



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

OUTLINE OF THE REVISED NATIONAL STRATEGIC PLAN ON HIV

*Georgia CCM meeting,
30 January 2015*

WHY REVISED NSP



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

- Adjusting to dramatic changes in available external funding;
- Revision of targets based on:
 - Significant achievements and gained capacity;
 - Better KAP size estimates;
 - Predictable growth in number of ART patients;
- Prioritisation and balanced funding;
- Further strengthening of national response;

ACHIEVEMENTS



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

- Significant progress with access to ART, clinical monitoring and treatment effectiveness;
- Boost in coverage of KAPs;
- Improvements in HIV detection including HTC coverage of KAPs and pregnant (86%);
- Not everything reflected in published reports;
- Important to sustain achievements and move into reversal phase

ADDRESSING CHALLENGES



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

- Growing prevalence of HIV (MSM critical)
- Limited coverage of interventions (numbers, geography and hidden segments);
- Poor detection of HIV and late presentation for treatment;
- Limited quality of BCC;
- Limitations of surveillance and monitoring data;
- Imperfections of legislation and lack of operational policies/standards;
- Widespread stigma

WHAT ARE THE REVISIONS



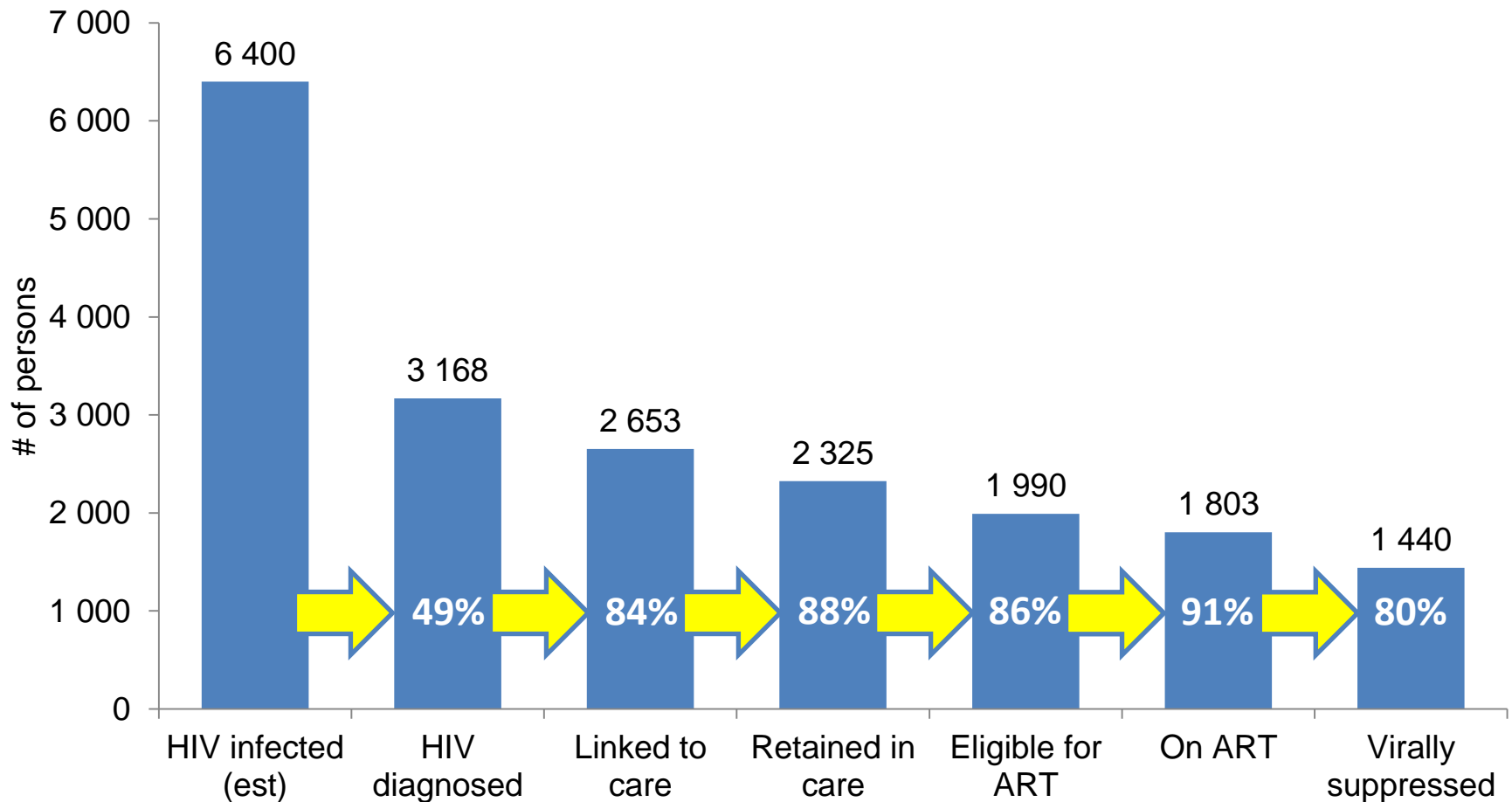
INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

- New timeframe: 2016 – 2018
- New budget
- Better planning and target setting, clearer definitions;
- Prevention and care cascade concept;
- Segmentation of clients and patients e.g specific treatment targets for KAPs;
- More focused policy development;
- More concrete involvement of PLHIV and KAPs;
- Improved integration of services and service providers (including civil society).



- Integrated HIV strategy;
- Clear linkages between pillars of HIV response;
- More logical target setting;
- Clearer rationale for specific interventions and services;
- Easier budgeting

Cascade of Care (Engagement in Care Continuum)



THE MAIN CHALLENGE



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

How to reach PLHIV for engagement in care?

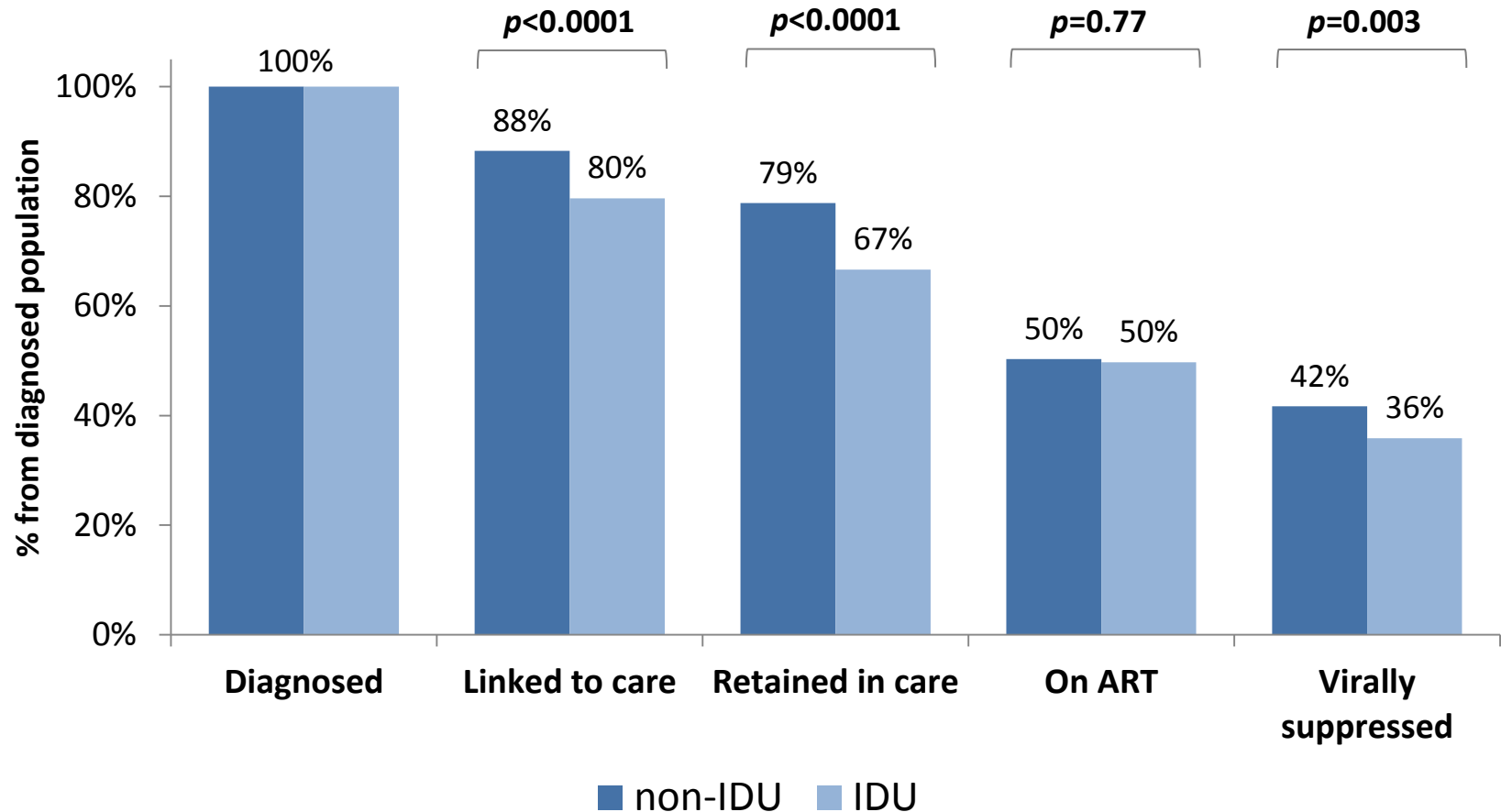
PREVENTION AND CARE CASCADE: PWID EXAMPLE



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

Estimated size of the key population:	45,000
Number of clients of outreach and prevention:	15,000
Number of clients tested for HIV (2012 BBS):	6,750
Number of HIV positive clients:	1,643
Linked to care:	
Retained in care:	
Eligible for ART:	
On ART:	888
Suppressed VL:	749

Cascade of Care by History of IDU



OVERARCHING GOAL



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

Reverse the epidemic, primarily within KAPs, and improve health outcomes for PLHIV, through strengthened government commitment and improved coordination of stakeholders

STRATEGIC OBJECTIVES



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

1. [HIV Prevention and Detection]: Strengthen the effectiveness of outreach and prevention efforts and ensure timely detection of HIV infection;
2. [HIV Care and Treatment]: Improve HIV disease outcomes through ensuring universal access to effective treatment, care and support;
3. [Leadership and Policy Development]: Enhance government commitment, coordination, legislative and operational environment for effective response to HIV



STRATEGIC INTERVENTIONS

- 1.1. Prevent HIV spread among key populations
- 1.2. Effective detection of HIV and progression to care and treatment
- 1.3. Continued quality prevention of other HIV transmission modes including within healthcare settings, ensuring safety of donor blood, post-exposure prophylaxis (PEP), prevention of mother to child transmission (PMTCT) of HIV;
- 1.4. HIV prevention efforts targeting youth



STRATEGIC INTERVENTIONS

- 2.1. Ensure uninterrupted delivery of high quality treatment and care
- 2.2. Reduce morbidity and mortality due to TB and HCV co-infections
- 2.3. Ensure provision of care and support services for PLHIV

OBJECTIVE 3: [LEADERSHIP AND POLICY DEVELOPMENT]



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

STRATEGIC INTERVENTIONS

- 3.1. Sufficient funding allocation for HIV response [to reverse the epidemic]
- 3.2. Improved policy environment and stakeholder coordination (includes addressing stigma and greater involvement of PLHIV and KAPs)
- 3.3. Ensured access to strategic information



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME





INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME





INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME





INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME



IMPACT & OUTCOMES BY END 2018



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

- Increased state funding of HIV from 32% (2013) to 70-80% (2018);
- Balanced allocations for treatment and prevention (incl. KAPs;
- HIV prevalence among PWID, SW and prisoners is contained under 5%;
- HIV prevalence among MSM is contained under 15%
- The above are disaggregated to obtain proxy incidence data
- Rate of late HIV detection is reduced from 70% to 35% by 2018
- AIDS related mortality is reduced below 2.0 deaths per 100,000 population



- % PLHIV remaining on treatment after 12 months **>90%**
- % newly diagnosed people who are enrolled in care **>90%**
- % ART patients with undetectable VL after 12 months **>85%**

PRELIMINARY COVERAGE TARGETS



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

• PWID accessing essential prevention services:	30,000 (67%)
• PWID on OST:	4,500 (10%)
• PWID tested for HIV:	27,000 (60%)
• MSM:	10,200 (60%)
• MSM tested for HIV:	8,500 (50%)
• FSW:	5,220 (80%)
• FSW tested for HIV:	4,875 (75%)
• Prisoners:	40% ?
• Prisoners tested for HIV:	30% ?
• Number of PLHIV on ART	4800

FUNDING ISSUES



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

- Current allocation insufficient: 40% + 15% +15% satisfy GF but may not be sufficient to satisfy country needs;
- Balanced allocation for prevention, detection and treatment;
- Structure of investment in prevention;
- Classifying prevention among KAPs (public and private funding???)
- Creative strategies:
 - Price reduction (taxes and bulks);
 - More accurate targets (needs and services);
 - National insurance (reducing inequalities);
 - Municipal budgets;
 - EU?

ILLUSTRATION OF REQUIRED FUNDING DYNAMICS



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

