



Piloting United Nations Common Position on Ending HIV, TB and Viral Hepatitis in Georgia

A Mission Report to Georgia, 5–11 May 2019



Abstract

Georgia is one of the four countries which expressed the wish to pilot the operationalization of the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration signed on May 9, 2018. This report of the first WHO mission to Georgia in this context, completed in May 2019, summarizes the findings on already ongoing intersectoral initiatives of national and international development partners, and suggests actions to intensify inter-sectoral work in the future. The suggestions are based on consultations with national and international development partners, and co-signatories of the common position.

Key words:

HIV INFECTIONS – PREVENTION AND CONTROL;
HEPATITIS, VIRAL HUMAN – PREVENTION AND CONTROL;
TUBERCULOSIS – PREVENTION AND CONTROL;
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Abbreviations

CCM	Country Coordinating Mechanism
CDC	United States Centers for Disease Control and Prevention
FAO	Food and Agriculture Organization of the United Nations
IOM	International Organization for Migration
NCDC	National Center for Disease Control and Public Health
NGO	nongovernmental organization
PLHIV	people living with HIV
RIA	rapid integrated assessment
SDGs	Sustainable Development Goals
SRH	sexual and reproductive health
TB	tuberculosis
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime

Purpose of travel

1. To participate in a workshop organized by the United Nations Development Programme (UNDP) on how to accelerate policy towards achieving Sustainable Development Goal (SDG) targets .

6 May – Facilitator’s meeting

7–8 May – Main meeting and supporting the facilitation of the working group on “People”.

Co-traveller for part 1 of the mission: Dr Bettina Menne, Coordinator, Health and Sustainable Development, WHO Regional Office for Europe.

2. First mission on national operationalization of the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration¹ – including meetings with members of United Nations organizations; the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs; nongovernmental organizations (NGOs) and national institutions, in Tbilisi, Georgia, 9–11 May.

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The cover photograph was taken by Dr Assia Brandrup-Lukanow.

¹ United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration. Copenhagen: World Health Organization Regional Office for Europe; 2018 (<http://www.euro.who.int/en/publications/abstracts/united-nations-common-position-on-ending-hiv,-tb-and-viral-hepatitis-through-intersectoral-collaboration-2018>, accessed 24 June 2019).

Mission part 1: workshop on accelerating policy towards achieving SDG targets

7–8 May 2019, Kachreti, Georgia

Background to the workshop

Georgia has undertaken measures to adapt the 2030 Agenda for Sustainable Development to national circumstances, defining 98 national targets for the 17 global goals. SDGs and targets are integrated into the Government of Georgia’s Annual Action Plan, and an SDG Framework has been developed to integrate the 2030 Agenda across government strategies and policies. During the two-day workshop, participants from all sectors of government were invited to engage in discussions around the outcomes of this analytical exercise/complexity analysis, and to use these in the prioritization of interventions and investments to tackle national challenges. Their critical insight and thematic expertise provided invaluable input for refining the analysis in the national context.

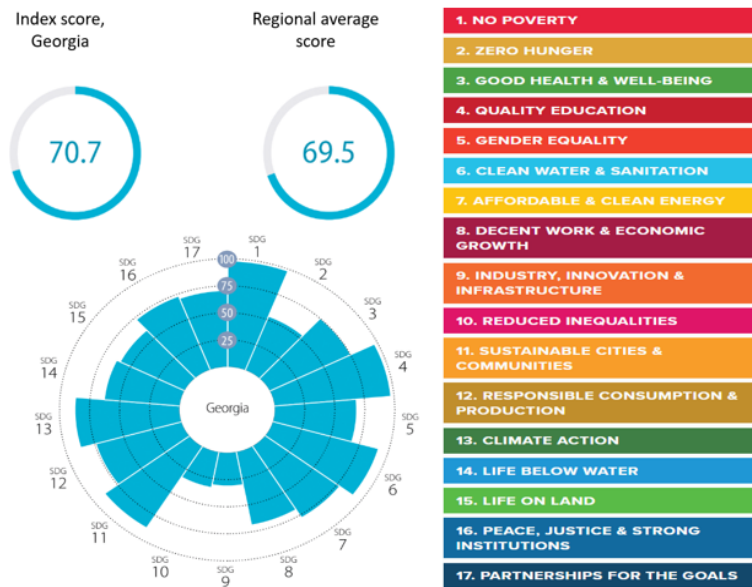
The workshop provided the opportunity for political discussion on the achievement of the SDGs and their interlinkages, as well as sessions around thematic working groups focused on the five “P”s: people, prosperity, planet, peace and partnerships. As a result of this dialogue, a list of key recommendations was developed that will serve as the basis for ongoing policy discussions. A detailed report is presently being prepared by other members of the group “People” and will be shared shortly.

Key observations with relevance to part 2 of the mission (intersectoral action to reduce the risks of HIV, TB and hepatitis C)

According to the rapid integrated assessment (RIA)² of key planning documents, Georgia has achieved a high level of alignment in SDG 3 (health), SDG 2 (hunger) and SDG 4 (education), all three of these score 100% on alignment of strategic planning documents.

Fig. 1 shows the average performance of Georgia on each of the SDGs.

Fig 1. Average performance by SDG, Georgia 2018



Source: UNDP Georgia, 2019

² Implementing national Sustainable Development Goals: Rapid integrated assessment of key planning documents. Tbilisi: United Nations Development Programme (UNDP): 2018.

The budget allocation for education has risen from 1.587 billion Georgian lari in 2018 to 1.838 billion lari in 2019, while the budget for health has been raised from 1.132 billion in 2019 to 1.196 billion lari in 2022 (Ministry of Finance, personal communication, 2019). No budget allocation has been made for gender (SDG 5) as such, though there are a number of policy and regulatory documents on gender (57 according to the RIA).

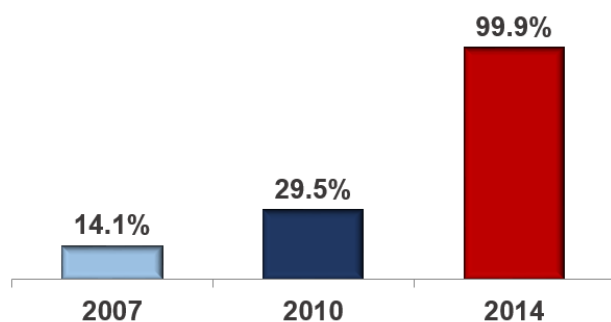
Table 1 shows the utilization of health resources in Georgia, and Fig. 2 the coverage with health-care services already achieved in 2014. The efficiency of health-care services is expected to rise with the increased investment made.

Table 1. Utilization of health resources (2017)

Number of physicians	27 362	Number of inpatient facilities	280
Number of physicians per 100 000 population	734.0	Number of outpatient facilities	1 092
Number of nurses	17 998	Antenatal care centres	330
Number of nurses per 100 000 population	482.8	Ambulance stations	82
Number of hospital beds	15 084	Blood transfusion facilities	21
Number of hospital beds per 100 000 population	404.6	Nurseries for infants	1
Encounters with physicians	10 486 447	Scientific research institutions	9
Home visits of physicians	239 103	Rural physician-entrepreneurs	1 277

Source: Institute for Health Metrics and Evaluation (IHME)³

Fig. 2. Coverage with health-care services within the framework of the universal health coverage programme



Source: National Center for Disease Control and Public Health (NCDC).

Many of the intersectoral actions described in the SDG context also have a direct or indirect influence on risk reduction for HIV, tuberculosis (TB) and hepatitis C, though they are targeting broader prosperity and development issues and not specifically targeting these. Examples of such interventions are the reduction of youth unemployment and the improvement of educational facilities and teaching resources.

The SDG targets with the strongest cross-sectoral potential for implementation in development planning in Georgia were those related to development of technical skills/vocational education for young people, decent jobs and entrepreneurship (4.4); equal access for all women and men to affordable and quality technical, vocational and tertiary education (4.3a); development of small and medium enterprises, including through access to financial services (8.3); reduction of the adverse environmental impact of cities, including special

³ GBD Compare. Viz Hub [online database]. Institute for Health Metrics and Evaluation (IHME); 2017 (<https://vizhub.healthdata.org/gbd-compare>, accessed 15 June 2018).

attention to air quality and waste management (11.6); and the development of accountable and transparent institutions at all levels (16.6).

Short bilateral discussions were held with representatives of some of the ministries and United Nations organizations who were present at the workshop, but not available for separate meetings in Tbilisi. Notes on some issues touched upon are included in part 2 below.

Mission part 2: initial meetings to discuss possible operationalization of the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration

Tbilisi, Georgia, 9–10 May 2019

On 9 May meetings were held with the following representatives of United Nations agencies:

- United Nations Population Fund (UNFPA): Ms Lela Bakradze, Resident Representative; Ms Natalia Zakareishvili, Programme Analyst;
- United Nations Entity for Gender Equality and the Empowerment of Women (UN Women): Ms Tamar Sabedashvili, Deputy Country Representative;
- United Nations Office on Drugs and Crime (UNODC): Mr Vakhtang Tartarashvili, National Project Officer;
- United Nations Children’s Fund (UNICEF): Ms Tamar Ugulava, Medical Officer;
- International Organization for Migration (IOM): Ms Sanja Celebic Lukovac, Chief of Mission; Karolina Krelinova, Programme Development and Support Officer;
- Food and Agriculture Organization of the United Nations (FAO): Mr Mamuka Meshki, Assistant Representative.

A brief meeting was also held with a representative of the United Nations Refugee Agency (UNHCR) during the workshop in Kachreti.

On 10 May, meetings were held with representatives of the following national institutions:

- Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDP&LHSA): Dr Tamar Gabunia, Deputy Minister;
- Department of Social Protection: Ms Nino Odisharia, Head of Department;
- Labour Conditions Inspection Department: Mr Beka Peradze, Head of Department;
- National Center for Disease Control and Public Health (NCDC): Professor Amiran Gamkrelidze, Director General;
- Georgian Obstetricians and Gynecologists Association: Professor Tengiz Asatiani, President;
- HERA XXI: Ms Nino Tsuleiskiri, Director.

Due to time constraints, it was unfortunately not possible to have a meeting with the Parliamentary Health Committee as originally planned. For the same reason, it was not possible to meet with more civil society organizations involved in the fight against HIV, TB and hepatitis C, nor with organizations working on risk factors for these.

Some of the organizations met were not yet familiar with the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration, but all welcomed the approach, provided that it would build on existing initiatives and coordinating mechanisms, and not create new parallel structures that would draw additional resources away from ongoing processes.

The achievements of Georgia in developing programmes that are interdisciplinary or involve several sectors in the challenge of reaching health targets, and the health-related SDGs, are already impressive. The national working groups that have developed national adaptations of the global SDGs are one example of implementing intersectoral thinking, and of the recognition that the health sector alone does not have the resources or even the entry points to influence the risk factors for some diseases, in particular those diseases that spread in socioeconomically unfavourable conditions. The goal of this mission was to build on these

achievements and establish, more specifically, what the respective agencies and institutions are doing towards decreasing the risks of HIV, TB, and hepatitis C.

Georgia remains a low HIV prevalence country with concentrated epidemics among key populations, including men who have sex with men. Even though the prevalence remains low in the general population, there is a risk that the epidemic could worsen because of a growing number of new cases among these key populations – particularly among injecting drug users and young members of these key populations – and increasing heterosexual transmission. The government is providing universal access to antiretroviral treatment, but more needs to be done to destigmatize HIV in the country and strengthen preventive measures, including promoting the increase of HIV testing uptake, to improve the effectiveness of the present government programmes.

With respect to TB, there are still challenges related to late diagnosis and loss to follow-up, especially in multidrug-resistant/extensively drug-resistant TB (MDR/XDR-TB), despite universal access to TB care services and social support. There are also challenges with the coverage of services for non-resident populations, such as migrants. However, immunization coverage is good, with 96.3% of children covered with the BCG vaccine

Although overall coverage with the BCG vaccine is high, Table 2 illustrates the variation between regions. The highest coverage is for Mtskheta-Mtianeti Region (100%) and the lowest Samegrelo-Zemo Svaneti Region.

Table 2. Immunization coverage by region (%), Georgia 2017

	BCG-1	DPT+HIB+ HEPB/DPT+ HIB+HEPB +IPV/DPT3	Polio-3	MMR – 1	MMR – 2
Adjara	94.3	92.7	92.7	94.2	90.8
Tbilisi	93.3	90.7	91.4	95.7	87.1
Kakheti	92.3	93.3	93.3	94.4	91.4
Imereti	93.7	93.1	93.1	97.5	93.9
Samegrelo-Zemo Svaneti	92.2	92.3	92.3	95.3	91.2
Shida Kartli	93.5	88.8	88.8	95.7	92.6
Kvemo Kartli	93.5	91.5	91.5	96.0	90.0
Guria	95.1	86.9	86.9	83.3	89.0
Samtskhe-Javakheti	97.1	87.5	87.5	94.7	89.4
Mtskheta-Mtianeti	100.0	85.7	85.7	100.4	89.8
Racha-Lechkhumi and Kvemo Svaneti	97.4	89.3	89.3	106.2	90.5
Georgia	93.5	91.2	91.5	95.5	89.9

BCG = Bacillus Calmette–Guérin; DPT= diphtheria, pertussis, tetanus; HEPB = hepatitis B; HIB = *Haemophilus influenzae* B; IPV = inactivated polio vaccine; MMR = measles, mumps and rubella.

Source: NCDC.

Georgia has a well-functioning programme on the elimination of hepatitis C. Joint testing for HIV, TB and hepatitis C has accelerated diagnosis, subsequently improving access to treatment and care.

Each of the organizations met described their key priorities and potential contributions, some with more direct connections to the condition and diseases in focus, others with an indirect, but still important, influence on halting the spread of HIV, TB and hepatitis C.

The following summary of meetings lists the interventions described by the agencies and their own respective recommendations and visions for the task ahead.

Meetings with ministries and national institutions

Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs

The Deputy Minister welcomes the initiative for cross-sectoral interventions to reduce the risks for HIV, TB and hepatitis C. Several cross-sectoral interventions are already ongoing. For example, there is a provision for social protection for TB patients, which includes financial assistance to patients while they are in treatment. This is a cash transfer of 100 lari per month for patients on MDR-TB treatment and 160 lari per month if they complete a full course of treatment. The labour law also has general provisions for sick leave; there had been some discussion on introducing special rules for TB, but this was deemed discriminatory towards other patient groups. While patients are in hospital, all are covered by this law, for up to 30–40 days. TB patients are expected to go to work once they are out of hospital and in outpatient treatment. If illness leads to functional disability, the patient gains disability status and will receive the respective financial support under the legislation.

Overall, Georgia has more social workers engaged now than previously (under the Social Service Agency) and the plan is to engage them directly, with the identification and support of TB patients. There is also a provision made for psychological support for people with TB and HIV, especially if they have MDR-TB, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria programme. However, despite all these supporting mechanisms, the drop-out rate from TB treatment is still 24–30%.

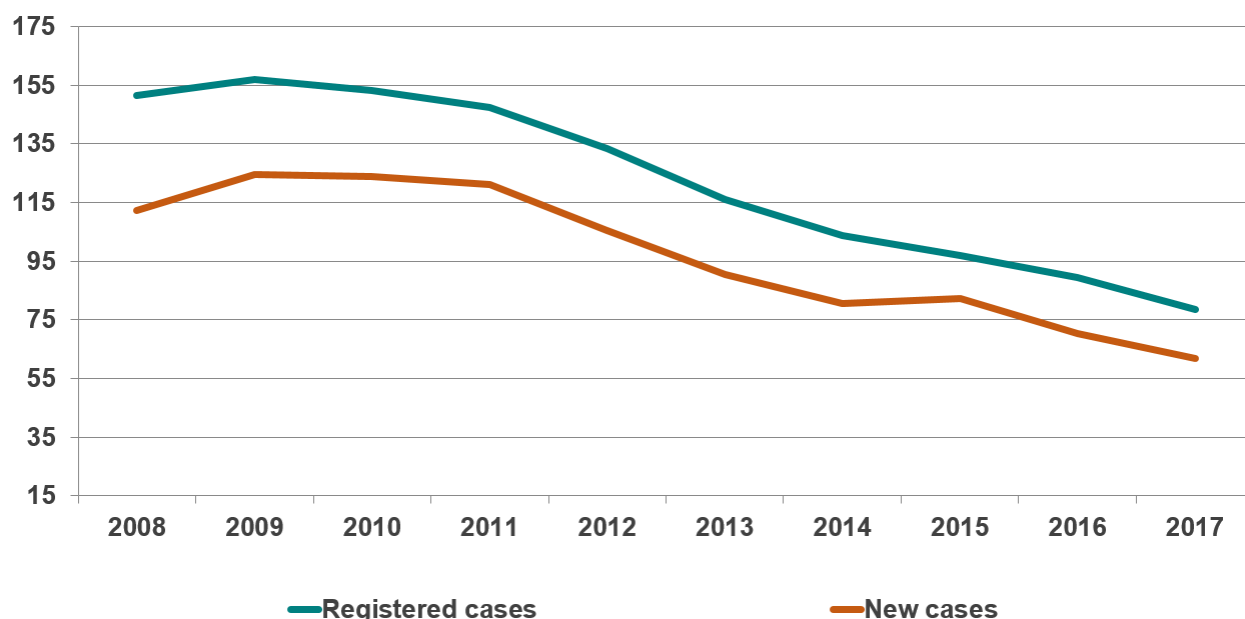
Another professional group that is to be engaged more is teachers, who are to be trained in recognizing signs of TB in students and referring them to the health services, as well as working on destigmatization of students with a positive TB diagnosis or on TB treatment. School books are to be reviewed for stigmatizing information or false information on ways of infection.

Within the health system, there is a move from hospital-centred to outpatient care, with primary care clinics providing access to diagnosis, X-ray, GeneXpert tests and HIV testing. However, it is necessary to strengthen the primary health care sites, and to establish more of these, so that they can fulfil this task satisfactorily. All district TB hospitals are already fully equipped and supervised by specialist doctors from larger hospitals. The planned renovation of primary health centres and hospitals is to include an advanced information technology infrastructure, which will possibly be funded by the Global Fund. All public hospitals are property of the National Agency for State Property, under the Ministry of Economy and Sustainable Development. The National Agency for State Property is a partner in all renovation plans and interventions.

Food provision for TB patients is covered by the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs in cooperation with municipalities, which have local diners for poor citizens. It should be noted, that in more recent years increasing numbers of well-off people on protein rich diets have been contracting TB, so this is no longer a disease only of poverty or lack of good nutrition. The disease has crossed socioeconomic boundaries.

The Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs has also sought the cooperation of the Georgian Church, as TB and other infectious diseases can spread in church-related settings, such as monasteries with close and very basic living conditions, and the churches themselves, which are usually unheated, and where people stand in close contact with each other. Leaflets and information have been distributed to the church and religious communities with the blessing of the Patriarch of the Georgian Church.

Fig. 3. Tuberculosis morbidity rates per 100 000 population, Georgia 2008–2017



Source: NCDC and National Centre for Tuberculosis and Lung Disease.

The Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs is aware of the legal obstacles to reaching more people in key population groups and is therefore also working with the Ministry of the Interior on decriminalizing personal drug use in order to increase uptake of testing and treatment for HIV, TB and hepatitis C. As it is today, drug users are reluctant to go to the health services for testing or treatment for fear of being arrested for illegal drug use. UNODC is working with the Ministry of Interior towards revising the present legislation.

Table 3 shows the new cases of HIV by modes of transmission, with nearly a quarter of new cases occurring in people injecting drugs, and a fifth of new cases occurring through homosexual contacts. It is therefore of vital importance to address the legal obstacles to reaching these population groups.

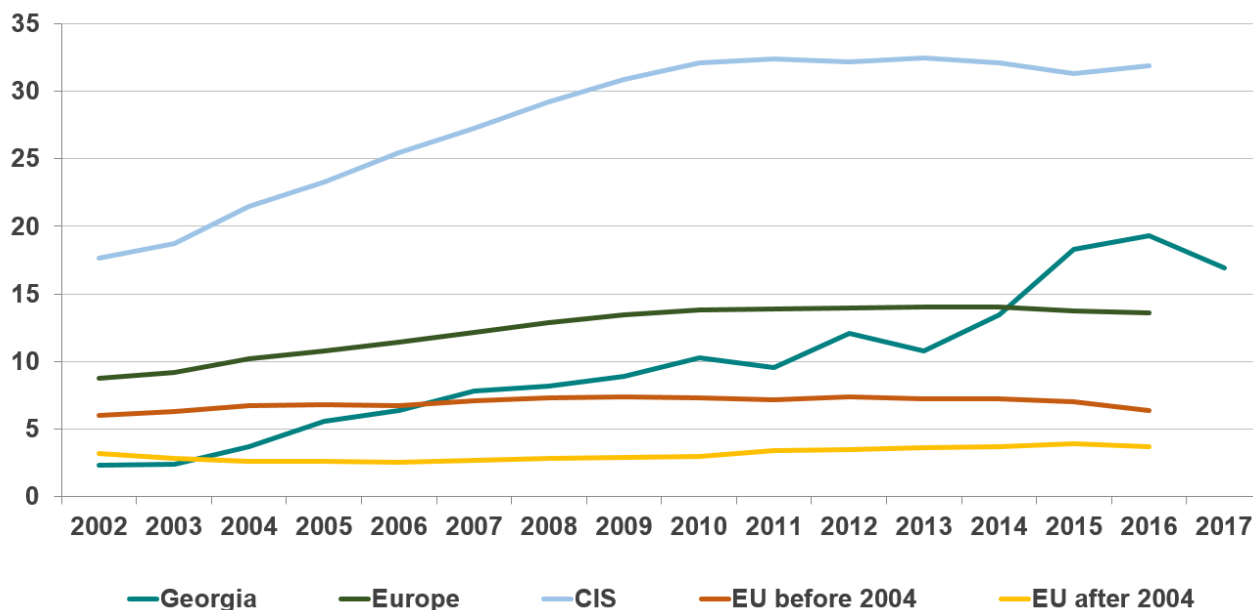
Table 3. New cases of HIV by mode of transmission, Georgia 2017

Mode of transmission	%
Injection drug use	23.5
Heterosexual contacts	54.0
Homosexual contacts	20.6
Vertical transmission	0.5
Blood or blood products transfusion	0.8
Unidentified	0.6

Source: NCDC and National Centre for Tuberculosis and Lung Disease.

Fig. 4 shows new HIV infections in Georgia, as compared to countries of the Commonwealth of Independent States (CIS) and Europe.

Fig. 4. HIV incidence per 100 000 population



EU = European Union.

Source: WHO Health for All database.

Summary of recommendations from the Deputy Minister

- Make one single operational plan for intersectoral action for Georgia, with a list of specific activities, based on those intersectoral activities that are already recommended within the action plans for HIV, TB and hepatitis C.
- All activities and interventions should be closely discussed with the Country Coordinating Mechanism (CCM) of the Global Fund, which is already an intersectoral body representing many governmental, as well as nongovernmental, sectors of society (a list of example intersectoral actions contained in the national HIV, TB and hepatitis C plans can be found in Annex 5).

Social Protection Department; Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs

The main responsibility of the department lies in work with the elderly and disabled, and children needing foster care.

Small group homes provide residential care for the disabled and elderly, staffed with both social workers (with a university degree in social work) and social agents (with shorter training). Around 300 social workers and 80 other staff work in the small group homes. In addition, 800 foster families are hosting children in need.

The suggestion of the department is to train all these social workers and foster parents, approximately 1500 people in total, in early identification of symptoms and risks of infection for HIV, TB and hepatitis C, and on the referral mechanisms, which are generally already working well.

As the institutions have a relatively high turnover of staff, it would also be important to strengthen the institutions, not only the individuals, through continuous capacity-building and production of information materials. The foster parents also need to be trained on prevention, symptoms and where to go for help for HIV, TB and hepatitis C. Production of brochures with the relevant information for this group would be very useful.

Summary of recommendations from the Social Protection Department

- Provide capacity-building and training for social workers, social agents and foster parents on HIV, TB and hepatitis C, and strengthen the knowledge of institutions in these areas.
- Provide leaflets and brochures both for staff and for the residents of institutions, as appropriate.
- Strengthen knowledge on the importance of early referral.

Labour Conditions Inspection Department; Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs

Between 2006 and 2015, no agency has been specifically responsible for work safety, which has led to unregulated working conditions and increased accidents, and several court cases, particularly in the construction sector, as there was no official obligation to the companies to inform Labour Inspection regarding workplace injuries and death.

In March 2015, labour condition inspecting department established within the Ministry of Labour, Health and Social Affairs of Georgia (now Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia). Since 2015, labour inspection has been working based on “State Program on Working Conditions Inspection” (voluntary and non-sanctioned inspection visits), until March, 2018, when the parliament of Georgia adopted the Law on Occupational Safety. At the first stage (until September 2019), Law on Occupational Safety covers hard, harmful and hazardous activities as the most dangerous spheres for workers’ health and life."

The Labour Conditions Inspection Department is in the process of reorganization and will be enlarged with additional regional offices. This is necessary to accelerate the re-establishment of a well-functioning work-safety supervision system covering all workplaces, which can be of very different sizes, from one employee up to many hundreds.

To meet the needs of the sector, a new Work Safety Law was adopted in 2018. The department is now working on reinforcing workplace “safety culture” and has also introduced an obligatory insurance scheme for employers, as well as a new reporting procedure on work accidents, and the recognition of “work-related illness” to be covered by various insurance mechanisms.

The department is also focusing on chemical and biological hazards. In February 2019, Parliament of Georgia adopted the new Organic Law on “Occupational Safety”. According to these changes, the new law will cover all sectors of economic activities (including laboratories and hospitals as workplaces from September 2019). Here one of the focus is on protective gear, infection and injury hazards. Several doctors work in the department, as part of the expert teams conducting this work. Furthermore, the Labour Inspectorate will be upgraded and have the power to conduct inspection visit during any time of the day, without court order and without pre-announcement to the company to be inspected.

Summary of recommendations from the Labour Conditions Inspection Department

- Provide capacity-building for workplaces and inspectors on recognizing the risk factors for infections within the workplace, and training on protective interventions and changes in workplace conditions and workflows.

Ministry of Internal Affairs (brief communication during the SDG meeting)

Recognizing the difficulties that victims of domestic violence or gender-based violence have in reporting incidents to the police, a pilot programme has been introduced to train “community police”, who would be also trained in social work, and thus be an intermediary between police officers and social workers. This

programme has just been started and is currently running only in Tbilisi, with possible extension at a later stage.

This new programme will hopefully lead to increased reporting and better care for victims of domestic violence, and thus also reduce risk factors for late diagnosis and late treatment of sexually transmitted diseases, including HIV and hepatitis C.

Director General, National Center for Disease Control and Public Health

An integrated screening for TB, HIV and hepatitis C was introduced in 2017 by the NCDC. In total, 90 000 adults were screened in 2017–2018. This programme was funded by the Global Fund, as was the respective training of 400 primary health care physicians and nurses. An incentive was given to health-care workers for each person screened, equivalent to US\$ 0.7 per person. These funds were provided by the local government/respective municipalities.

The pilot scheme produced very good results, and the programme is continuing to now include the regions of Guria, Kakheti and Racha-Lechkhumi, and the city of Kutaisi, for which the local funds have been approved. The Global Fund will cover the accompanying training of service providers. The tender for implementation has been issued, and the Association of Primary Health Care Doctors will be providing the training.

Table 4 illustrates incidence of new HIV cases by region in 2015–2017. The highest rates of new infections are in Adjara Region and the city of Tbilisi (22.0 and 21.9 per 100 000 population respectively), and the lowest in Samtskhe-Javakheti (8.1 per 100 000 population).

Table 4. New cases of HIV infection, incidence by regions, Georgia 2015–2017

Region	2015		2016		2017	
	Total	Incidence per 100 000 population	Total	Incidence per 100 000 population	Total	Incidence per 100 000 population
Abkhazia	29	ND	35	ND	35	ND
Adjara	83	24.5	63	18.4	76	22.0
Tbilisi	263	23.4	289	25.4	252	21.9
Kakheti	44	13.8	40	12.6	33	10.5
Imereti	90	17.1	80	15.4	70	13.7
Samegrelo-Zemo Svaneti	95	28.8	87	26.7	59	18.3
Shida Kartli	27	10.3	35	13.4	33	12.7
Kvemo Kartli	42	9.8	50	11.7	37	8.6
Guria	14	12.4	18	16.1	9	8.1
Samtskhe-Javakheti	13	8.2	11	7.0	13	8.3
Mtskheta-Mtianeti	13	13.8	10	10.6	11	11.7
Racha-Lechkhumi and Kvemo Svaneti	4	12.6	1	3.2	3	9.8
Georgia	717	19.2	719	19.3	631	16.9

ND = no data.

Source: NCDC.

Fig. 5. Administrative regions of Georgia



Source: Ministry of Labour, Health and Social Affairs and NCDC⁴

A Technical Advisory Group – of which the WHO and United States Centers for Disease Control and Prevention (CDC), Atlanta, are members – is in place to accompany the integrated screening programme. Identified patients are referred for treatment, and all samples are sent to the NCDC for MDR-TB testing.

Georgia has six hepatitis testing centres, using polymerase chain reaction (PCR) testing for confirmation of diagnosis. All treatment of HIV and TB is free of charge, as is the provision of Harvoni for hepatitis C; however, patients contribute US\$ 60–70 equivalent for 3 months to cover the costs of checks and monitoring.

Beyond the programme described above, all hospitalized patients (adults and children), blood donors, pregnant women and health workers are screened for hepatitis C. The NCDC is collaborating with IOM on screening migrants (see section on IOM below), and with UNODC, as well as with UNFPA on reproductive health issues.

Box 1: Progress of the Hepatitis C elimination programme

The following text was extracted from the *Health care statistical yearbook 2017 Georgia*.

According to the latest population-based seroprevalence survey, conducted by the National Center for Disease Control and Public Health (NCDC) and US Centers for Disease Control and Prevention (CDC) in 2015, estimated national seroprevalence of hepatitis C is 7.7% and the prevalence of active disease is 5.4%.

Progress of the Hepatitis C elimination program

- The Government of Georgia, with support of CDC and other international partners showed a strong political will to fight against Hepatitis C. In 2015, State Program for Hepatitis C Elimination was launched.
- Last few years, the Government of Georgia substantially strengthened efforts to fight against C hepatitis, by implementing national programs, such as free hepatitis C treatment for patients with HIV / HCV co-infections (since 2011 in the framework of the Global Fund program for HIV / AIDS); free treatment of hepatitis C in the penitential system; 60% discount on combined interferon and ribavirin for general population.
- On February 2014, the Ministry of Labor, Health and Social Affairs of Georgia (Minister David Sergeenko), with American partners, laid the foundation for initiation of strengthened reaction to Hepatitis C in Georgia.

⁴ Health care statistical yearbook 2017 Georgia. Tbilisi: Ministry of Labour, Health and Social Affairs and National Center for Disease Control and Public Health; 2018 (<http://ncdc.ge/Handlers/GetFile.ashx?ID=114b7ef6-0fa1-424a-9c01-6af08ffa63cc>, accessed 24 June 2019).

- In 2014, the Government of Georgia initiated negotiations with a pharmaceutical company "Gilead", a global leader in research and production of antiviral drugs (including sofosbuvir and combination of ledipasvir-sofosbuvir with fixed doses).
- The Ministry of Labor, Health and Social Affairs of Georgia appointed a special commission to coordinate the progress of hepatitis C elimination. In addition, the National Program for Short-term / Emergency Measures for Hepatitis elimination was developed. A working group of experts was created to monitor a progress of the Hepatitis C Elimination National Strategy and Action Plan.
- On 21 April 2015, a memorandum of understanding was signed between the Government of Georgia and the pharmaceutical company "Gilead".
- Together with the CDC/Atlanta, a Strategic Plan for Elimination, based on World Health Organization guidelines 2016-2020, was developed. The Plan was approved by the Government of Georgia on 18 August 2016. Strategy includes the following targets set for 2020:
 - Revealing of 90% of HCV infected population;
 - Involvement of 95% revealed cases in the treatment; cure of 95% of treated patients.
- In 2016, a clinical and scientific commissions for hepatitis C were created. National Guidelines for Clinical Management of Hepatitis C were developed. On July 2018, a scientific committee reviewed 46 researches and approved 38. \Clinical Commission, based on WHO, EASL and AASLD guidelines, developed Georgian protocols and guidelines for HCV. At the Georgian portal of British Medical Journal (BMJ) the World's best experience for HCV diagnosis and treatment is available.
- The progress of Elimination of Hepatitis C in Georgia is annually reviewed by international scientists at the Congress of the European Liver Association (EASL). The same topic is discussed at the Hepatitis C workshop, which takes place every spring in Georgia. Since 2016, by the end of each year, a group of technical advisers group meet international experts. The aim of the meeting is summarizing the current achievements and challenges and developing future recommendations.
- On November 1, 2017, at the World Summit of Hepatitis, Georgia was granted a status of " NO hep Visionary" for contribution to hepatitis C elimination. hepatitis C,. The meeting once more emphasized the achievements of the Elimination Program and Georgia was named as a model and example for other countries.
- National Center for Disease Control and Public Health established an "Association of Patients Cured from Hepatitis C", which aims at promoting of successes of Hepatitis C elimination program, raising awareness about viral hepatitis among the population, reduction of stigma and discrimination, associated with hepatitis.
- An electronic module was created to collect data on hepatitis C screening, which register information, supplied by any institution providing hepatitis C screening. A citizen's personal number is used as identifier, which allows an establishment of inter-connectivity with other databases, such as HCV treatment database, blood donors electronic module, hospitalization module, and birth register.
- Of the more than 1.98 million screened cases by 2018, 9.5 % were positive.

Source: NCDC.

The NCDC aims to enforce local screening, with possible rapid test screening at home (self-testing) for hepatitis C. A population of 1.3 million remains to be screened over the following years. A regional WHO meeting is planned to share experiences on the implementation of this programme aiming to eliminate TB and hepatitis C and to halt the spread of HIV in Georgia.

Summary of recommendations from the NCDC

- Continue expansion of the programme to other regions of Georgia.
- Consider merging the currently separate State Commission for Hepatitis C with the HIV and TB programmes.
- Continue primary health care staff training and close monitoring of programme implementation.
- Continue increasing population awareness on HIV, TB and hepatitis C, and respective health services and support available.

Meetings with United Nations agencies

UNFPA

UNFPA in partnership with the government, supports policy and advocacy interventions for strengthening HIV prevention with a special focus on key populations. UNFPA chairs the United Nations HIV/AIDS Theme Group, represents the United Nations in Georgia's Policy Advocacy and Advisory Council (PAAC) and is a member of the CCM, advocating and promoting the HIV prevention agenda as per national and global priorities.

In addition to its policy and advocacy work, UNFPA supports capacity development for strengthening the integration of sexual and reproductive health (SRH) and HIV prevention. In this context, UNFPA has introduced an online platform to support professional development and capacity-building for health service delivery professionals, hosted by Tbilisi State Medical University, which is part of the national Continuous Medical Education system. UNFPA is working closely with the Ministry of Education⁵ to promote reproductive health and healthy lifestyle education in secondary schools, as well as on capacity-building initiatives for teachers to enhance skills to teach these specific subjects.

In partnership with EuTEACH, the NCDC and Ministry of Education, UNFPA supported the development of training modules and the capacity development of school doctors on youth and adolescent SRH to respond to the priority challenges with regard to young people's health.

In addition, UNFPA has been extensively supporting interventions targeting adolescents and youth through peer-education initiatives, promoting access to reliable information on SRH and HIV prevention.

In partnership with the State Fund for Protection and Assistance for (Statutory) Victims of Human Trafficking (AtipFund), UNFPA is supporting the strengthening of the health system response to domestic violence/violence against women. Services for victims of sexual violence, such as post-exposure prophylaxis to prevent HIV infection after a possible exposure to the virus, is included in the package of services that is funded by the state.

UNFPA has supported women's SRH surveys in Georgia (1999, 2005, 2010), which have gathered important data regarding key indicators (total fertility rate, total induced abortion rate, contraceptive prevalence rate, etc.). A multi-cluster indicator survey was also conducted in 2018 with UNICEF funding and a smaller contribution from UNFPA. The results are expected to be available soon.

The last SRH survey is from 2010 and showed a modern contraceptive usage prevalence rate of 35%, mainly condoms and intrauterine devices. This was accompanied by falling abortion rates, from 3.6 abortions per 1000 live births in 1999 to 1.6 in 2010, a very encouraging trend. However, the unmet need for modern contraception was estimated to still be 31%.⁶

UNFPA no longer provides free-of-charge contraceptive supplies to Georgia, and the government does not procure these supplies either. Condoms are provided to key populations through the Global Fund programme, and contraceptives are available on prescription in pharmacies.

⁵ The full name of this ministry is the Ministry of Education, Science, Culture and Sport of Georgia. For the sake of brevity it is referred to in this document as the Ministry of Education.

⁶ Reproductive Health Survey Georgia 2010: Final Report. Tbilisi: National Center for Disease Control and Public Health (NCDC); 2012 (<https://hivhealthclearinghouse.unesco.org/library/documents/reproductive-health-survey-georgia-2010-final-report>, accessed 24 June 2019).

UNFPA's recommendation is to continue working with the formal education sector and strengthening non-formal education and the capacity development of teachers and educators. At present, the subject standards for healthy lifestyle and SRH education are ready for classes 1–4 and 5–9; they are being developed and revised for classes 10–12. Technical assistance will be accompanied by general awareness-raising interventions, also targeting parents, as there is often an underlying worry that sexual education may lead to unwanted sexual behaviour. The promotion of the general teaching of healthy lifestyles and SRH issues is already included in the 2016–2020 health strategy for Georgia.

UNFPA also proposes strengthening peer-education programmes to increase the level of understanding of SRH and HIV prevention. UNFPA suggests making these programmes an integral part of the government supported youth summer camps, as well as integrating them into secondary schools' extracurricular activities. UNFPA has been supporting the training of peer educators through a memorandum of understanding with secondary schools in two pilot regions.

UNFPA also underlined the importance of continuing to focus on destigmatization of HIV in general, through well-designed and funded behaviour change communication programmes, to increase the timely uptake of HIV testing, especially among women and youth. A further proposal is to strengthen knowledge about pre-exposure and post-exposure prophylaxis, and to continue the joint work on elimination of mother-to-child transmission of HIV. The work on strengthening the health system response to violence against women and girls must also continue.

Summary of recommendations from UNFPA

- Focus on formal and non-formal education programmes through cooperation with the Ministry of Education, including capacity development for teachers, school doctors/nurses and peer education.
- Continue advocacy work for HIV prevention and its integration with SRH, especially at the primary health care level.
- Advocate for destigmatization of people living with HIV (PLHIV). This continued destigmatization will lead to a higher level of health-care seeking behaviour and voluntary counselling and testing.
- Continue promoting universal access to family planning services and dual protection against unwanted pregnancies and sexually transmitted infections.
- Continue working to further strengthen prevention and a multisectoral response to violence against women and girls.

UN Women

Georgia has a National Action Plan on Women, Peace, and Security,⁷ which was also supported strongly by the Parliament (Vice-Chair). UN Women is working with the government on its implementation.

With regards to the issue of HIV, TB and hepatitis C, the work of UN Women and various national organizations, has shown that women feel particularly stigmatized by the condition and diseases, resulting in a reduced help-seeking behaviour, or reluctance to visit the general health services for fear of being seen. Women affected have mentioned that they would like to have separate entrances to services for protection of their privacy. UN Women surveys have shown that women drug users have most often been introduced to drugs by their partners and have most frequently caught HIV or hepatitis C through heterosexual transmission from their partners.

⁷ 2018–2020 National Action Plan of Georgia for Implementation of the UN Council Resolutions on Women, Peace, and Security. Tbilisi: Government of Georgia; 2018 (<http://georgia.unwomen.org/en/digital-library/publications/2018/09/2018-2020-national-action-plan-of-georgia>, accessed 24 June 2018).

UN Women stresses the importance of focusing on gender equity and working together to end violence against women. According to recent surveys, 1 in 4 women have experienced some form of gender-based violence in their lifetime, and 9% of women were sexually abused as children (UN Women, personal communication, 2019). These situations are obviously traumatic and can leave life-long traces on mental health and self-esteem, but apart from that they are also high-risk situations for contracting sexually transmitted infections including HIV and hepatitis C, in particular because sexual violence often also incurs physical injuries which increase the infection risk. Often, women are afraid to report sexual violence to the police or to the health services, as they fear repercussions. The “Me too” movement has helped to bring such experiences and the need to intervene out into the open.

UN Women supports shelters and crisis centres for women having suffered from domestic or sexual violence. The centres collaborate closely with the health services and can refer to these directly if necessary. One recommendation is to offer a standard screening for HIV/hepatitis C in the shelters and crisis centres.

UN Women also works together with the Ministry of Corrections and Probation on mandatory rehabilitation work with perpetrators to prevent reoffending. Further partners here are the courts and the police, which are responsible for the issuing of protective orders and restraining orders respectively. These programmes could also be an entry point for testing for HIV/hepatitis C and TB and a point for SRH education in general. In this context, Georgia has looked at several European rehabilitation programme models for perpetrators, and decided to adapt the Spanish model, Perpetrator Rehabilitation Initiative (PRI), as this was deemed culturally appropriate and was shown to contribute to lowering the recurrence rate of sexual violence to 10%. It includes role play and preparation for real life situations.

A further area of gender equality that UN Women has been working on, is equal rights for female inmates to receive conjugal visits. As the reform on this ruling is presently ongoing, this too provides a good opportunity for including information on self-protection from sexually transmitted infections, including HIV and hepatitis C. UN Women also suggests providing counselling and advice to female inmates from high-risk groups within the prison/re-education setting.

Finally, we discussed a totally different setting where infection control has not played a role to date, these are beauty parlours for nails and hairdressing salons, traditionally using the same instruments for several clients, and not having sterilization equipment. UN Women is running a programme together with the private hair products company Schwarzkopf, where hairdressers are trained to integrate the prevention of infections, in particular with hepatitis C, into their work. Nail parlours too, are increasingly encouraging women to keep and bring their own instruments or use disposable equipment. Though this may seem a small area, beauty parlours are used by many women. Introducing hygienic precautions and infection control here will therefore also have a positive impact on halting the spread of HIV, TB and hepatitis C.

Summary of recommendations from UN Women

- Continue preventive work through counselling and testing in crisis centres and shelters, in prisons with female inmates, and with male perpetrators of sexual violence.
- Continue preventative work through increased infection control in beauty parlours and hairdressing salons (see also recommendations from the national hepatitis C programme in Annex 5)
- Continue overarching work for gender equity and against sexual violence.

UNODC

The UNODC office in Georgia also covers Armenia, Azerbaijan, the Republic of Moldova and Ukraine. UNODC used to have a special HIV programme in 2011–2017, with a designated HIV programme manager for HIV. However, the funding for this area of work has stopped for the moment, and there is at present no staff member dealing with this issue in the Tbilisi office. UNODC HIV funding is, however, still available in other countries, for example in Tajikistan, and it may be possible to request such funding again.

UNODC's Georgia office is presently focusing on prevention of drug trafficking through inter-border cooperation; airport, port and land-border control; cooperation with postal services; customs controls and financial investigation.

A lot of drugs are transited through Georgia from Afghanistan. Drug trafficking generally includes heroin, cocaine, opioids and drug precursors (synthetic drugs) and LSD. UNODC estimates that this is a growing problem, and that drug networks are increasing through nightclubs. This problem is also increasingly difficult to tackle because of the continuously evolving technical sophistication of drug processing and smuggling techniques.

Human trafficking is not of the same dimension in Georgia as it has been in other countries of the region, but some issues with fake passports being imported into the country have occurred, with the purpose of bringing people out with foreign passports. This type of trafficking, however, is less related to forced prostitution than to financial operations. Georgia has an open border, so people can come in freely. It cannot be excluded that they may, if working as sex workers in institutions, later fall into situations where their passports are taken from them and they are in this way forced to remain. There is no reliable information on the exact numbers of such cases.

Summary of recommendations from UNODC

- Continue the focus on drug trafficking prevention as this will reduce the quantity of drugs available in the country, and thus constitutes a form of primary prevention in reducing one of the risk factors for contracting HIV, TB or hepatitis C.

UNICEF

In terms of HIV, TB and hepatitis, UNICEF focuses on primary health care, on the provision of BCG vaccines for TB through UNICEF procurement, and on hepatitis B vaccination procurement on behalf of the government. An electronic database keeps primary health care providers informed about BCG immunization taking place in the maternity services. UNICEF has previously focused on prevention of mother-to-child transmission of HIV and is still a part of the agenda of ending mother-to-child transmission of HIV and syphilis. The organization is providing training in these areas; but, since 2009, is no longer directly involved in HIV work. UNICEF is also not part of the CCM.

UNICEF is supporting work with youth, primary prevention at school and mobilizing youth in the regions to encourage uptake of HIV testing. One major breakthrough in this context is the legal change with respect to the age limit for HIV testing without necessary parental consent: this has been brought down to the age of 14, reflecting the reality that young people in Georgia today have an earlier debut of sexual activity.

A further issue has been the discussion around the legal obligation to disclose HIV status to an infected child – mostly infected through mother-to-child transmission, and earlier also possibly through uncontrolled blood products. UNICEF has produced guidelines on disclosure and provided training for psychosocial services.

The Child Protection Section of UNICEF works with children on the streets. Small surveys have been conducted on drug use within this group. Marihuana is typically the debut drug, followed by black market use of legal prescription drugs, opioids and psychotropic drugs. Even though all psychotropic drugs must be obtained with a prescription by law, the reality does not always follow this policy. Street children most often come from very poor families, and dealing in drugs, be they legal or illegal, is a form of income generation, both for themselves, and possibly for their families. Unfortunately, no system is in place today to recognize early social risk and family-related risk factors, to prevent minors from becoming street children, since the

patronage system with home visits to families was ended in 2003/2004 with the abolition of the Semashko model.⁸

Summary of recommendations from UNICEF

- Invest in strengthening nurses' education and position within the primary health care system.
- Invest in the further development and use of electronic management systems, and build on the existing ones; make use of information technology and the link to the unified electronic personal identity number.
- Invest in and strengthen continuous medical education.
- Work with regional governments/municipalities on joint investments into child development.
- Consider reinstating a system that would help to recognize and prevent the effects of early social risk.

IOM

IOM has five offices in Georgia (four field offices and a country office in Tbilisi) and has been working on health-related assistance to individual migrants, as well as to different mobile populations in Georgia and in the wider south Caucasus. In late 2018, IOM conducted a health survey supported by the IOM Development Fund, exploring barriers to case detection and treatment of TB and HIV among migrants in Georgia, Armenia and Azerbaijan.⁹ The survey showed a high level of TB prevalence at border crossings, for example at the Red Bridge crossing with Azerbaijan, with around 5.6% having been diagnosed with TB in the past five years. The findings also showed that people from migrant communities generally have poor access to treatment and to testing.

The survey concludes that active case finding, and targeted interventions are necessary to reach certain segments of the population with higher prevalence rates than the general population. These are generally third-country nationals working or living in south Caucasus, such as low-skilled agricultural workers or irregular migrants. Another group are nationals who are about to leave or who have just returned to their country of origin. This group are, for many different reasons (possibly linked to increased mobility), more susceptible to communicable diseases and face barriers in access to continued care.

Most importantly, the survey highlighted similar needs in all three countries examined, as well as the need for trans-border interventions, justifying a regional approach to migration health programming. A trans-regional cooperation network was therefore established during the project, involving practitioners from three countries. Another achievement of the project was the establishment of cross-sectoral cooperation at country level. In Georgia, IOM has an established partnership with the Georgian National TB Centre, NCDC and other key health stakeholders. IOM is now looking for funding for interventions that would allow follow-up to the recommendations and initiatives started during the survey.

As one example of such follow-up, TB treatment is at present not free of charge if you are not a Georgian resident. This may lead to a reluctance in migrant communities to be tested, which of course also increases infection risks in the host community. It is possible that there may be some future support for this from the TB REACH fund. Another intervention discussed included setting up mobile clinics that can provide a health check and TB and HIV testing in mobile, remote communities; communities of households left behind; in

⁸ Study on quality of early childhood education and care in Georgia. Summary. Tbilisi: United Nations Children's Fund (UNICEF); 2018 (<https://www.unicef.org/georgia/reports/study-quality-early-childhood-education-and-care>, accessed 24 June 2019).

⁹ Regional migrant health survey on tuberculosis and HIV and health service response for migrants in Armenia, Azerbaijan and Georgia. Geneva: International Organization for Migration (IOM); 2019 (<https://publications.iom.int/books/regional-migrant-health-survey-tuberculosis-and-hiv-and-health>, accessed 24 June 2019).

settlements of internally displaced peoples; and in other locations that are out of reach of existing health care services.

IOM also has a returnee programme in Georgia. This programme supports Georgian returnees to the country in achieving sustainable reintegration, including registration with primary health services and other social services. This is part of the Assisted Voluntary Return and Reintegration programme, which IOM is running in collaboration with countries that Georgian nationals migrate to, mostly EU Member States. Migration from Georgia is often motivated by the perception of lack, or actual lack of medical services. Georgian migrants assisted by IOM most frequently return from Greece, Germany and Switzerland. IOM also supports migrants returning with specific health-related needs, or migrants returning home with terminal conditions.

With regards to human trafficking, the IOM assessment is similar to that of UNODC. The numbers are not very large; however, there is an issue with non-Georgians coming into the country voluntarily, and then landing in a situation of trafficking with their passports taken from them. There is some indication of women from central Asia being caught in such situations. Georgia also has an issue with children, mainly Azeri, coming into the country clandestinely to try to find an income.

Summary of recommendations from IOM

- Implement the recommendations of the survey findings on health in migrants, and invest in providing access to services with respect to HIV, TB and hepatitis C testing and treatment for non-residents of Georgia.
- Adapt interventions to follow the mobility of people across borders.
- Implement a mobile clinics approach for active case finding and treatment.

FAO

FAO does not have a specific HIV programme and does not provide direct food assistance to special population groups. FAO's focus lies in agricultural development and improving the nutrient content of crops, ensuring, for example, a high micronutrient content. FAO is helping farmers to develop value chains, which will contribute to healthier and more resilient populations, and will also increase income from agricultural resources. In the framework of the ongoing EU-supported European Neighbourhood Programme for Agriculture and Rural Development (ENPARD), FAO is working with farmers in eight municipalities to develop the agricultural value chains that are specific to those areas.

FAO's work is mostly focused in the regions with the most vulnerable populations and the rural poor. By increasing crop revenue and quality, FAO wants to help small- and medium-scale farmers increase the level of their commercialization and generate income. FAO has also assisted the internally displaced people living in settlements in the Shida Kartli Region to enhance their livelihoods by offering co-financing opportunities for agricultural production.

A second focus for FAO is food safety and control of zoonotic diseases, under the "One Health" umbrella. Here a national system of animal health, animal identification and animal tracing will be introduced, which will help follow animals from birth to preparation for consumption, and ensure that there is a health control before slaughter. Slaughtering of animals outside slaughterhouses is no longer allowed, in an effort to contain animal-borne diseases.

The work done by FAO in targeting rural and poor populations with programmes to increase productivity and quality of food will contribute to lowering the socioeconomic risk factors for HIV, TB and hepatitis C, and will also strengthen well-being and resilience in people through the intake of qualitatively improved food.

The focus on especially needy populations, such as internally displaced people, will further enhance this effect.

Meetings with professional associations and NGOs

Georgian Obstetricians and Gynecologists Association

The Georgian Obstetricians and Gynecologists Association provides education for doctors on HIV, as well as developing protocols for antenatal and obstetric care, including on the provision of baby food for babies born to HIV positive mothers, now supported by the Global Fund.

At present, HIV screening is done once at the beginning of pregnancy. Discussions are ongoing as to whether this should be conducted twice, like the testing for syphilis, which takes place once in the beginning and once towards the end of pregnancy. Hepatitis C screening in pregnancy is also mandatory.

Another area that the Association is currently looking at is the abortion guidelines, which include an obligatory reflection time of five days, which can actually be a source of health risk/risky behaviour, especially if women come from outside the town and may have nowhere to go during this waiting period. A further area of concern is the high rate of caesarean sections, with a possible risk for infection under surgery. Regarding identification of risk of infection, the Association is also concerned over the fact that prisons presently offer no antenatal care.

Summary of recommendations from the Georgian Obstetricians and Gynecologists Association

- Further develop educational materials and guidelines for doctors and midwives.
- Introduce antenatal care in prisons.
- Revise abortion guidelines.
- Introduce HIV testing two times in pregnancy: once in the beginning and once towards the end. This is of relevance not only for the mother and baby, but also for staff involved in the delivery.

HERA XXI

HERA XXI, an affiliate of the International Planned Parenthood Federation (IPPF), is working on family planning and safe abortions, and increasing contraceptive coverage and use. The focus of HERA's work is on youth, including strengthening knowledge on HIV and promoting testing in a safe and confidential environment.

HERA has a network of 1000 volunteers throughout the country and has trained 500 peer educators. HERA is working on teacher training, as surveys have shown that teachers lack the necessary skills to provide sexual education (see also UNFPA section). HERA has therefore produced a number of online courses for teachers. HERA is also active in destigmatization activities and supporting self-help groups of PLHIV. Although there are an estimated 7000 PLHIV in Georgia, only seven are members of a formal group that can come forward to vocalize and raise issues of concern regarding patient rights and confidentiality. Fear of stigmatization is holding PLHIV back from speaking up. This group is also not yet a member of the CCM.

HERA suggests including HIV rapid tests in pharmacy sales, so that people can test themselves. There has been some concern over this approach, which may not provide the psychosocial back-up needed, but this could possibly be provided by linking the test with information on where to turn to for counselling. A self-administered freely available anonymous test could increase test uptake.

HERA is also concerned about the present abortion guidelines and the number of illegal abortions, which entail a high infection risk and a generally negative influence on women's health outcomes.

Summary of Recommendations from HERA XXI

- Develop a single united national action plan on SRH, sexually transmitted infections, HIV, hepatitis C and TB, and ensure that monitoring and evaluation activities are included in this.
- Do not lose focus on contraceptive availability in the fight to reduce abortions and related ill-health consequences. Introduce self-test kits for HIV available in pharmacies.
- Continue the focus on SRH education in cooperation with teachers, schools and the Ministry of Education. Strengthen the role of nurses and their education.
- Strengthen the focus on the social aspects of HIV, TB and hepatitis C, introducing integrated models of community care and early detection of risks (for a detailed list of recommendations from HERA, see Annex 4).

Conclusions and suggestions for increasing intersectoral action to reduce the risks for HIV, TB and hepatitis C in Georgia

Conclusions

Based on all meetings held, there is a clear commitment and common understanding of the importance of taking intersectoral action to reduce the risks of HIV, TB and hepatitis C. There was no controversy over this principle. The United Nations Common Position was welcomed as a good starting point. As the summaries of meetings described above show, many sectors are already actively involved in this work. This applies especially to the sectors of social protection, gender and sexual and reproductive health and rights, education, migration and drug control.

In other sectors, such as food safety, interventions have an influence on the socioeconomic risk factors by improving the general standards of living in particularly poor areas, and in target groups in need.

Suggestions for action

Based on the high-level of commitment and the wish to tackle HIV, TB and hepatitis C among the organizations and institutions met on this mission, the main recommendations are set out below.

General suggestions

1. Finalize the “mapping” of ongoing activities, especially those of other civil society organizations working in social support, gender or drug use, as well as patients’ initiatives where they exist (PLHIV and others). Unfortunately, the time constraints of this mission did not allow for further meetings.
2. Document this mapping exercise in an overview document as a background and basis for the development of a unified intersectoral action plan in the spirit of the Common Position. Ensure that all partners are familiar with the Common Position and the results of the mapping exercise.
3. Arrange a meeting of stakeholders to jointly develop a unified intersectoral action plan, based on the intersectoral actions already included in the action plans for HIV, TB and hepatitis C, and the recommendations listed above. Consider merging this with the action plan for sexual and reproductive health and rights. Consider utilizing unused annual funds to support the meeting and documentation.
4. Establish a mechanism for monitoring and reporting on the implementation of the contribution of the various sectors. Based on the meetings held and respective recommendations made, it would make most sense to attach this mechanism to the CCM, which is already in place as a well-functioning, high level, intersectoral body.
5. Use existing mechanisms; the creation of new parallel mechanisms to implement an intersectoral plan is not deemed appropriate.

Specific suggestions

The suggestions below are to be considered complementary to the recommendations mentioned under each sector above.

1. Continue expansion of the joint programme for TB, HIV and hepatitis C to other regions of Georgia, considering merging the presently separate State Commission for Hepatitis C with the HIV and TB

programmes, and continue primary health care staff training and close monitoring of programme implementation.

2. Consider increasing HIV testing of pregnant women to two times during pregnancy (beginning and end) to decrease the risk of mother-to-child transmission and decrease the risks for staff assisting in the delivery.
3. Consider expanding the ongoing screening for adults conducted by the NCDC to a younger age group in order to increase early detection of TB, HIV and hepatitis C.
4. Examine the feasibility of self-testing for HIV infection, with back-up consultancy services in a pilot region, perhaps in one of the regions in which testing for HIV, TB and hepatitis C has already been conducted.
5. Continue and strengthen the work initiated by IOM with migrant communities through cross-border cooperation, in particular through the introduction of border health posts and mobile clinics.
6. Strengthen the education sector in providing SRH education at age-appropriate levels in all schools and provide teachers with the skills to teach this subject, using the materials and programmes developed by UNFPA and HERA XXI. Ensure monitoring of the introduction and implementation of these programmes.
7. Consider reviewing present abortion guidelines to decrease the risk of recourse to illegal and unsafe abortions with a high risk for infection and other health consequences.
8. Continue the work towards gender equity in all sectors and settings, improving the alignment with SDG 5 and its monitoring with the support of UN Women.
9. Further strengthen youth networks and peer-educator trainings and recruit further youth volunteers to work in their peer groups, to spread information on HIV, TB and hepatitis C, expanding on the work started by HERA XXI and UNICEF.
10. Introduce and continuously update the concept of intersectoral action in health promotion and disease prevention training in medical education, building on the work initiated by UNFPA in cooperation with Tbilisi State Medical University and the continuous medical education programme.
11. Consider involving the media more with respect to information on prevention and recognition of symptoms of HIV, TB and hepatitis C, as well as on the availability of testing and pre- and post-exposure prophylaxis, and on the importance of intake of healthy and nutritious food in keeping the immune system strong. Also engage the media in the fight against stigmatization, and against gender-based violence, and spread information on where help can be sought.
12. Monitor and share experiences from the pilot programme on community police, and consider expanding this to other regions of Georgia, seeking connections between this programme and the programme on working with perpetrators of violence.
13. Introduce counselling and testing in crisis centres and shelters, in prisons with female inmates, and with male perpetrators of sexual violence.
14. Continue and expand preventative work against infections through increased infection control in beauty parlours and hairdressing salons, started in a public-private partnership programme by UN Women.

15. Build capacity among social workers and social agents with respect to recognizing symptoms and risk factors for HIV, TB and hepatitis C, as well as in outreach techniques for at-risk communities. This could be done by in-education training as well as by continuous post-graduate education.
16. Build capacity for workplaces and inspectors on recognizing the risk factors for infections in the workplace, and provide training on protective interventions and changes in workplace conditions and work flows, using also materials developed by the International Labour Organization (ILO) on HIV and TB in the workplace.
17. Build capacity among midwives and social workers in detecting early social risks for young children and families and referring these to the appropriate social and child-protection services in cooperation with UNICEF.
18. Throughout the process, continue monitoring and evaluating results of intersectoral action, avoiding duplication, engaging civil society, keeping the public informed through traditional and social media to ensure a maximum level of information and dialogue, public back-up and coherence with the aims of the action plan.

Annex 1: Recommendations of the institutions met

Deputy Minister, Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs

- Make one single operational plan for intersectoral action for Georgia, with a list of specific activities, based on those intersectoral activities that are already recommended within the action plans for HIV, tuberculosis (TB) and hepatitis C.
- All activities and interventions should be closely discussed with the Country Coordinating Mechanism (CCM) of the Global Fund, which is already an intersectoral body representing many governmental, as well as nongovernmental, sectors of society (a list of example intersectoral actions contained in the national HIV, TB and hepatitis C plans can be found in Annex 5).

Social Protection Department

- Provide capacity-building and training for social workers, and foster parents on HIV, TB and hepatitis C, and strengthen the knowledge of institutions in these areas.
- Promote the attendance of social workers and foster parents at the trainings offered on HIV/AIDS, TB and hepatitis C
- Distribute leaflets and brochures both for staff and for the residents of institutions, and for foster parents as appropriate.
- Strengthen knowledge on the importance of early referral.

Labour Conditions Inspection Department

- Provide capacity-building for workplaces and inspectors on recognizing the risk factors for infections within the workplace, and training on protective interventions and changes in workplace conditions and workflows.

Ministry of Internal Affairs

- This new programme will hopefully lead to increased reporting and better care for victims of domestic violence, and thus also reduce risk factors for late diagnosis and late treatment of sexually transmitted diseases, including HIV and hepatitis C.

National Center for Disease Control and Public Health (NCDC)

- Continue expansion of the programme to other regions of Georgia.
- Consider merging the currently separate State Commission for Hepatitis C with the HIV and TB programmes.
- Continue primary health care staff training and close monitoring of programme implementation.
- Continue increasing population awareness on HIV, TB and hepatitis C, and respective health services and support available.

United Nations Population Fund (UNFPA)

- Focus on formal and non-formal education programmes through cooperation with the Ministry of Education, including capacity development for teachers, school doctors/nurses and peer education.
- Continue advocacy work for HIV prevention and its integration with sexual and reproductive health (SRH), especially at the primary health care level.
- Advocate for destigmatization of people living with HIV. This continued destigmatization will lead to a higher level of health-care seeking behaviour and voluntary counselling and testing.
- Continue promoting universal access to family planning services and dual protection against unwanted pregnancies and sexually transmitted infections.
- Continue working to further strengthen prevention and a multisectoral response to violence against women and girls.

UN Women

- Continue preventive work through counselling and testing in crisis centres and shelters, in prisons with female inmates, and with male perpetrators of sexual violence.
- Continue preventative work through increased infection control in beauty parlours and hairdressing salons (see also recommendations from the national hepatitis C programme in Annex 5)
- Continue overarching work for gender equity and against sexual violence.

United Nations Office on Drugs and Crime (UNODC)

The UNODC office in Georgia also covers Armenia, Azerbaijan, the Republic of Moldova and Ukraine. UNODC used to have a special HIV programme in 2011–2017, with a designated HIV programme manager for HIV. However, the funding for this area of work has stopped for the moment, and there is at present no staff member dealing with this issue in the Tbilisi office. UNODC HIV funding is, however, still available in other countries, for example in Tajikistan, and it may be possible to request such funding again.

- Continue the focus on drug trafficking prevention as this will reduce the quantity of drugs available in the country, and thus constitutes a form of primary prevention in reducing one of the risk factors for contracting HIV, TB or hepatitis C.

United Nations Children's Fund (UNICEF)

- Invest in strengthening nurses' education and position within the primary health care system.
- Invest in the further development and use of electronic management systems and build on the existing ones; make use of information technology and the link to the unified electronic personal identity number.
- Invest in and strengthen continuous medical education.
- Work with regional governments/municipalities on joint investments into child development.
- Consider reinstating a system that would help to recognize and prevent the effects of early social risk.

International Organization for Migration (IOM)

- Implement the recommendations of the survey findings on health in migrants, and invest in providing access to services with respect to HIV, TB and hepatitis C testing and treatment for non-residents of Georgia.
- Adapt interventions to follow the mobility of people across borders.
- Implement a mobile clinics approach for active case finding and treatment.

Food and Agriculture Organization of the United Nations (FAO)

- The work done by FAO in targeting rural and poor populations with programmes to increase productivity and quality of food will contribute to lowering the socioeconomic risk factors for HIV, TB and hepatitis C, and will also strengthen well-being and resilience in people through the intake of qualitatively improved food. The focus on especially needy populations, such as internally displaced people, will further enhance this effect.

Georgian Obstetricians and Gynecologists Association

- Further develop educational materials and guidelines for doctors and midwives.

- Introduce antenatal care in prisons.
- Revise abortion guidelines.
- Introduce HIV testing two times in pregnancy: once in the beginning and once towards the end. This is of relevance not only for the mother and baby, but also for staff involved in the delivery.

HERA XXI

- Develop a single united national action plan on SRH, sexually transmitted infections, HIV, hepatitis C and TB, and ensure that monitoring and evaluation activities are included in this.
- Do not lose focus on contraceptive availability in the fight to reduce abortions and related ill-health consequences. Introduce self-test kits for HIV available in pharmacies.
- Continue the focus on SRH education in cooperation with teachers, schools and the Ministry of Education. Strengthen the role of nurses and their education.
- Strengthen the focus on the social aspects of HIV, TB and hepatitis C, introducing integrated models of community care and early detection of risks (for a detailed list of recommendations from HERA, see Annex 4).

Annex 2: Workshop programme and list of participants

Addressing SDG Acceleration and Policy Support: Drivers for Sustainable Development for Georgia

Hosted by the United Nations in Georgia in close coordination with the National SDG Council¹⁰ and the Government Administration of Georgia

7–8 May 2019

Kachreti Ambassador Hotel, Kachreti

Programme

6 May – Arrival and check-in	
7 May – Day 1	
09:00–09:15	Coffee and registration
09:15–09:30	<p>Welcome remarks and introduction to the workshop Louisa Vinton, United Nations Development Programme (UNDP) Resident Representative, and Kakha Kakhishvili, Head of the Government Administration and Chairman of the National SDG Council</p>
09:30–10:00	<p>Regional lessons learned from the MAPs and SDG implementation</p> <ul style="list-style-type: none"> • Presenter: George Bouma, Team Leader, Sustainable Development Cluster, Istanbul Regional Hub, UNDP (15 minutes) • Q&A: (15 minutes)
Session 1: Rapid integrated assessment (RIA) around 5 Ps of SDGs (coverage of SDGs by policies, gaps analysis, institutional set up, interlinkages and funding)	
10:00–10:15	<p>Energizer: divide up into 5 working groups (People, Prosperity, Planet, Peace and Partnerships) and each group does a group SDG energizer exercise with the moderator explaining the purpose of the group work Moderated by: Tuya Altangerel, UNDP, Disaster Risk Reduction programme</p>
10:15–11:00	<p>Presentation: Results of the SDG alignment analysis¹¹ (1) national strategies and action plans, (2) subnational strategies/plans, (3) budgets Presenter: Elena Danilova Cross, Programme Specialist, UNDP (30 minutes) Q&A: (15 minutes)</p>
11:00–13:00	<p>Group discussion on the findings of the alignment analysis around 5 Ps of the SDGs</p> <p>Facilitators of each group: People: Alexandre Sidorenko (UNFPA) and Bettina Menne (WHO) Prosperity: George Bouma + national expert Planet: Mihail Peleah (UNDP) + national expert Peace: Tuya Altangerel + national expert</p>

¹⁰ Chaired by the Head of the Administration of the Government of Georgia and co-chaired by the United Nations Resident Coordinator in Georgia.

¹¹ The technical name of the exercise is the rapid integrated assessment (RIA), as referred to in the concept note.

	Partnership: Elena Danilova Cross + national expert Note: no coffee break envisaged, coffee and snacks available throughout
13:00–14:00	Lunch break
Session 2: SDG Tracker and group presentations	
14:00–14:30	Presentation of the SDG Tracker <ul style="list-style-type: none"> • Presenter: Representative of the Government Administration (15 minutes) • Q&A: (15 minutes)
14:30–16:00 (including coffee break)	Groups presentations: feedback and recommendations to the alignment analysis (continued after session at 11:00–13:00) Moderated by: George Bouma and Tuya Altangerel Presenters: to be nominated from the groups
Session 3: Consensus building session	
16:00–17:00	Consensus around priority issues emerging from group discussions; identification of potential accelerators Facilitator: Tuya Altangerel (presents key policy recommendations and potential accelerators emerging from group discussions) Moderated by: Elena Danilova Cross

8 May – Day 2

Session 1: Validation of the potential accelerators for achieving the SDGs in Georgia	
09:00–09:45	Presentation: Results of the SDG complexity analysis, including SDG dashboard. Potential accelerators for Georgia Presenter: Mihail Peleah (30 minutes) Q&A: (15 minutes)
09:45–12:30	Group discussions (5 P groups) on the findings emerging from the complexity analysis and the SDG dashboard (SDG interlinkages, synergies, trade-offs). Revisiting potential accelerators for Georgia Facilitators by thematic group: People: Alexandre Sidorenko and Bettina Menne Prosperity: George Bouma + national expert Planet: Mihail Peleah + national expert Peace: Tuya Altangerel + national expert Partnership: Elena Danilova Cross + national expert

	Note: no coffee break envisaged, coffee and snacks available throughout
12:30–13:30	Lunch break
Session 2: Summary of main recommendations and concluding session	
13:30–15:00	Sharing of the main conclusions by 5 groups (groups to self-nominate presenters) Main takeaways and the agreement on the way forward Facilitated by: George Bouma and Tuya Altangerel
15:00–15:30	Concluding session: Louisa Vinton and Kakha Kakhishvili
15:30–17:00	Picture taking and free time
17:00	Departure

Participants

Government

Kakha Kakhishvili	Administration of the Government	Head of Administration of the Government	
Elene Beradze	Administration of the Government	Deputy Head of Administration of the Government	Partnerships
Nina Sarishvili	Administration of the Government	Head of Policy Planning and Coordination Department	Partnerships
Ana Kvernadze	Administration of the Government	Head of Policy Planning Unit	Prosperity
Keti Tsankashvili	Administration of the Government	Senior Specialist Donor Coordination Unit	People
Natia Tsikaradze	Administration of the Government	Senior Specialist of the Policy Planning Unit	Peace
Tamar Tsulukidze	Ministry of Education and Science	Deputy Head of Strategic Planning Department	People
Nodar Silagadze	Ministry of Finance	Senior Specialist of Budget Department	Prosperity
Tornkie Natroshvili	Ministry of Internal Affairs	Head of Informational Analysis and Management Unit	People
Giorgi Sakhokia	Ministry of Internal Affairs	Head of Administration of the Government	Peace
Nino Rukhadze	Ministry of Justice	Deputy Head of Public International Law Department	Peace
Nino Tkhilava	Ministry of Environment and Agriculture	Head of Environmental Department	Planet
Aleksandre Arabuli	Ministry of Environment and Agriculture	Analytical and Statistical Unit	Partnerships
Nino Gokhelashvili	Ministry of Environment and Agriculture	Head of Sustainable Development Division	Planet
Tea Gvaramadze	Ministry of Health	Head of Pensions and Social Benefits Unit	People
Irma Gelashvili	Ministry of Health	Senior Specialist of Labour and Employment Department	Prosperity
Marina Darakhvelidze	Ministry of Health	Head of Healthcare Department	People

Giorgi Mikeladze	Geostat	Head of Living Conditions Statistics Unit	Prosperity
Teimuraz Gogishvili	Geostat	Head of Methodology and Quality Insurance Unit	Peace
Irma Gvilava	Geostat	Head of Social Statistics Department	People
Irakli Tsikhelashvili	Geostat	Head of Environmental Statistics Unit	Planet
Maya Gogiberidze	Geostat	Chief Specialist of International and Public Relations Department	Partnerships
Shota Mchedlishvili	Ministry of Foreign Affairs	Attache, Department of International Organizations	Partnerships
David Advadze	Ministry of Economy	Acting Head of Sustainable Development Unit	Prosperity
Elene Goksadze	Ministry of Economy	Department of Energy, Head of Analysis and Planning Unit	Planet
Mamuka Shalikashvili	Ministry of Infrastructure	Head of Infrastructure Development Partners Relations Unit	Partnerships
Maya Giqoshvili	Ministry of Infrastructure	Deputy Head of the United Water Supply Company	Planet
Maka Berdzenishvili	Ministry of Infrastructure	Senior Specialist of the Infrastructure Development Partners Relations Unit	Prosperity
Maia Dvalishvili	Civil Service Bureau	Deputy Head	Peace
Kristine Kvekvetsia	Prosecutor's office of Georgia	State Prosecutor	Peace
Giorgi Begadze	Parliament of Georgia	First Deputy Chairperson of the Committee, Sector Economy and Economic Policy Committee	Prosperity
Levan Koberidze	Parliament of Georgia	Deputy Chairperson of the Healthcare and Social Issues Committee	People

Nongovernmental organizations

Nino Bregadze	Caucasus Environmental NGO Network (CENN)	Environmental Project Officer	Planet
Irma Pavliashvili	Georgian Young Lawyers' Association (GYLA)	Administrative Director	Peace
Meri Kadagidze	Georgian Coalition Education for All (EFA)	Project Coordinator	People

United Nations Country Team Georgia

Ms Louisa Vinton	UNDP	United Nations Resident Coordinator (acting), UNDP Resident Representative
Ms Lela Bakradze	United Nations Population Fund (UNFPA)	Assistant Representative
Mr Johannes van der Klaauw	United Nations Refugee Agency (UNHCR)	Regional Representative
Mr Ghassan Khalil	United Nations Children's Fund (UNICEF)	UNICEF Representative in Georgia
Mr Giorgi Todua	United Nations Industrial Development Organization (UNIDO)	National Consultant
Mr Irakli Katsitadze	United Nations Office for Project Services (UNOPS)	Team Leader
Ms. Erika Kvapilova	UN Women	Country Representative
Mr Mohammad Haque	United Nations Department of Safety and Security (UNDSS)	Security Advisor
Mr Mamuka Meskhi	Food and Agriculture Organization of the United Nations (FAO)	Assistant Representative
Mr Kinan Bahnassi	International Labour Organization (ILO)	Chief Technical Adviser
Ms Sanja Celebic Lukovac	International Organization for Migration (IOM)	Chief of Mission
Ms Naida Chamilova	United Nations Office on Drugs and Crime (UNODC)	Head of Programme Office
Mr Vladimir Shkolnikov	Office of the United Nations High Commissioner for Human Rights (OHCHR)	Senior Adviser
Dr Silviu Domente	WHO	WHO Representative and Head of Country Office
Mr Francois Painchaud	International monetary Fund (IMF)	Resident Representative
Ms Mercy Tembon	World Bank	Regional Director
Ms Munkhtuya (Tuya) Altangerel	UNDP	Deputy Resident Representative

United Nations MAPS national team (expert group)

Rusudan Tushuri	United Nations Resident Coordinators Office	Consultant
Zaza Chelidze	FAO	Consultant on Statistics
Nino Mirzikashvili	WHO	Consultant
George Nanobashvili	UNDP	Economic Development Team Leader
Benedikt Hosek	UNDP	Economic and Social Development Officer

George Berulava	UNDP	Consultant for Data Analysis
Maia Guntsadze	UNDP	Consultant for Donor Coordination Unit Support
Dustin Gilbreath	UNDP	Consultant for Data Analysis
International expertise/United Nations Country Team support		
George Bouma	UNDP Istanbul Regional Hub	Team Leader, Sustainable Development Cluster
Elena Danilova Cross	UNDP Istanbul Regional Hub	Programme Specialist, Poverty and Inequality
Mihail Peleah	UNDP Istanbul Regional Hub	Programme Specialist, Green Economy and Employment
Dr Alexandre Sidorenko	UNFPA	International expert
Lela Bakradze	UNFPA	Resident Representative
Erika Kvapilova	UN Women	Country Representative
Tamar Sabedashvili	UN Women	Deputy Country Representative
Dr Bettina Menne	WHO	Coordinator, Policy and Governance for Health and Well- being
Dr Assia Brandrup-Lukanow	WHO	WHO consultant on intersectoral action for HIV, TB, and hepatitis C

Annex 3: Mission programme of meetings

9–10 May, Tbilisi, Georgia

Date	Time	Activity	Remark
9 May	09:00	United Nations Population Fund (UNFPA): Lela Bakradze, Resident Representative; Natalia Zakareishvili, Programme Analyst	United Nations House, 9 Eristavi St
	11:00	UN Women: Tamar Sabedashvili, Acting Head	UN Women 3 Kavsadze St
	11:40	United Nations Office on Drugs and Crime (UNODC): Vakhtang Tartarashvili, National Project Officer	UNODC Kavsadze St
	14:00–15:00	United Nations Children’s Fund (UNICEF): T. Ugulava, Medical Officer	United Nations House, 9 Eristavi St
	15:30	International Organization for Migration (IOM): Sanja Cebic Lukovac, Head of Mission; Karolina Krelinova, Programme Coordinator	IOM Office, 19 Abuladze St
	16:30	Food and Agriculture Organization of the United Nations (FAO): Mamuka Meshki, Assistant Representative	85 Irakli Abashidze St
	17:00	Georgian Obstetricians and Gynecologists Association: Professor T. Asatiani, President	Hotel lobby
10 May	10:00	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs: Dr Tamar Gabunia, Deputy Minister	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health, and Social Affairs
	11:00	Department of Social Protection: Nino Odisharia, Head of Department	
	11:40	Labour Conditions Inspection Department: Beka Peradze, Head	
	13:00	National Center for Disease Control and Public Health (NCDC): Professor Amran Gamkrelidze, Director General	99 Kakheti Highway
	15:00	HERA XXI: Nino Tsuleiskiri, Director	Iosebidge St
	17:00	Debrief WHO Country Office	

Annex 4: Detailed recommendations from HERA XXI for intersectoral action to reduce the risk for HIV, TB and hepatitis C

Strategy/policy/action plan

- Plan and organize national educational campaigns on a large scale, at national level, focusing on prevention issues.
- Evaluate impact and coverage of communication campaigns in order to identify best practices and lessons learned.
- Introduce school-based health education through creating a positive environment (working with parents and teachers).

Management/leadership/governance of health programmes

- Improve governance/management of existing national health and universal health care programmes.
- Ensure adequate enforcement of existing national regulations and legislation requirements.
- Establish quality assurance and control systems.
- Support the decentralization of national programmes, strengthen the role of primary health care and its functions as the most effective structure to ensure health through a life-course approach.
- Integrate communicable diseases management in primary health care capacity-building.

Health workforce

- Establish mandatory post-graduate programmes for doctors.
- Develop capacity-building programmes for medical professionals on gender sensitive counselling and a human rights based approach.
- Define roles and responsibilities among medical service providers.
- Establish incentives/individual performance measurement/performance-based financing in primary health care centres.
- Enhance status of nurses/midwives as medical professionals, and define their roles and responsibilities clearly.
- Strengthen community health programmes.

Source: HERA XXI, personal communication, 2019.

Annex 5: Examples of intersectoral action recommended and included in national plans to tackle HIV, TB and hepatitis C

The extracts reproduced below are examples of intersectoral action recommended in Georgia's national plans to tackle HIV, TB and hepatitis C.

Strategic Plan for the Elimination of Hepatitis C Virus in Georgia, 2016–2020¹²

Preventing new cases of HCV [hepatitis C virus] is a critical strategy towards eliminating hepatitis C infection in Georgia that will require working across several cross-cutting areas. PWID [people who inject drugs] must be provided with effective harm reduction services and linkages to HCV treatment. Blood banks must improve practices to better protect persons who receive blood products from HCV-contaminated blood. Health care facilities must improve infection-control measures to protect patients from nosocomial viral hepatitis infections. Other professionals whose work entails potential patient and/or provider exposure to blood (e.g., acupuncturists, tattoo artists, and persons who provide invasive cosmetic procedures) must implement appropriate infection control according to risk. An estimated 50,000 PWID lived in Georgia in 2014, and up to 60% are infected with HCV [14]. (p20)

Several challenges are faced by NSP [needle and syringe programmes] and OST [opioid substitution therapy] programs that may impact HCV elimination among PWID. Policies that make injection-drug use a punishable crime serve as a barrier to reaching PWID with prevention services. According to the Georgian legislation, illicit drug use is an administrative offense [20] punishable with a fine of GEL 500 (USD \$200). Illicit drug use becomes a criminal offense for persons who repeatedly test positive for any type of illicit drug use within the 12 months following the initial charge [21] and is punishable with fine up to GEL 2,000 (USD \$800) or up to 1 year of imprisonment. Beyond use of these drugs, possession of illicit drugs is associated with a harsher sentence that can result in 6–14 years of jail time [22]. Current drug legislation in Georgia not only affects PWID, but persons involved in providing services. While it is possible to organize clean needle/syringe distribution in the country, the exchange of used and new equipment is not feasible, because detection of even a trace amount of illicit substance in the used equipment is considered grounds for imprisonment of a client or outreach worker.

This dynamic creates unstable and unsafe working conditions for outreach workers and peers engaged in Georgia's NSP program and are a barrier to providing services. Stigmatization of PWID poses additional challenges to eliminating HCV infection in Georgia. Although domestic funding provided through GFATM [the Global Fund to Fight AIDS, Tuberculosis and Malaria] currently supports both OST and NSP programs, the funding is not expected to continue indefinitely, increasing the urgency for domestic funding of these programs. Because OST programs are also covered by the state budget, clients are required to cover part of the service costs, at a price of GEL 110 (USD \$45) per month. Most PWID are considered low income, and therefore out-of-pocket fees associated with OST limit access among the population for which the service is intended.¹³ (p22–23)

¹² Strategic Plan for the Elimination of Hepatitis C Virus in Georgia, 2016–2020. Tbilisi: Ministry of Labour, Health and Social Affairs and the National Center for Disease Control and Public Health; 2016 (https://www.moh.gov.ge/uploads/files/2017/akordeoni/failebi/Georgia_HCV_Elimination_Strategy_2016-2020.pdf, accessed 24 June 2019).

¹³ Since 2017, the government has fully covered OST services.

Georgia HIV/AIDS National Strategic Plan 2019–2022¹⁴

The **overarching goal** of 2019–2022 National Strategic Plan [NSP] is to reverse HIV epidemic in Georgia, through sustainable, targeted interventions for key populations and their sexual partners, improvement of the quality of the services, and outcomes of the treatment.

To achieve this goal, NSP emphasizes on following three strategic objectives:

1. HIV Prevention and Detection: Scale-up of preventive services to ensure timely detection and progression to care;
2. HIV Treatment and Care: Improve HIV health outcomes through ensuring universal access to quality treatment, care, and support;
3. Governance and Policy development: Ensure sustainability of response to the epidemic through enhanced government commitment, enabling legislative and operational environment, and greater involvement of civil society. (p 16)

Special attention should be paid to stigma and discrimination against MSM [men who have sex with men] and Transgender population in Georgia. Crimes committed based on sexual orientation and gender identity have become systematic driving them underground. Marginalization and discrimination of MSM and Transgender individuals have negative impact on their health-seeking behaviors. Advocacy should be strengthened to support conducive legal environment for sexual minority groups. (p 20)

“VIII. Engage with relevant ministries and local governments, city mayors and municipalities to encourage their engagement in multisectoral HIV response.” (p 29)

National Strategy for Tuberculosis Control in Georgia 2019–2022¹⁵

Objective 3: To enable supportive environments and systems for effective TB control

The *Country Coordination Mechanism (CCM) for HIV/AIDS, Tuberculosis and Malaria* will continue to facilitate horizontal links and participatory governance of TB control program, through active participation of the governmental partners (Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, other ministries and governmental bodies), external development assistance agencies as well as the civil society, while continuing to undertake a special function to obtain additional support from the Global Fund and oversee its implementation.” (p 47)

¹⁴ Georgia HIV/AIDS National Strategic Plan 2019–2022. Tbilisi: Ministry of Labour, Health and Social Affairs; 2019 (<http://www.georgia-ccm.ge/wp-content/uploads/Georgia-HIV-AIDS-National-Strategic-Plan-2019-20222.pdf>, accessed 24 June 2019).

¹⁵ National Strategy for Tuberculosis Control in Georgia 2019–2022. Tbilisi: Ministry of Labour, Health and Social Affairs; 2019.

Annex 6: Scope and purpose

WHO Regional Office for Europe mission to Georgia, 6–11 May 2019

Mission of Dr Assia Brandrup-Lukanow
WHO consultant on intersectoral action to end HIV, TB and hepatitis

Background

In the year 2017, a regional Issue-based Coalition (IBC) on health and well-being was established as part of the United Nations reform process, led by the WHO Regional Director for Europe. The IBC's goal is to coordinate the United Nations response to the cross-cutting issue of health, supporting synergies among United Nations actors and serving as a platform to collaborate within the United Nations and beyond.

As part of the IBC work on communicable diseases, the Joint Tuberculosis, HIV and Viral Hepatitis Programme has led the development of the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration.¹

This document, endorsed by the regional United Nations System meeting, contains principles and key operational directions for collaborative action to address the epidemics and their social determinants from the non-health sector. The Common Position has also been officially shared with Resident Coordinators of the region, encouraging its integration in United Nations Development Assistance Framework (UNDAF) processes and joint planning.

Georgia is one of the countries proposed, in light of its epidemiological and development landscape, to pioneer the operationalization of the Common Position. The output of the operationalization will be a country-specific set of actions to be planned and implemented jointly by United Nations agencies and key stakeholders, addressing the non-health determinants of the three epidemics, building on what works in the country and filling the relevant gaps. This is an innovative initiative that will require flexibility and vision to determine the way forward in the spirit of the United Nations reform and WHO transformation process.

As the first step of this action-oriented process, there will be a mapping on the ongoing United Nations Country Team (UNCT) activities, which will be conducted by an international consultant recruited by the WHO Regional Office for Europe, Dr Assia Brandrup-Lukanow, Specialist in Public Health Medicine, and former Section Head of Family and Community Health at the WHO Regional Office for Europe.

To ensure the planning of strategic cooperation with the local health and non-health actors, we would ask you and your team members to take the opportunity to meet Dr Brandrup-Lukanow at your availability, to discuss the work and vision of your organization with respect to the implementation of the United Nations Common Position on ending HIV, TB, and hepatitis.

It is expected that the results of this mission will also feed into the framework guidance document on the operationalization of intersectoral actions and interventions in this context, which we are presently working on.

For your information, you can find attached a brief with more information on the Common Position and its publication. Thank you for your leadership and support.

Annex 7: Briefing note for partners: The United Nations Common Position on Ending HIV, Tuberculosis and Viral Hepatitis through Intersectoral Collaboration in Europe and central Asia

The regional UN SDG Issue Based Coalition on Health and Wellbeing for All at All Ages

15 November 2018

Briefing Note for Partners The UN Common Position on Ending HIV, Tuberculosis and viral Hepatitis through Intersectoral Collaboration in Europe and central Asia

Prepared by Dr Masoud Dara and Ms Vittoria Gemelli

What is the Common Position Paper?

The Common Position was written by WHO/Europe and experts from FAO, ILO, IOM, OHCHR, UNAIDS, UNDP, UNFPA, UNHABITAT, UNHCR, UNICEF, UNOPS, UNODC, UNWOMEN, UNECE, and the Stop TB Partnership. These partners were engaged through the Issue-based coalition on Health and Wellbeing for All, under the WHO Regional Director's leadership. The Common Position is a resource for planning, implementing and monitoring intersectoral collaboration to address HIV, TB and viral hepatitis and their social, economic and environmental determinants, across Europe and central Asia. The Common Position lists **shared principles** and **key actionable areas** for cross-sectoral interventions, highlighting their specific angle for collaboration.

The paper was signed by 13 UN Regional Directors and high-level UN representatives at the regional UN System meeting in Geneva, Switzerland on 9 May 2018. Its official launch took place through a dedicated side event of the United Nations General Assembly hosted by WHO/Europe, IOM and The Permanent Mission of the Slovak Republic to the United Nations in New York on 27 September 2018. The Common Position does not replace the existing commitments of each agency, nor the existing national plans. It embodies the rationale that by working across health and non-health sectors, we support ending these three epidemics and with all partners to systematically advance all SDGs. Through the Common Position, WHO/Europe and the other UN agencies agreed to pool knowledge and experience and identify ways to provide support to country teams and partners in the Region. For this reason, a first group of countries has been proposed to scope for pioneering its operationalization.

Next steps

To tackle the multidimensional connection between HIV, TB, viral hepatitis through a sustainable development approach, a set of activities will be discussed and agreed upon with the national authorities and key partners, building on both existing and innovative intersectoral actions. To do so, the next steps are proposed as follows:

1. The list of pioneering countries (tentatively Belarus, Georgia, Portugal and Tajikistan), agreed by end November 2018;
2. Dissemination of the Common Position Paper to all UN Resident Coordinators and to Ministers of Health through official correspondence by December 2018; The regional UN SDG Issue Based Coalition on Health and Wellbeing for All at All Ages

3. Reviewing of existing country and agencies' ongoing and planned intersectoral actions concerning HIV, TB, viral hepatitis and addressing their social economic and environmental determinants in pioneering countries and countries which wish to join by mid-2019;
4. National consultations with UN agencies, Non-state actors, communities and development partners for an engaged dialogue on intersectoral coordination for HIV, TB and viral hepatitis in the national context by mid-2019;
5. Joint identification of the intervention/s needed and funding source(s) by mid-2019;
6. Joint development of a shared sustainability plan and monitoring system by mid-2019;
7. Implementation of the targeted intervention/s is piloted mid 2019-2020;
8. Monitoring and evaluation of outcomes and impact are carried out 2020;
9. Review and compilation of lessons learned from pioneering countries, to be disseminated for further region-wide systematical implementation of the common position by end 2020.

WHO/Europe will mobilize the necessary resources to conduct the preliminary reviews and consultations in pioneering countries. Collaboration within countries would be needed from UN Resident Coordinators, as well as from the whole UN Country Team and development partners in scoping gaps and identifying needs.

A country-specific approach needs to be taken to identify the unmet needs, map the potential resources and ways to use them strategically to support intersectoral action to end HIV, TB and viral hepatitis while harnessing synergies and partnerships with State and Non-State actors.

LINKS

[The UN Common Position](#)

[The UN SDG Issue Based Coalition on Health and Wellbeing for All At All Ages is a regional initiative](#)

[Regional UN System meetings](#)

[UNGA Side Event I Launch of the UN Common Position Paper](#)

For any further information, please do not hesitate to contact IBCHealthJT@who.int.

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