

### Epidemiological burden and response monitoring<sup>1</sup>

Main impact indicators	Number	Rate per 100 000
TB burden estimates		
Incidence (including HIV+TB)	4 000	99.00
Mortality (including HIV+TB)	215	5.37
Incidence (HIV+TB only)	260	6.40
Mortality (HIV+TB only)	55	1.40
Incidence (RR/MDR-TB <sup>a</sup> only)	980	24.50

TB detection and care	Number	%
Total TB new and relapses detected	3 152	78.8
Pulmonary TB	2 483	78.8
Bacteriologically confirmed	2 072	83.4
TB detected with rapid diagnostics	2 008	63.7
Successfully treated	2 377	83.0

MDR-TB detection and care	Number	%
RR/MDR-TB estimates among new TB		12.0
RR/MDR-TB estimates (previously treated TB)		33.0
RR/MDR-TB estimates (notified pulmonary TB)	550	
Tested for RR/MDR-TB	2 341	64.8
Detected with RR/MDR-TB from estimates	418	76.0
RR/MDR-TB started SLD <sup>b</sup> treatment	412	98.6
Successfully treated (RR/MDR-TB only)	176	42.8

HIV/TB detection and care	Number	%
TB cases tested for HIV status	2 809	89.1
HIV/TB cases detected from estimates	79	30.0
HIV/TB cases on ARV <sup>c</sup>	68	86.3
Successfully treated (HIV/TB only)	16	76.2
HIV diagnosis and care		
Newly diagnosed HIV cases	614	
HIV cases started IPT <sup>d</sup>	126	20.5

<sup>a</sup> RR/MDR = rifampicin-resistant multidrug-resistant TB.

<sup>b</sup> SLD = second-line drug.

<sup>c</sup> ARV = antiretroviral treatment.

<sup>d</sup> IPT = isoniazid preventive therapy.

### Major challenges

Georgia is among the 18 high-priority countries to fight tuberculosis (TB) in the WHO European region. It has achieved significant progress in controlling the TB epidemic over the last decade due to improvements in access to rapid molecular diagnostics and modern treatment regimens. Despite positive trends, however, drug-resistant TB (DR-TB) remains a big challenge. Latest (2016) data show the estimated proportion of rifampicin/multidrug-resistant (RR/MDR-TB) cases among new and previously treated TB is 12% and 33% respectively. Eighty per cent of estimated incident cases are covered with treatment, but despite universal access to MDR-TB treatment services and drugs, the treatment success rate for MDR-TB cases does not exceed 43%, with one in three cases being lost to follow up during treatment.

The National TB Control Law that describes a comprehensive framework for TB control and outlines means and measures for effective preventive, diagnostic and treatment services was adopted by Parliament in December 2015. Social assistance to TB patients through cash incentives is deemed an integral component of the TB case-management model. The Ministry of Labour, Health and Social Affairs (MoLHSA) is currently working on mechanisms for effective implementation of the provisions of the law.

Georgia developed the national strategic plan (NSP) for TB control for 2016–2020 in 2015. The plan reflects the gradual increase in domestic funding over the next five years to compensate for the decrease in external support. First-line anti-TB drugs have been procured through the state budget since 2015 and the plan for gradual takeover of procurement of second-line drugs has been approved by the MoLHSA. The incentive scheme for regular and MDR-TB patients is partly funded by the state programme. A transition and sustainability plan to guide the move from external to domestic funding has been developed and is currently being reviewed by relevant national authorities prior to submission for government approval. The plan runs for three years from 2017 and provides interventions aimed at health systems strengthening (HSS) for sustaining uninterrupted access to quality TB and HIV services. It is critical to have Global Fund resources in place over the next three years, during the gradual government takeover of financing for the NTP (the new Global Fund TB programme for 2017–2019 was approved in 2016).

<sup>1</sup> European TB surveillance and monitoring report in Europe 2017. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2017/tuberculosis-surveillance-and-monitoring-in-europe-2017>).

## **Achievements**

The Government is committed to fighting the disease and allocates increasing financial, human and infrastructure resources for this purpose. Georgia has made considerable progress in strengthening laboratory capacity by introducing Xpert MTB/RIF technology in NCDCPH laboratories and the TB reference laboratory at NCTBLD to provide unlimited access to rapid molecular diagnostics for early detection of DR-TB. The United States Agency for International Development (USAID)-funded TB prevention project (completed in June 2016), in collaboration with the Global Fund TB project, has supported initiatives aimed at improving the quality of TB services, including developing national TB management guidelines, facilitating introduction of new TB drugs (bedaquiline and delamanid), upgrading the TB information system, introducing TB-care quality-measurement tools at private clinics, and supporting professional development activities for primary care providers and TB specialists. Georgia was one of the first countries to receive bedaquiline within the USAID bedaquiline donation programme. The treatment has been available to all patients in need since July 2015. The NCTBLD was mandated by MoLHSA to set up a national working group for active surveillance of treatment side-effects in those on MDR-TB treatment. A ministerial order means this mechanism is now an integral part of the national pharmacovigilance system.

Georgia is engaged in the Global Fund-supported TB Regional Eastern Europe and Central Asia Project (TB-REP) on strengthening health systems for effective TB and DR-TB prevention and care, and joined the new Global TB Caucus, a unique global network of parliamentarians united by their shared commitment to end the TB epidemic, in 2015. Many members of parliament (MPs) have signed the Barcelona Declaration, the founding document of the Global TB Caucus and a statement of global political support for ending TB. Georgian MPs came together to announce the launch of the Georgian TB Caucus – the first national TB caucus in eastern Europe – on World TB Day 2016.

Achievements in collaboration with WHO are:

- a technical review of the NSP;
- technical assistance in developing the crosscutting HSS component of the new TB application to the Global Fund;
- technical review of the TB concept note for the Global Fund new funding mechanism;
- regular Green Light Committee (GLC)/Global Drug Facility (GDF) missions (a GLC mission was conducted in June 2016);
- capacity-building through participation in WHO-organized international meetings and training courses;
- a WHO mission on strengthening the laboratory network and implementing the TB laboratory diagnostic algorithm in May 2015;
- technical assistance to the Country Coordinating Mechanism and principal recipient for The Global Fund grant;
- participation of the WHO Regional Office for Europe Technical Officer for the Joint Tuberculosis, HIV/AIDS and Hepatitis Programme at the second meeting of the European TB Laboratory Initiative in Tbilisi in December 2016, in the frame of a joint partners' meeting for Better Labs for Better Health; and
- active involvement in ongoing TB-REP activities, including: establishing a TB HSS working group of all national partners in health and social affairs to develop a person-centred model of TB care and introduce mechanisms for strengthening TB outpatient service delivery; developing the TB outpatient care model advocacy strategy through the Family Medicine Association in collaboration with the Patients' Union and the Georgia TB Coalition; and participation in regional meetings and membership of the recently established scientific working group on TB models of care.

## **WHO activities**

Planned WHO activities are to provide:

- GDF and GLC monitoring missions: the next regional GLC mission is planned for February 2017; and
- capacity-building through participation of specialists in WHO events such as the 15<sup>th</sup> WHO national TB programme managers' meeting and 18<sup>th</sup> Wolfheze workshops.

## **Main partners**

WHO's main partners are:

- MoLHSA
- NCTBLD
- NCDCPH
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- USAID (through the MoLHSA TB adviser)
- Médecins Sans Frontières France.