HIV CASCADE AMONG MSM IN GEORGIA

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Methodology

This report was developed based on the results of a desk review and interviews with key informants. The bibliography provides a full list of the documents reviewed and referenced in the report.

Data on the HIV care cascade was provided by the National AIDS Center. The estimated number of HIV-positive men who have sex with men (MSM) living in Georgia is based on the UNAIDS Spectrum estimations for the reporting period.

Information on the HIV prevention and testing cascade is based on the annual reports of the Global Fund's (GF) HIV Program and the State HIV Program implemented by the National Center for Disease Control and Public Health (NCDC).

The pre-exposure prophylaxis (PrEP) cascade is based on the annual reports of the Global Fund-supported PrEP program developed by the Community-based organization (CBO)"Equality Movement.

The programmatic report of the GF-funded "SOS" project's community legal monitoring program "REACT" and the State Ombudsman's reports were used to describe the legal and policy environment for the implementation of HIV prevention and treatment services for MSM in Georgia.

Abbrevitations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CD4	Cluster of differentiation 4
COVID-19	Covid 19 disease (SARS –COV-2)
CBO	Community-based organization
CSO	Civil society organization
ECDC	European Center for Disease Control
EACS	European AIDS Clinical Society
GBV	Gender-based violence
HBV	Hepatitis B virus
HCT	HIV Counseling and Testing
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HIVST	HIV self-testing
IBBS	Integrated biological-behavioral surveillance
KP	Key population
MoIDPLHSA	Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs
MSM	Men who have sex with men
NCDC	National Center for Disease Control and Public Health
NGO	Non-governmental Organization
NSP	National Strategic Plan on HIV
PrEP	Pre-exposure prophylaxis
PLHIV	People living with HIV
PWID	People who inject drugs

TB	Tuberculosis
TPT	Tuberculosis preventive treatment
UNAIDS	Joint United National Programme on HIV/AIDS
WHO	World Health Organization

HIV epidemic in Georgia

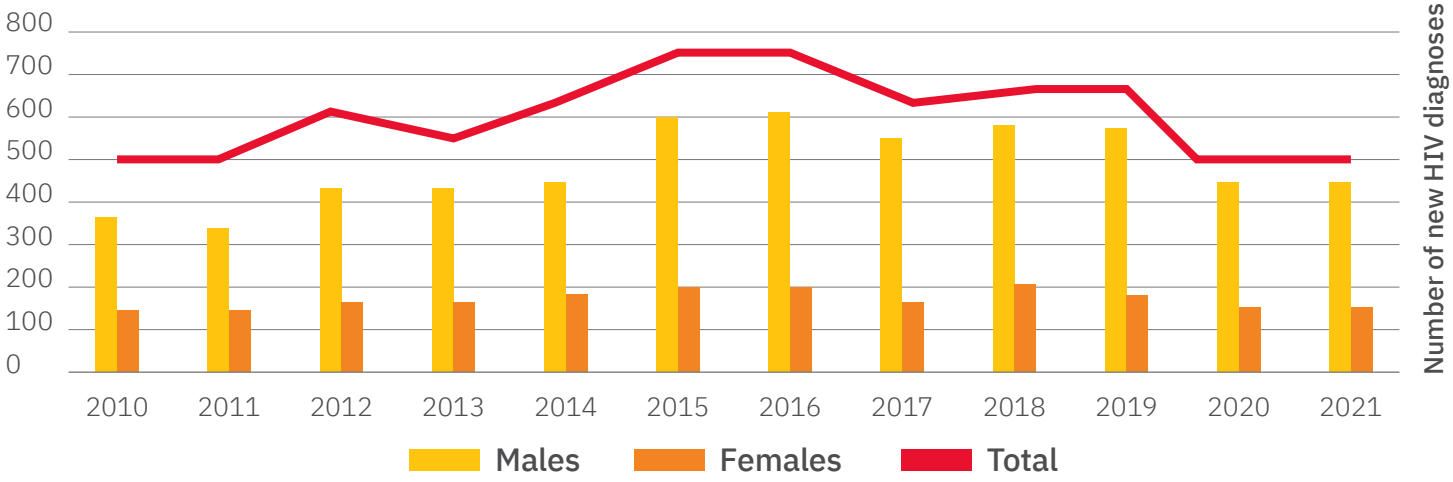
Georgia remains a country with a low HIV prevalence, with concentrated epidemics in key populations (KPs), mainly among MSM and, in some regions, people who inject drugs (PWID). The rate of new HIV diagnoses in Georgia was 0.14 per 1000 people in 2021. Despite the low HIV prevalence among the general population and signs of a decrease in new HIV diagnoses, evidence of high HIV prevalence among MSM and the rates of recent HIV transmission in this population indicate ongoing transmission and the potential risk that the HIV epidemic among MSM is worsening.

Based on the latest estimated data (Spectrum 2022, UNAIDS), the number of people living with HIV (PLHIV) is 8,100, and the HIV prevalence among general population is 0.3%, while prevalence is twice as high among the male population (0.4%) than among the female population (0.2%). Based on 2021 data, there are around 660 new cases of HIV transmission occurring each year in Georgia.

Over the last decade, the number of new HIV diagnoses has increased from 455 since 2010 to 717 in 2015; but has remained relatively stable in 2017–2019 ranging from 630 to 672. A sharp (21%) drop in newly diagnosed HIV cases between 2019 and 2021 was recorded, which may partially be explained by the COVID-19 pandemic and its effect on case detection.

The actual number of new HIV diagnoses was 520 in 2021, including 417 new HIV diagnoses among males (See Figure 1). During the same year, 192 AIDS diagnoses and 98 deaths were reported among PLHIV. Among new HIV diagnoses where data on CD4 cell count is available, late diagnosis was reported in 55% of cases. Most new HIV diagnoses were reported among the age group 35–44[1].

FIGURE 1. NUMBER OF NEW HIV CASES PER YEAR AMONG MALES AND FEMALES, AND IN TOTAL



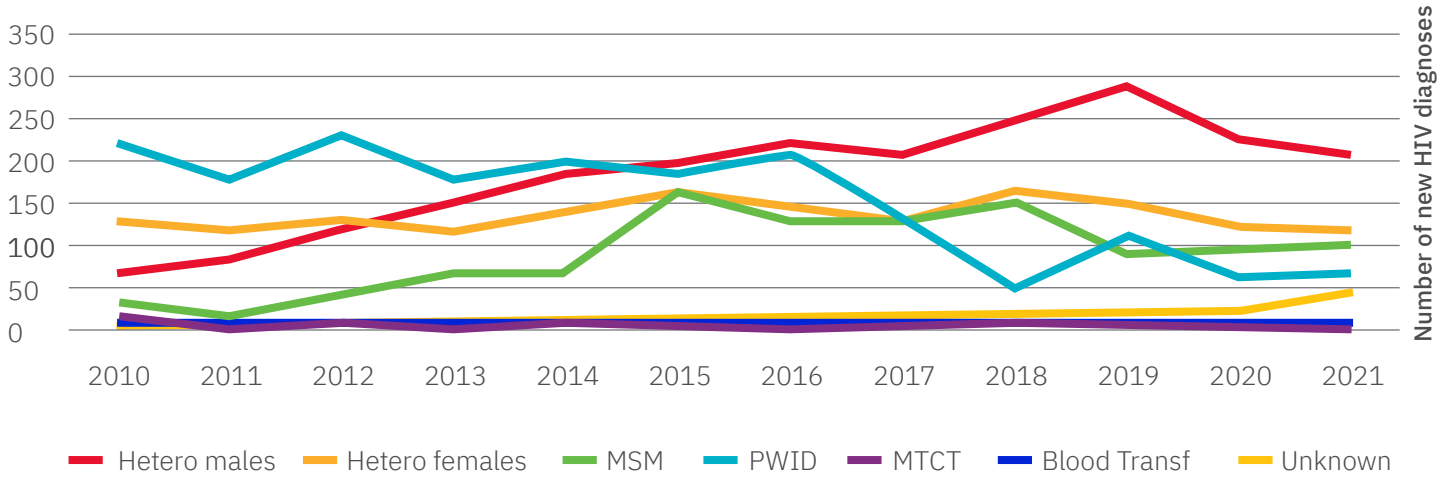
Source: National AIDS Center, 2022

[1] Georgian National Strategic Plan on HIV for 2023-2025

Despite COVID-19-related restrictions, new HIV diagnoses resulting from sex between men increased by 11% during 2020–2021. In 2021, the predominant mode of transmission was heterosexual contact with 269 new HIV diagnoses (61% of all reported cases), followed by homosexual contact — 90 cases (20%), and injecting drug use — 59 cases (13%).

However, rising instances of new HIV diagnoses due to heterosexual transmission in males was observed during the last decade, and increased almost fourfold from 76 in 2010 to 292 in 2019. This may indicate a hidden HIV epidemic among MSM in the context of high levels of stigma and the non-disclosure of true risk factors (Figure 2).

FIGURE 2: NEW HIV DIAGNOSES AND MODES OF HIV TRANSMISSION, 2010-2021



Source: National AIDS Center, 2022

The test of a recent infection testing algorithm (RITA) for newly diagnosed cases reported in Georgia between 2018 and 2020 also confirmed that HIV transmission among MSM is increasing (Karchava et al., 2021). This mode accounted for 90% of all new HIV diagnoses reported (1,697 out of 1,870) during the given period. A total of 271 (16.0%) newly diagnosed persons were classified as recently infected. The proportion of recent infections was significantly higher in men (17.5% vs. 11.1% for the total cohort). People infected through male-to-male sex (MMS) had the highest proportion of recent infections (33.7% among MMS vs. 13.3% among men infected through heterosexual contact vs. 11.2% among women infected through heterosexual contact vs. 6.7% among PWID, $p<0.0001$).

Data from a recent MSM cohort study conducted by the National AIDS Center showed a very high incidence of HIV infection: up to 6 new infections per 100 person-years of observation (Chokoshvili et al., 2017).

Biomarker and Behavioral Data from 2018 Integrated Biological-Behavioral Surveillance (IBBS) Survey

Unfortunately, there were no new IBBS study results available for key populations, except for the transgender population (in 2021).

According to earlier IBBS studies conducted during 2015–2018 in Georgia, the HIV epidemic disproportionally affects key populations, which exhibit much higher levels of HIV prevalence compared to the general population and other KPs.

Although HIV prevalence varied considerably across the cities included in the study, it was high in all three: 21.5% in Tbilisi, 15.6% in Batumi and 9.6% in Kutaisi in 2018 (See Table 1).

Syphilis levels were also high: 7.9% in Tbilisi, 22.1% in Batumi.

Hepatitis C prevalence was: 2.6% in Tbilisi, 1.8% in Batumi.

Table 1: HIV prevalence among MSM population

Key Population	HIV Prevalence		
City	2012	2015	2018
Tbilisi	20.7%	25.1%	21.5%
Kutaisi		22.3 %	15.6%
Batumi			9.6 %

The 2018 IBBS conducted among MSM shows high levels of sexual activity and risky sexual behavior with both male and female partners. Condom use during the last anal intercourse was reported by 76.1% study participants in Tbilisi, 71.2% in Batumi and 69.9% in Kutaisi. Less than half of MSM reported consistent condom use during anal sexual intercourse in Tbilisi (48.7%) and Kutaisi (44.9%); in Batumi, only slightly more than one-third did so (34.6%). Particularly high-risk behavior, such as engagement in group sex activities, was reported by one-third of MSM in all three cities.

MSM POPULATION SIZE ESTIMATION

Population size estimations (PSE) of KPs were conducted regularly in Georgia, but due to the COVID-19 pandemic, no recent estimation is available for KPs including MSM. Previous PSEs showed an increase in the estimated size of certain KPs (such as MSM, PWID), a decrease in others (prisoners), while the population of female sex workers (FSW) remained stable. The last PSE among MSM was carried out in 2018, and estimated the size of this population at 18,500, an increase of 7% since 2014 (See Table 2).

Table 2: Population size estimations among MSM

Population	Population size estimation	Year, sources
MSM	18,500	2018, Population size estimation of MSM in Georgia, report was published in 2019
	17,215 [11,677-27,577]	2014, Population size estimation of MSM in Georgia, 2014 / reported through the GARPR process

HIV prevention & testing cascade

HIV prevention services are provided by government institutions and by civil society organizations (CSOs). Community-based services for key populations, including MSM are mainly provided by CSOs and funded by the Global Fund.

CSOs work in close collaboration with state institutions, such as AIDS Centers and STI treatment clinics.

HIV testing and treatment services are offered free of charge by the state to all KPs including MSM.

A small number of CSOs provides HIV prevention services for MSM. These include the NGO "Tanadgoma", and the CBOs "Equality Movement" and "Identoba".

Basic HIV-prevention services for MSM include: risk-reduction counseling and HIV testing, as well as information about available HIV prevention services, sensitization on PrEP; pre-and post-test counseling for HIV; and distribution of informational materials, condoms and lubricants. These key community-based prevention services are made available through NGO staff and peer outreach workers in the four largest cities (Tbilisi, Kutaisi, Zugdidi and Batumi), including through mobile units, as well as through online services. In addition to these prevention services, HIV testing is also made available at the community level through blood-based rapid diagnostic tests (RDTs) and HIV self-tests (HIVST).

MSM also have access to an ***extended or so called "add-on" HIV service package.*** This includes medical consultations; PrEP; referrals for STI diagnosis and treatment; tuberculosis (TB) screening and referrals for treatment; screening for hepatitis C (HCV) and referrals for free treatment under the national hepatitis eradication program; hepatitis B vaccination; mental health support; and legal support services and monitoring of human rights violations (NSP 2023–2025).

The existing registration system for prevention services for key population uses a unified reporting form and universal 15-digit unique identifier codes (UIC) for all key populations including MSM.

HIV clinical services (e.g. confirmatory testing and treatment) are available by referral to the National and Regional AIDS Centers through the state HIV programs. Linkage to care is also supported by the peer navigation system.

Coverage with HIV Prevention Programs and HIV Counseling and Testing (HCT)

In Georgia, HIV testing includes facility-based, community-based, and self-testing. The national HIV testing program is state-funded, with the exception of self-testing, which is funded by the Global Fund's HIV Program.

Coverage of MSM with defined HIV-prevention packages (at least two services are provided, of which one must be condom distribution) has steadily increased in recent years. Since 2020, however, the COVID-19 pandemic has had an overall negative impact on the uptake of health services in Georgia, including HIV prevention, by MSM. In response to the challenges presented by the COVID-19 pandemic, innovative service modalities have been developed, which include automated online services for ordering HIV prevention packages with home delivery by peer workers or courier services; vending machines providing a range of HIV prevention commodities; and online counseling services. COVID-19 prevention commodities, such as hand sanitizers and face masks, were added to the HIV prevention package. Nevertheless, despite significant efforts, the coverage of MSM did not reach 2019 levels (53%), but remained at 43% of the estimated HIV-negative population size in 2021[2] (See Table 3).

Table 3: Coverage of MSM with prevention services in Georgia, 2019-2021

Key Population	PSE	Coverage	2019		2020		2021	
			No.	%	No.	%	No.	%
MSM	18,500 – 2000	Prevention services	8,798	53%	6,976	42%	7,160	43%

Facility-based testing is carried out at AIDS Centers, primary healthcare and specialized facilities, including antenatal clinics, penitentiary health facilities, regional laboratories, blood banks, emergency clinics, in all surgery wards, as well as in private clinics. Increasingly, RDTs are being used at the primary health care level, with a view to facilitating access to integrated HIV and HCV testing.

Provider-initiated testing (PIT) is offered to all patients with TB, viral hepatitis or other categories of diseases, and to pregnant women receiving antenatal care. Furthermore, 100% of donated blood collected at blood banks is screened for HIV and other blood-borne diseases.

Community-based HIV testing is primarily conducted among key populations by NGOs/CBOs. Such activities were previously supported by the Global Fund, but rapid testing for PWID has been covered by the state since 2020; for FSW since 2021; and for MSM since January 2022 (excluding HIVST). These CSO service providers conduct HIV testing using RDTs, as well as HIV self-tests (HIV saliva self-tests) kits, the most recent of which was piloted with Global Fund support.

The COVID-19 pandemic has also affected uptake of HCT by MSM, particularly in 2020 when coverage with HCT increased by only 1% compared to 2019. However, COVID-19 mitigation measures introduced with the support of the GF C19 funding mechanism, including expansion of HIVST, helped community-based organizations to reach 35% of the estimated HIV-negative MSM population with HIV testing in 2021, which is 5% higher than coverage in the year prior to the outbreak of the COVID-19 pandemic (See table 4).

[2] Global Fund program data, 2019, 2020 and 2021.

Table 4: Coverage of MSM with HIV testing, Georgia, 2019-2021

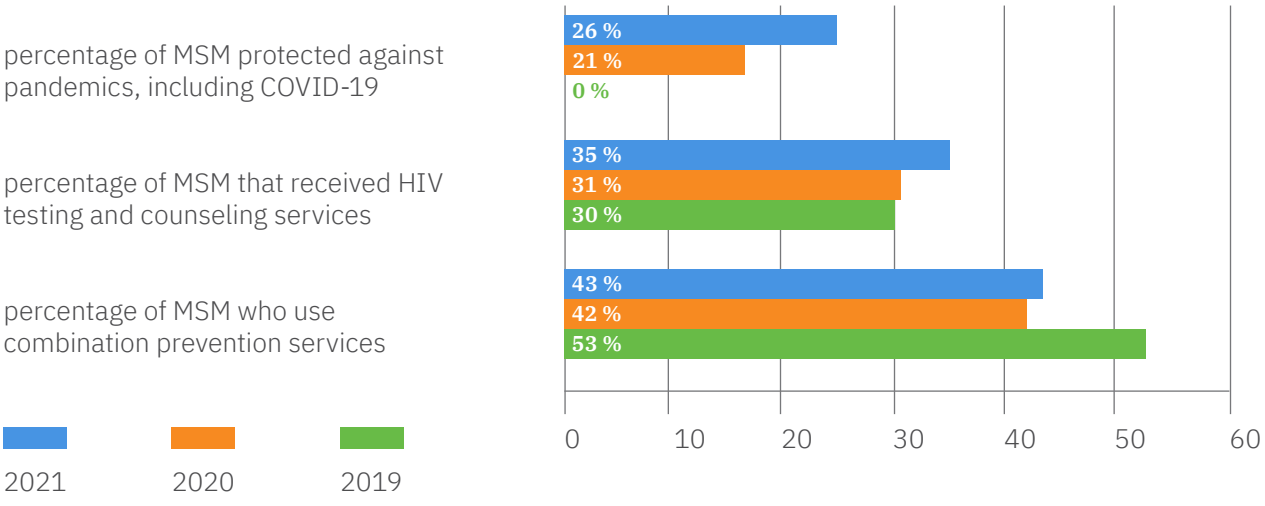
Key Population	PSE	Coverage	2019		2020		2021	
			No.	%	No.	%	No.	%
MSM	18,500 – 2000	HIV test	4,955	30%	5,097	31%	5,770	35%

Figure 3 summarizes HIV prevention and testing coverage for MSM during 2019–2021[3]. It also reflects the percentage of MSM protected from COVID-19 through the provision of the face masks and hand sanitizers included in the HIV prevention and HIV self-testing packages distributed to community members during 2020 and 2021[4]. Such data is not collected on a routine base, and the percentages were calculated based on personal communication with the CSO community workers providing services through the GF HIV prevention Program. As of October 10, 2022, COVID-19 vaccination coverage was 34.4% in the general population. Unfortunately, no data was available on COVID-19 or monkeypox vaccination rates among MSM as the vaccination registration system does not include such data on individuals.

An interesting online survey was conducted by the European AIDS Clinical Society (EACS) and the European Center for Disease Prevention and Control (ECDC) during July-August 2022 using the Hornet and Grindr applications in 25 countries of Europe including Georgia in order to assess the attitudes of MSM towards vaccination in general and monkeypox vaccination in particular. 130 MSM from Georgia took part in the online survey. 40% (52) reported that they would get vaccinated if the monkeypox vaccine were available, while 26% (34) said they would "probably" get vaccinated.

In terms of coverage of MSM with preventive treatment for tuberculosis (TPT), a lack of data on this indicator was identified last year during the preparation of a new funding request to the Global Fund. Relevant interventions have been designed to support data collection on this indicator, and to increase the coverage of all PLHIV, including MSM, with TPT. The relevant indicator will also be added to the HIS.

Figure 3. HIV prevention and testing of HIV- MSM during 2019-2021 in Georgia



[3] Global Fund Progress Reports with Disbursement Request 31 Dec. 2019 and 31 Dec. 2020

[4] Personal communication by NGO Equality Movement, October 2021.

Experiences with HIV self-testing

HIVST was introduced in Georgia relatively recently, and is expected to be scaled up considerably in the near future. It was first piloted in Georgia among MSM and transgender people in 2020. Beneficiaries are required to register anonymously on an electronic platform, and can receive self-tests through three different delivery methods: 1) peer outreach workers; 2) courier service; 3) vending machines. Special attention has been given to developing a functional feedback system, and to the provision of information and assistance by NGOs to ensure effective linking of positive cases to subsequent confirmatory testing at the AIDS Center and enrollment in antiretroviral treatment (ART), care and support.

Experience to date has shown that HIVST is popular among MSM with good rates (>70%) of reporting back[5]; HIVST has been included in the National HIV counseling and testing protocol, which was last updated in November 2021.

The focus has been on increased on HIV testing, particularly among KPs in Georgia. However, the percentage of HIV-positive individuals detected by HIV prevention service providers through routine testing is not large: around 20% of the total number of newly detected cases. Often, the same persons were tested several times, while others, in particular "hidden key populations", such as MSM, avoided being identified as such because they are married or bisexual, and were not tested. The country plans to revise its HIV testing strategy and introduce new interventions that will allow better penetration of the network of MSM and their bisexual partners.

Confirmatory testing

HIV-positive cases detected at the facility or community level are referred to the National AIDS Center in Tbilisi (individual or blood sample) for confirmatory testing. The testing algorithm has been updated according to the latest WHO recommendations, which provide for replacement of the Western Blot test by a simplified testing algorithm to confirm HIV-positive test results. The Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs (MoIDPLHSA) has now adopted these recommendations, and the use of Western Blot tests is expected to be discontinued beginning in 2023.

Linkage to care

Georgia adopted the WHO's "Treat All" policy in 2015. All confirmed HIV cases are eligible for ART and other HIV care and support. The AIDS Center ensures that all newly diagnosed patients are informed of their status, and enrolled in care and treatment. In addition, NGO service providers for key populations support newly diagnosed clients by assigning case managers to them who provide direct, personal support to these clients during the enrollment process and for adherence to treatment. As confirmatory testing and linkage to care is carried out by the National AIDS Center, they are able to link newly diagnosed individuals, including MSM, to care very effectively.

In addition, ***the Georgian HIV/AIDS Patients Support Foundation,*** which was established in 1999, offers face-to-face and online consultations, runs a hotline to support PLHIV in the process of enrolling in treatment and care, and provides adherence support.

[5] Personal communication by NGO "Tanadgoma", October 2021.

Progress towards the 95-95-95 targets

Georgia has made significant progress towards meeting the UNAIDS95–95–95 targets over the last few years.

According to joint reporting by the National AIDS Center and NCDC, the country's progress towards the first 95 target (percentage of PLHIV who know their status) continues to be the main bottleneck in the overall HIV care cascade in Georgia. Depending on the estimated total number of PLHIV (which varied between 2019 to 2021), only between two-thirds (64%) and three-quarters (76%) of all PLHIV know their HIV status. In 2021, when the estimated number of PLHIV was 8,100 according to Spectrum, this indicator reached 88% (UNAIDS Country Facts Sheet, 2022).

Since Georgia began implementing the WHO "Treat All" policy in 2015, it has made considerable progress in regard to the third 95 target with a remarkable achievement of 96% by the end of 2021. However, the indicator for the second 95 target was relatively poor: 80% at the end of 2021, while this reached 84% prior to the COVID-19 pandemic.

UNAIDS Spectrum provided steadily increasing estimates for the number of MSM living with HIV in Georgia over the last three years (See Table 5).

	2019	2020	2021
Estimated Number of MSM (Spectrum Estimates)	1900	1996	2000

Table 5. Estimated number of MSM during 2019-2021 in Georgia (Spectrum, UNAIDS)

These estimates provide the basis for the cascade of HIV care for MSM.

Progress made towards the achievement of the first 95 target among MSM increased during the last three years, but still only reached 51% of the estimated number in 2021. The main reasons for the low level of HIV case detection among MSM include high levels of stigma, fear of discrimination, and homophobia.

HIV-positive MSM who know their status, linked to care

HIV care and treatment services in Georgia are coordinated by the Infectious Diseases, AIDS and Clinical Immunology Research Center (National AIDS Center) in Tbilisi. ART and care services are provided in five locations: Tbilisi, Kutaisi, Batumi, Zugdidi and Sokhumi. In addition, the AIDS Center has a mobile unit that delivers ARV drugs to patients. The AIDS Treatment Center in Sokhumi, the capital of the occupied region of Abkhazia, has been providing services since 2008 with funding from the Global Fund.

Current ART and care services provided by AIDS Centers include the provision of free outpatient and inpatient services, adherence support and monitoring, and palliative care services for chronically ill patients. The National AIDS Center in Tbilisi provides overall coordination of treatment and care services at the national level.

Most people diagnosed with HIV are effectively linked to care and provided with ART. In particular, MSM who are aware of their HIV-positive status understand well the benefits of early linkage to care and rapid initiation of ART in Georgia. The percentage of HIV-positive MSM linked to care was 97% in 2019 and 2020, and dropped slightly to 96% in 2021.

Second 95 target: HIV-positive MSM who know their status receive ART

Table 6 presents the number of male and female patients on ART during the period from 2019 to 2021 in Georgia. It shows that men represent almost 70% of all ART patients.

ART patients	2019	2020	2021
Male	3,504 (69.4%)	3,773 (69.9%)	3,980 (69.8%)
Female	1,548 (30.6%)	1,627 (30.1%)	1,725 (30.2%)

Table 6: Number and percentage of male and female ART patients in Georgia, 2019-2021

The adoption of the "Treat All" policy resulted in an increase in the number of patients in treatment, from 3,044 in 2015 to 5,709 in 202119.

In 2015, when Georgia first adopted the WHO's "Treat All" policy, only 62% of the registered number of PLHIV were enrolled in treatment. The adoption of the "Treat All" policy has resulted in a considerable increase in this percentage, which reached 80.1% by 2021 (UNAIDS, Country Facts Sheet, 2022). Among MSM, this indicator was even higher during the last three years: 83% in 2019 and 2020 and 84% in 2021.

In general, about one in seven (14%) of PLHIV who have been diagnosed are currently not on ART. Stigma and discrimination are an important reason why some PLHIV who have been diagnosed are not enrolled in treatment, as they are afraid that community members or their families will find out about their HIV status. The level of stigma and fears of discrimination or breaches in confidentiality are much higher in relation to MSM, which discourages them from visiting medical institutions. Another reason for this relates to the fact that although all newly diagnosed PLHIV are recommended to begin treatment the day of diagnosis, some do not feel the need start ART, as their CD4 count remains very high and they have not yet developed any HIV-related symptoms.

NGO-based peer navigators and AIDS Centers, including through mobile units, try to find any individuals who are lost to follow up, and bring them to the AIDS Center, in order to re-enroll them in ART. PLHIV who are seasonal migrants traveling to other countries, such as Turkey, Greece, and Ukraine, represent another category of people who are lost to follow up. They are able to receive a 6-month supply of ART, although many are working abroad illegally and are unable to travel to refill their medication.

Third 95 target: HIV-positive MSM receiving ART have a suppressed viral load

Adherence support is ensured through clinic-based services provided to all persons receiving ARV drugs, as well as through out-of-clinic and home-based support provided by dedicated mobile adherence units. This service is delivered at patients' homes, and includes a consultation on adherence with a physician or nurse, the provision of ART, and blood sample collection for laboratory monitoring. The latter service was established in 2008 with support from the Global Fund's HIV Program. However, in 2019, it was transitioned to state funding.

Psychological and social support for HIV patients is provided by NGO service providers and the Georgian National Association of Palliative Care. The Georgian HIV/AIDS Patients Support Foundation provides educational and psychological services, including peer support to PLHIV, including HIV-positive MSM.

The CBO "Equality Movement" has special adherence support interventions provided through group meetings and online for MSM living with HIV.

These interventions are aimed at achieving higher rates of viral suppression among PLHIV who are on treatment, including HIV-positive MSM. The overall national value for this indicator was 96% in 2021. The percentage of MSM receiving ART with a suppressed viral load was a bit lower: 92% in 2019 and 2020, which was improved to 94% in 2021.

Figure 4 represents the full cascade of HIV care for MSM for 2019–2021. As seen below, the relatively problematic steps in the cascade include the First 95, with only slightly more than half of MSM knowing their HIV status, and the Second 95, as 16% of MSM who know their status have not yet started taking ART.

Pre-exposure Prophylaxis (PrEP)

Georgia was one of the first countries in the EECA region to introduce pre-exposure prophylaxis (PrEP). It was initially introduced in 2017 in the capital city Tbilisi as a pilot program by the NCDC with support from the Global Fund. The NCDC has outsourced the service to the National AIDS Center. The CBO "Equality Movement" was contracted by the National AIDS Center to carry out sensitization and select relevant candidates for PrEP from the community. Target coverage for the pilot program was 100 MSM.

The pilot program was successfully completed in 2018 with 106 MSM enrolled. It was subsequently expanded to the Adjara and Imereti regions, which both have a large estimated number of key populations and higher HIV burdens.

In 2020, the PrEP program was further expanded, which resulted in a cumulative total of 425 MSM enrolled in PrEP. The number of MSM enrolled in PrEP increased to 744 in 2021.

Below, Table 7 summarizes the number of current PrEP users, new beneficiaries, and the continuation of PrEP among MSM during 2019, 2020 and 2021.

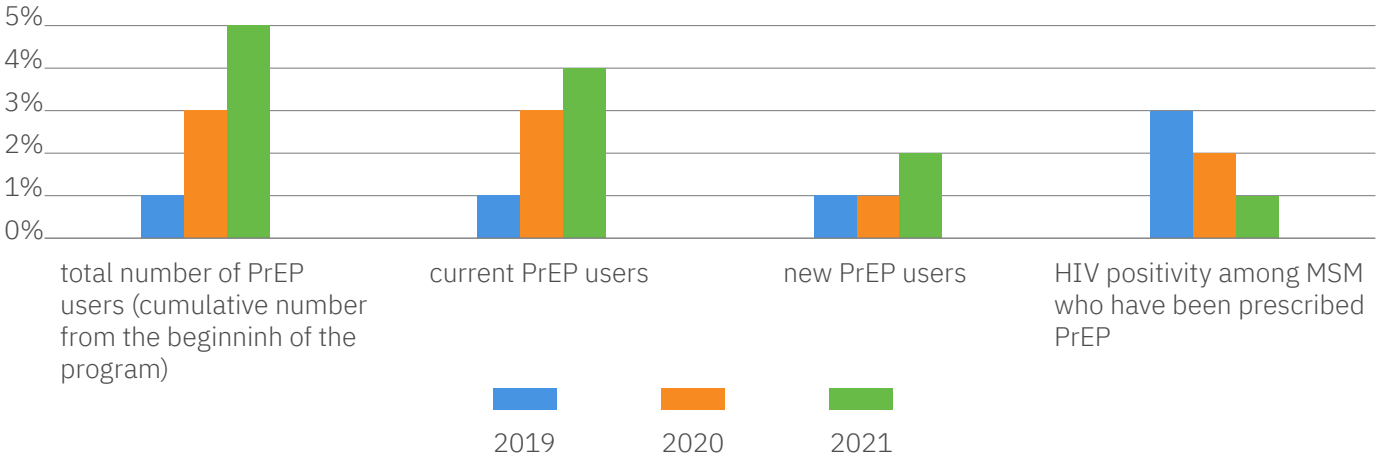
Table 7. PrEP Cascade for MSM in Georgia, 2019-2021

Indicators for PrEP Cascad	2019	2020	2021
Total number of PrEP users (cumulative number from the beginning of the program)	200	425	744
Current PrEP users	200	423	742
New PrEP users	94	223	316
Users continuing PrEP	0	2	3
HIV-positive MSM who were prescribed PrEP	6	7	11

Source: PrEP Program Reports, CBO "Equality Movement"

The estimated number of HIV-negative MSM in Georgia is 16,500 (Spectrum Estimate for 2021). Based on this estimate, the percentage of MSM enrolled in the program would be 1% of the total number of eligible MSM (HIV-negative) in 2019, 3% in 2020, and 5% in 2021. The percentage of MSM newly enrolled in the program does not exceed 2% per year. Only 2 MSM in 2020 and 3 in 2021 restarted treatment after discontinuing it for more than three months. The number of MSM who acquired HIV while enrolled in PrEP increased from 6 to 11 between 2019 and 2021, but in terms of percentage, decreased from 3% of total PrEP users in 2019 to 1% in 2021 (See Figure 5).

Figure 5. PrEP Cascade for MSM during 2019-2021 in Georgia



Source: PrEP Program Reports, CBO "Equality Movement", GF HIV Program).

The CBO "Equality Movement" began community-based implementation of PrEP in January 2020. This has proven to be an effective service, and was sustained over the following years. A physician from the National AIDS Center holds regular office hours at the CBO "Equality Movement", and provides community-based counseling and PrEP to MSM and other KPs enrolled in the program.

Georgia has begun moving towards on-demand PrEP (UNAIDS, 2020a, p. 2); in this regard, the PrEP protocol was recently updated, allowing access to other KPs.

To date, the vast majority of PrEP clients are MSM, with only a few PWID and FSW on PrEP. The latter two groups have so far shown low interest in the program. This underscores the need for increased access to PrEP medicines, as well as for strengthening demand among these groups. In addition, there is anecdotal evidence that a considerable number of MSM clients do not use PrEP drugs properly according to the protocol. Rather, they take PrEP in a post-exposure manner, i.e. only after they have engaged in unprotected sex. One of the reasons for this may be that clients do not want to take PrEP drugs on a continuous basis. PrEP uptake must also be further strengthened among young MSM, which is the main population that engages in 'chem-sex', the sexualized use of drugs to enhance sexual pleasure, which may increase the risk of HIV-transmission. This highlights the importance of adequate PrEP education for current and future beneficiaries of the program.

Enabling environment

Georgia's National Strategic Plan on HIV for 2023-2025 has been aligned with global and regional HIV strategies for addressing stigma, discrimination and inequalities, and aims to reach the following UNAIDS targets:

- **Less than 10% of PLHIV and key populations experience stigma and discrimination;**
- **Less than 10% of PLHIV, women and girls, and key populations experience gender-based inequalities and gender-based violence (GBV);**
- **Less than 10% of countries have punitive laws and policies.**

Georgia is not free of punitive laws and policies in relation to HIV.

Drug use is criminalized in Georgia, and sex workers and PLHIV are subject to laws that explicitly criminalize actions or omissions related to their identity or chronic illness. Georgian legislation imposes criminal or administrative punishment for the transmission of HIV.

Homosexual relationships are not criminalized, however, MSM and trans people face widespread homophobia and transphobia.

On the one hand, national legislation contains provisions protecting all people from discrimination. In addition, general legislation on HIV infection contains provisions to protect PLHIV from stigma and discrimination. On the other hand, however, PLHIV face direct discrimination due to criminal and administrative provisions related to their HIV status.

Legal support services are an important element of comprehensive services for key populations, including MSM. Representatives of key populations require legal support in cases where their legal and health rights are violated, e.g. in relation to access to health care or employment, in cases of physical or sexual violence, or as a result of homophobia. In this regard, legal services as part of a wider range of community-based services may strengthen the uptake of specific HIV-prevention and other health services for key populations, and improve their impact on health outcomes. Moreover, legal support may also improve access to health and HIV services and help to protect against HIV-related risks and vulnerabilities.

Legal support services provided by professional and paralegal staff are available to key and other vulnerable populations in several Georgian cities. One of the first initiatives in this field was a project implemented in Tbilisi and Batumi for MSM only[6], which was funded by French Solidarité Sida.

The experiences and lessons learned from this project have been used by the Tiberius project, which is still ongoing. The Tiberius project finances the provision of legal support by several NGOs[7] to key and other vulnerable populations in Tbilisi and Kutaisi.

[6] Personal communication by Tanadgoma, October, 2021.

[7] NGOs involved in the Tiberius project include Tanadgoma, Equality Movement, NewWay and Women for Freedom.

Legal support is provided by paralegal staff, including seven outreach workers ("street lawyers") and five counselors. The legal support services build on already existing outreach and counseling services, with paralegal outreach staff working in close collaboration with other NGO staff involved in HIV-prevention programs. In the context of COVID-19 restrictions, paralegal outreach work is also provided online.

Another project offering legal support is REAct (Rights-Evidence-ACTion), which is being implemented as part of the Global Fund #SoS regional project. Implementation of REAct in Georgia began in December 2019 in Tbilisi, and is still ongoing. REAct is a human rights monitoring, response and advocacy system that is owned and managed by 21 Georgian CBOs that operate under the umbrella of the Georgian Harm Reduction Network (GHRN) in six large cities of Georgia: Tbilisi, Telavi, Gori, Zugdidi, Poti and Rustavi. The project provides referrals, legal and medical assistance, shelter, transport, and psychosocial services. Furthermore, the project aims to inform quality human rights-based HIV programming, policy and advocacy at the national and regional levels. In particular, REAct focuses on marginalized and/or criminalized communities, including PLHIV, PWUD, LGBTIQ people and sex workers, all of whom are at high risk of facing human rights violations[8].

The REAct program employs 32 so-called "reactors", paralegal staff who are coordinated and supported by a professional lawyer. These reactors document human rights-related barriers that hamper people's access to HIV and health services, but may also include broader human rights-related barriers. Cases that require professional legal services are referred to one of two professional lawyers.

During the first six months of 2022, the project documented 191 cases of legal or human rights violations, of which 33 were reported by MSM. The cases related to violations of human rights by the private sector (cases related to housing and employment), by individuals (GBV, hate speech) and by medical professionals (judgmental attitudes). In 44% of these cases, REAct succeeded in providing full legal or administrative support. In 37% of cases, the MSM who reported the human rights violation refused to pursue the case, most probably due to stigma or a fear of being outed.

In addition, a number of CBOs have been working with the Young Lawyers Association of Georgia in order to provide free legal services to PLHIV in cases of employment, social, or health-related discrimination.

According to the Ombudsman's report of 2021 on the "Positive obligations of law enforcement to protect the equality of vulnerable groups", the largest number of criminal cases involving vulnerable groups were related to gender issues (178); an actual investigation of the case was carried out in less than half of these cases (85)[9].

[8] Personal communication and project documents available from the SoS project and REAct, December 2021.

[9] Ombudsman's Report "Positive obligations of law enforcement to protect the equality of vulnerable groups", 2021

GENDER-BASED VIOLENCE

Gender-based violence remains a serious problem in Georgia, however such cases are rarely officially reported. In this context, Georgia adopted the Gender Equality Law in 2010 which recognized GBV as a cross-cutting issue affecting the lives of victims with diverse cultural, educational, health, economic, psychological, employment, and political characteristics. Corresponding National Action Plans to combat GBV and protect survivors were developed in 2011, 2014 and 2016. These plans primarily focused on changing attitudes towards GBV and reducing violence against women, but did not adequately consider GBV issues related to HIV and the LGBTI community.

While the Gender Equality Law defines discrimination solely on the basis of sex, the Law on the Elimination of All Forms of Discrimination was adopted in 2014 to "ensure equal rights of every natural and legal person" under the legislation of Georgia. This law provides the basis for legal protections for LGBTI people. Same-sex sexual acts between adults are legal, and the age of consent for both hetero- and homosexual people is the same. Furthermore, the 2017 Georgian Labor Code prohibits discrimination against LGBTI people in employment, military serving, education, or in the provision of health care. Despite these laws, however, LGBT people continue to face substantial discrimination in Georgia (UNAIDS, 2020, pp. 3–4).

According to the National Ombudsman's Report of 2021[10], out of a total of 155 cases of discrimination reported to the Ombudsman's office in 2019, only 14% related to gender-based (GB) discrimination. The percentage of GB discrimination out of the overall number of discrimination cases reported to the office further decreased to 6% in 2020 (N=133 cases).

In addition, access to shelters or crisis housing is particularly limited for key populations, who need such services following cases of domestic or sexual violence. Currently, state funded shelters do not accept LGBTI people. With Global Fund C19 2021 financial support, a shelter was opened in 2022 for LGBTI people who experience GBV. It aimed to provide services for up to 60 people in 2022, and will continue to operate in 2023.

In 2020, the UNFPA Georgia, NCDC, and the NGOs "Tanadgoma" and "Equality Movement" continued to direct efforts towards strengthening the health system response to domestic violence (DV) and GBV (UNAIDS, 2020, pp. 3–4).

Monitoring of DV/violence against women (VAW) has continued using the Risk Assessment Tool (2019) to enable family doctors to identify high-risk cases of violence, and refer such cases to specific services. Furthermore, the Global Fund grant has supported prevention of GBV and capacity building for service providers working with KPs, which resulted in the establishment of a working group on GBV and the development of a GBV response plan. In 2020, the UNFPA and NCDC joined forces to develop a GBV training module and communication plan for organizations working with KPs. The module is also available as an online training.

[10] Ombudsman's Report "Assessment of the LGBTID Rights Protection in Georgia", 2021

STIGMA AND DISCRIMINATION

There continues to be a high level of stigma and criminalization of KPs due to widespread, traditional, conservative and religious attitudes and norms.

Data on stigma and discrimination among the general population and medical professionals in Georgia is not available for recent years. However, according to earlier studies, including the MICS study conducted among the general population of Georgia in 2018, 58% of participants provided a negative response to the two questions about HIV-related stigma. Table 8 below contains the specific questions and percentages of negative responses.

Table 8. Results for questions about stigma and discrimination from the 2018 MICS study in Georgia.

Question	Percentage of negative response
Percentage of adults (15-49) who responded No to the question: Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	48.5
Percentage of adults (15-49) who responded No to the question: Do you think that children living with HIV should be able to attend school with children who are HIV negative?	40.4
Percentage of adults (15-49) who responded No to both questions	58.5

UNAIDS Country Facts Sheet, 2022

Widespread stigma towards PLHIV and key populations, in particular MSM and transgender people, among the general public and relevant professionals, including health care workers, is a critical factor that limits the effectiveness of the national response to HIV (APMG, 2018, p. 51). Service delivery for MSM is problematic, especially in smaller cities, due to very high levels of stigma. MSM who are HIV-positive face multiple forms of stigma. Individuals do not talk openly about their status within their communities (APMG, 2018, p. 21)

Unfortunately, data on stigma is not available, such as the percentage of medical professionals and law enforcement officers who have negative attitudes towards MSM. There is also no data on the percentage of MSM who experience stigma and discrimination due to their sexual orientation, or SOGI-based violence and other inequalities.

However, public attitude towards MSM has slowly changed over the last three years with some positive developments.

"FROM PREJUDICE TO EQUALITY: Studies on Public Knowledge, Awareness and Attitudes Towards LGBT(Q)I Community and Legal Equality" conducted by the Women's Initiatives Supporting Group (WISG) in 2016 and 2021 confirmed such positive changes. According to the research, the value for homophobia on the Attitudes Towards Gay (ATG) scale slightly decreased from 3.82 to 3.46.[11]

Despite some positive changes, stigma among health care workers continues to be a problem, and creates significant disincentives for key populations to access services (APMG, 2018, p. 51).

Despite available data, it was not possible to construct the actual cascade for the enabling environment. The recommendations section addresses this gap in data, and supports integration of the relevant section in the IBBS survey tool to generate the data necessary for the construction of this cascade. The next round of IBBS is planned for 2023.

[11] The "Women's Initiatives Supporting Group (WISG)", FROM PREJUDICE TO EQUALITY studies of 2016 and 2021.

Community Involvement

Aside from ART and STI testing and treatment, HIV interventions in Georgia are fully implemented by CSOs. The Global Fund's HIV Program provides continued support to CBOs working with LGBTQI people through capacity-building interventions, as well as funding. In Georgia, two CBOs work with MSM:

- **CBO "Equality Movement" provides HIV prevention services, community-based PrEP services, HIV testing and counseling services, HIV self-testing, screening for STIs and TB, referrals to treatment services and peer navigation support, mental health and legal support, referrals to shelters for GBV victims, and ART adherence support for HIV-positive MSM. The services are provided in two locations: Tbilisi and Zugdidi.**
- **CBO "Identoba" provides all of the same services mentioned above in two locations: Kutaisi and Batumi.**

In addition, the following NGOs work directly with MSM:

NGO "Tanadgoma" provides HIV prevention services, HIV testing and counseling services, HIV self-testing, screening for STIs and TB, referrals to treatment services and peer navigation support, mental health and legal support, and referrals to shelters for GBV victims. The services are provided in five locations: Tbilisi, Kutaisi, Batumi, Zugdidi and Telavi.

- **NGO "HIV Patients Support Foundation" works with HIV-positive MSM, and provides psychosocial and ART adherence support in four locations: Tbilisi, Zugdidi, Kutaisi and Batumi.**
- **NGO "Georgian Harm Reduction" runs the REAct project to document and respond to cases of human rights violations among MSM and other KPs.**

ART services are provided by the National AIDS Center and three regional AIDS Centers through the State HIV Program.

STI diagnostic and treatment services are provided by the LTD "Georgian Association of Dermatovenorologists" through the State HIV Program.

The National Strategic Plan on HIV for 2023–2025 also supports sustaining the involvement of community organizations in the provision of HIV services following the transition to state funding. The plan's Resilience and Sustainable Systems for Health (RSSH) components include relevant capacity-building and policy change interventions, as well as support for community-led monitoring of efforts to meet the co-financing and transition obligations of the country.

Figure 6 provides a summary of the community's involvement in HIV testing and treatment, and in the provision of HIV prevention services in Georgia during 2019–2021.

As shown in Figure 6, the country still lags behind the 30–80–60 targets for the meaningful involvement of the community in the provision of HIV services; the actual results are 14%-22%-

11%. The low level of achievement is related to the relatively underdeveloped network of CBOs who work with MSM. However, the performance and participation of existing organizations in the national HIV response is quite high.

Progress towards 30-80-60 targets: meaningful involvement of the community

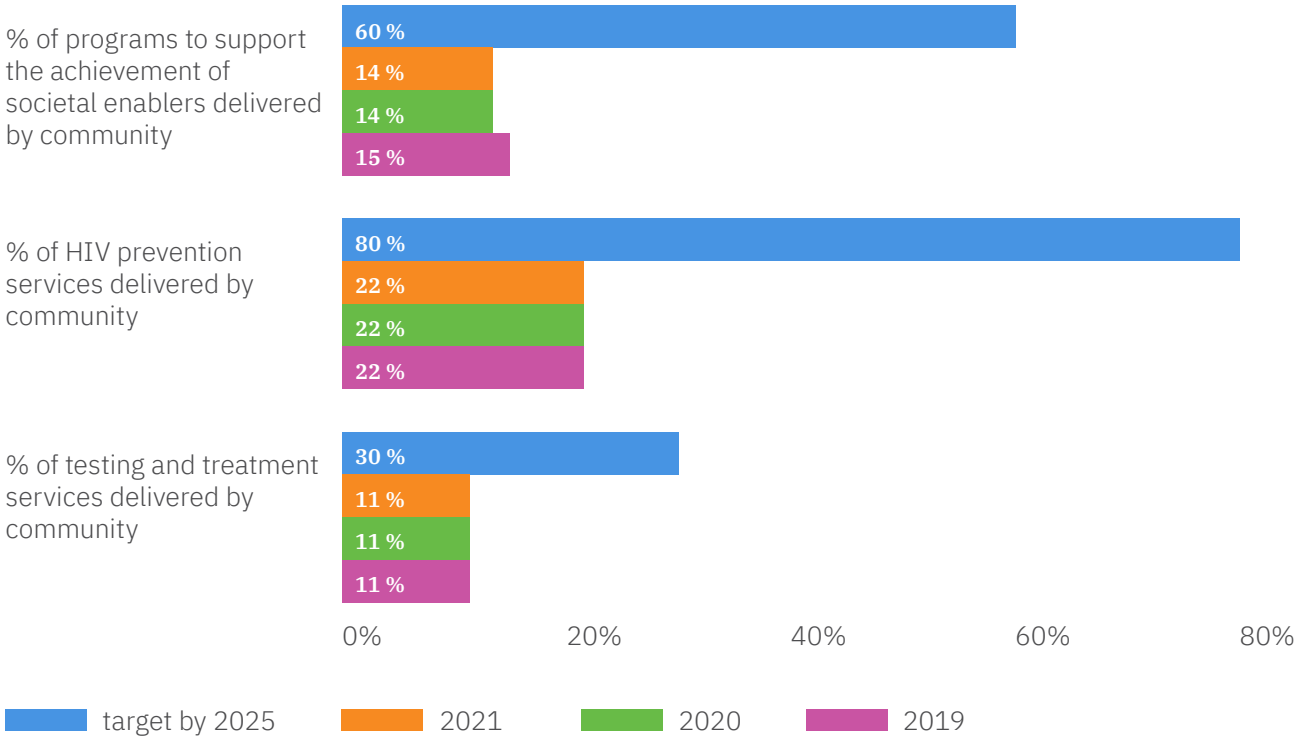


Figure 6. Community Involvement in HIV service delivery

Recommendations

- Improve HIV case detection among MSM through the scale-up HIV testing, including HIVST; support the implementation of better focused and more effective testing strategies, such as vector testing; pilot and implement incentivized, peer-driven HIV testing models;
- Conduct phylogenetic analysis to better understand HIV transmission modes among male patients in Georgia;
- Strengthen implementation of the test-and-treat strategy through early initiation of ART, and communication interventions led by peers, and support follow up to improve timely enrollment of HIV-positive MSM in ART; maintain and further improve community-based interventions for ART adherence support;
- Scale up implementation of daily and on-demand PrEP programs with a clear differentiation between the two; support daily PrEP for MSM with a higher risk of HIV exposure; improve PrEP counseling and the educational components of the program;
- Test, implement and/or maintain innovative HIV prevention interventions, such as the online provision of HIV counseling and online ordering of HIV prevention commodities delivered by peers or through courier services, and the use of dating applications to raise awareness about and promote available HIV prevention services;
- Conduct IBBS and PSE studies among MSM to update information on HIV prevalence and risk behavior within the population, and support informed programming and decision-making on HIV prevention interventions for MSM; incorporate questions related to the enabling environment cascade in the IBSS survey tool;
- Conduct a stigma-index study using the UNAIDS methodology to collect data on HIV-related stigma and discrimination, including multiple forms of stigma and homophobia in relation to MSM, which is comparable with other countries in the region and globally;
- Improve community-based monitoring of GBV and human rights violations by sustaining and scaling up programs, such as REAct, which use community members themselves to document legal and administrative cases and seek professional legal support;
- Support peer-led educational interventions for MSM to combat stigma and discrimination, such as “Know your rights”;
- Work with the CCM of Georgia, the Ministry of Internally Displaced Persons from Occupied Territories, Labor, Health and Social Affairs of Georgia, the Parliament and the Ombudsman’s Office to improve responses to GBV, hate speech and hate crimes, and cases of discrimination reported by MSM; provide relevant health, social and legal support and shelter as necessary;
- Conduct media campaigns to reduce the level of homophobia among the general population, especially among men;
- Integrate an HIV-related stigma and discrimination prevention training module in the standard curriculum of medical schools, as well as in educational programs for social workers in order to reduce the level of stigma and prevent future cases of discrimination against MSM in medical institutions and social assistance programs;
- Conduct trainings on HIV-related stigma and discrimination for health care professionals and law enforcement officers in order to raise awareness, prevent discrimination and judgmental attitudes, and to decrease levels of homophobia.

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