of relevant advocacy activities. Accordingly, the intervention was identified as one of the important directions by civil society involved in consultations and was included in the list of recommendations.

The next presentation was about TB CSO engagement in TB community care and was presented by **Ms. Mzia Tabatadze.** Firstly, Ms. Tabatadze emphasized the active participation of civil society representatives in the process of defining their involvement in TB response measures. She noted that the developed action plan includes activities proposed by TB SCO/CBO, which should be included in the Global Fund applications. It should be noted that all interventions are included in the document that are important for TB SCO/CBO, and subsequently prioritization is given for all interventions/activities in which application (country, regional or COVID) should they be included. The presentation that will be shared among the meeting participants includes detailed activities for all priority areas. Six priority areas have been identified: prevention, detection, treatment, care and support, community systems strengthening and COVID context. The working group identified in which proposal to include certain interventions/activities. TB-REP 2 C19 proposal, due to its implementation period (July-December 2021) does not pose a risk of

overlapping activities. This proposal envisages COVID related activities, which will hopefully continue under the COVID country proposal (2022-2023) along with other activities that will be added considering the timeline and funding. Then comes the Global Fund country proposal (2023-2025), therefore we see that the overlap may occur only in the activities of 2023, hence they should be distributed properly during the budgeting process. Then Ms. Tabatadze presented a table showing the prioritization of activities according to the funding mechanism. He also made a brief outline of the main domains: Prevention – (1) health promotion involving education (for vulnerable populations), (2) education of patients and their family members, (3) reducing stigma and discrimination through public awareness raising. Detection: (1) Active case finding among high-risk groups continues. Treatment: multidisciplinary teams work to improve treatment adherence. Care and Support: establishing multidisciplinary teams, psychological counselling and support, case management and material support; (2) legal support. Community systems strengthening: (1) establish and enhance community-led monitoring system, (2) community-led advocacy and research, (3) social mobilization and (4) institutional capacity building. COVID context – small study to identify the reasons for vaccine hesitancy and development of a tool for behavior change communication. The latter will be developed under the TB REP project. The tool will be further implemented under the country COVID proposal. It is also important to assess the impact (economic, social) of COVID on TB services. At the end of her presentation, Ms. Mzia Tabatadze noted that the budgeting process for the applications is already underway and SCO/CBO representatives have the expectation and desire to be involved in these processes and if necessary, adjust priorities in line with available funding.

Ms. Mzia Tabatadze gave floor to **Ms. Maka Gogia** to present the results of community dialog for C19RM proposal preparation.

Ms. Maka Gogia started her presentation by briefly describing the process and methodology: Georgian Harm Reduction Network led the involvement of civil society/community in C19RM preparation process. She also mentioned that according to the allocation letter for C19RM funding awards in 2021, Georgia has been awarded USD 2,633,473 and utilization period covers maximum 3 years no later than December 31, 2023. In addition, within the GF regional project Georgia has been offered additional USD 100,000 for COVID related activities and utilization period is July-December 2021. Community dialogue for both proposals was conducted through PTF platform and Eurasian Harm Reduction Association supported the process. Initial PTF meeting was convened to inform CSO/CBO members on the process and to identify the challenges and define the needs of communities in order to ensure uninterrupted service delivery during the COVID pandemic. At the next stage, a number of individual meetings were held with the service providing organizations, and finally, another PTF meeting was held to discuss and reach final agreement on the proposed interventions for both applications. Then Ms. Gogia presents priority interventions identified by SCO/SBO for inclusion in the country COVID proposal: <u>intervention 1:</u> covers PPE and other material (Medical masks, Individual sanitizers, Disposable gloves, Medical coats, Liquide soup, Disinfectant solution, Pulse oximeters, Containers for transportation of Methadone/Buprenorphine). The intervention duration is 28 months and materials are considered for 29 services centers and 10 vending machines. <u>Intervention 2:</u> Living support for KPs during the COVID pandemic. The intervention covers all KPs and suggests provision of emergency food packages, transportation costs, covering of rent and utility cost for the beneficiaries, provision of child nutrition and diapers for female PWID and FSWs, etc. The

intervention is considered for 29 service centers and duration is 24 months (the delivery of this intervention during the 6 months of 2021 is envisaged under the regional COVID proposal). Intervention 3: Comprehensive packages for vending machines, which considers additional supplies to be provided under vending machines' service - medical masks, individual sanitizers; leaflets on COVID and vaccination; female condoms, Lubricants, pregnancy test-kits. The intervention duration is 28 months. Intervention 4: offers creation of Crisis Centers for MSM/Trans/FSW and PWID communities. Here beneficiaries will receive psychosocial and medical support on need base. At full capacity, one crisis center will serve 15 beneficiaries at a time. The eligibility criteria for selecting beneficiaries to be admitted to the crises center and quality control guidance will be developed. Intervention 5: Enhance and support operation of Tele clinic, which implies 24/7 availability and referral to psychotherapy services on need base. In addition, there will be a need to conduct information campaign to promote the use of Tele clinic among KPs. Intervention 6: PLHIV support during COVID pandemic. The intervention envisages provision of social, psychological and medical, including Sexual and Reproductive Health services to PLHIV, also information campaigns targeting PLHIV on importance of COVID19 prevention and vaccination. Intervention 7: Support of outreach services through procurement of scooters for 27 service centers to deliver outreach services to KPs.

Ms. Mzia Tabatadze thanked Ms. Maka Gogia for the presentation and opened the discussion.

Ms. Manana Sologashvili asked a clarifying question regarding the number (27) of service centers mentioned in the case of procuring the scooters.

Ms. Maka Gogia replied that procurement of scooters is considered for service providing organizations working with all HIV KPs.

Ms. Mzia Tabatadze gave floor to **Ms. Ketevan Stvilia** and **Ms. Maka Danelia** to present HIV and TB Priority activities within the Global Fund's Covid-19 Response Mechanism.

Ms. Ketevan Stvilia thanked all the consultants for their work done in support of proposals' preparation and started presenting the proposed activities for country C19RM that might not have been considered during the Community Dialogue, as well as activities that were included in previous COVID grant and are still important to maintain considering their effect and significance. The submission window for C19RM is May 31, 2021 and country will submit the full proposal. The activities can be divided into 3 main categories in the proposal: (1) Coordination and planning of country COVID-19 control and containment interventions; (2) COVID-19-related risk mitigation measures for programs to fight HIV, TB and malaria and (3) Expanded reinforcement of key aspects of health and community systems. Georgia has been awarded USD 2,63 within C19RM allocation and the same amount within above allocation. Then Ms. Stvilia presented activities which were included in 2020 COVID proposal (support of HIV self-testing platform; support of Tele Clinic for PLHIV and TB patients and HIV KPs – provision of services to 100 beneficiaries per month in total; computer support for online/remote activities [procurement of tablets/ laptops]; social support for PLHIV and TB patients and HIV KPs [3 times food assistance up to 600 beneficiaries]; prevention of gender-based violence) and given their effectiveness it is worthwhile to maintain them in the new proposal. Tentative budget for the proposed activities was also presented. Then Ms. Stvilia spoke about the activities aimed at strengthening the laboratory capacity - equipping Lugar Laboratories for decentralization of COVID-19 diagnostics. The support requested by the Lugar Center

includes the COVID-19 sequencing project. **Ms. Maka Danelia** commented on the latter, noting that the list of presented reagents here is quite large due to procedural needs. In addition to the reagents, it is planned to collaborate with the German laboratory to develop a comprehensive strategy that defines all testing processes. **Ms. Stvilia** also presented the support requested by the AIDS and TB Centers, which will be distributed among allocation and above allocation funding requests. She also noted that a significant portion of the new application will be devoted to the PPE procurement (for both community and medical facilities), both within the allocation and above allocation funding. Procurement of tests and other consumables will also be a part of the application. Ms. Stvilia highlighted the fact that the share of funding for procuring the tests will be much less in the new proposal and the priority will be given to the procurement of equipment and services. Ms. Stvilia also presented the new activities/services that will be included in the proposal: (1) Technical assistance to develop an epidemiological surveillance strategy based on the SARS-CoV-2 sequencing; (2) Training of medical personnel on the management of COVID-19 and post-COVID syndrome; (3) Information campaign and advocacy with the involvement of community organizations to promote COVID-19 vaccination; (4) Detection of COVID-19 cases by community organizations (in this case the Global Fund is asking for an explanation on how much it fits into the general policy of the country and who and where will be testing conducted); (5) COVID-19 impact assessment on Community Rights and Gender Issues and trainings.

At the end of the presentations, **Ms. Tabatadze** summarized the main aspects of the meeting and addressed the PAAC members for their additional comments and suggestions. The committee members did not provide additional comments/suggestions and Ms. Mzia Tabatadze gave the floor to **Ms. Tamar Zurashvili** to provide information on the next steps.

Ms. Tamar Zurashvili thanked Ms. Tabatadze for meeting facilitation and PAAC members/consultants/attendees for participation. She noted that detailed minutes of the meeting will be prepared and shared among the participants and additional coordination and agreement on the presented activities with the Ministry of Health will be required.

Next Steps:

- The report on analysis of HIV/AIDS and TB epidemiological trends will be shared after WHO provides comments and consultants finalize them.
- The consultants participating in community dialogues will prioritize the proposed activities and reflect it in their final reports.
- Final documents will be once gaging shared among PAAC members for agreement, which can be done electronically via e-mail communication.

Minutes prepared by Tamar Zurashvili

Policy and Advocacy Specialist, PAAC