ECOM

BEST PRACTICE

ANONYMITY IN THE HIV PRE-EXPOSURE PROPHYLAXIS PROGRAM: GEORGIA'S EXPERIENCE

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ABBREVIATIONS AND ACRONYMS

EECA	Eastern Europe and Central Asia
HIV	Human immunodeficiency virus
The Global Fund	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
ECOM	Eurasian Coalition on Health, Rights, Gender and Sexual Diversity
STI	Sexually transmitted infection
LGBT	Lesbian, gay, bisexual, transgender people
ICF	International Charitable Foundation
MSM	Men who have sex with men
NPO	Non-profit organization
NGO	Non-governmental organization
AIDS	Acquired immunodeficiency syndrome
Trans people	Transgender people
Trans community	A group of people whose gender identity does not fully correspond to the gender assigned at birth
AIDS Center	The Center for Infectious Diseases, AIDS, and Clinical Immunology — a state medical institution that specializes in the diagnosis, treatment, and prevention of HIV/AIDS and other infectious diseases
COVID-19 / coronavirus infection (COVID-19)	An infectious disease caused by the SARS-CoV-2 virus
PrEP	HIV pre-exposure prophylaxis

For many people from key populations, a visit to a medical facility is a choice between care for their health and fear that their personal information might become known to others. In countries where stigma and discrimination remain a reality, confidentiality becomes a crucial factor in accessing services. A person may be aware of treatment and preventive services and understand their effectiveness, but still refuse them if they aren't confident their identity will be protected and their privacy preserved — or turn only to non-governmental organizations, where the risk of exposure is lower and trust is higher. In the countries of the Eastern Europe and Central Asia (EECA) region, where homosexuality is still stigmatized or even criminalized, a visit to an HIV clinic may, in some countries, trigger a social catastrophe: job loss, estrangement from family, public condemnation, and rejection.

In Georgia, the anonymity of HIV services isn't just declared — it's enshrined at the state level.

Georgia is an example of a country where ***the anonymity of HIV services isn't just declared, but enshrined at the state level***. This made it possible to launch a pre-exposure prophylaxis program within the framework of the already existing coded registration system and to rely on a certain level of trust that had already been established in the community.

- *Imagine: you go to a clinic or organization to receive PrEP services, and you don't need any ID. You can give any name — Giorgi, Alexander, Nino — just make sure to remember it for your next visit. No documents. No risk that someone will learn about your sexual orientation or HIV status. This isn't fiction. This is the reality of the PrEP program in Georgia, where a unique system of anonymous client identification through 15-digit codes has been in place since the program began in 2017. And most importantly, this anonymity extends to state healthcare facilities as well, which use the same coding system as non-governmental organizations.*

The system of ***15-digit codes***, which has been used in Georgia for HIV services since the early 2000s, was easily adapted for PrEP-related work. Thanks to this, the program was successfully launched without additional barriers: the number of service recipients grew rapidly from 100 people in 2017 to more than 2,000 by the end of 2025, and trust in PrEP remains consistently high.

FROM A PILOT PROJECT TO A NATIONAL PROGRAM

The PrEP program in Georgia was launched in October 2017 as a ***pilot project funded by the Global Fund***. The initial goal was modest — to reach 100 clients. For the first three years, PrEP was available only in state clinics. Clients would come in, receive medication, and get tested, but for many MSM, visiting a state healthcare facility was associated with the risk of status disclosure and created a certain ***psychological barrier***.

2020 was a turning point. The COVID-19 pandemic pushed the public health system ***to rethink its service delivery model***. During this time, non-governmental organizations (NGOs) became full partners in PrEP provision programs for the first time.

> *"Before 2020, PrEP was only available in clinics. But during the pandemic, we decided to provide community-based HIV pre-exposure prophylaxis, and it worked very well," says Lasha Nonikashvili, from Equality Movement, one of those who started its implementation in the country.*

PrEP in Georgia: facts and figures

- ***2017**: the program reached 100 clients, in Tbilisi only; the service was provided only through state clinics.*
- ***2020**: the program expanded into the community-based sector; public funding was added.*
- ***2024**: more than 2,000 beneficiaries reached; PrEP is provided in three cities in the country (Tbilisi, Batumi, Kutaisi).*
- ***2024**: PrEP service delivery begins in Batumi and Kutaisi.*
- *The program is implemented through mixed funding: the Global Fund (NGO level) + the state (clinical services, medication, laboratory tests).*

HEART OF THE SYSTEM: HOW 15-DIGIT CODES WORK

The central element of Georgia's practice is the coded client registration system. It existed in the country long before the introduction of PrEP and is used to this day for all HIV services, regardless of whether the service is provided in a state institution or by non-governmental organizations. In other words, at the time PrEP was launched, the anonymity infrastructure was already in place and functional.

STRUCTURE OF THE CODE: WHAT IT CONSISTS OF

The 15-digit code is made up of the following elements

ELEMENT	WHAT IT REPRESENTS
First letter of first name	Real or fictitious — the client's choice
First letter of last name	Also real or fictitious
First two letters of mother's name	Can be fictitious
First two letters of father's name	Can be fictitious
Date of birth	Format: DDMMYYYY (e.g., 15051990)
First letter of place of birth	Can be fictitious
Group code	1 = MSM, 2 = women, 3 = trans people

- *Example: if someone calls themselves Levan Georgadze, born on May 15, 1990, in Tbilisi, has a mother named Mariam and a father named Giorgi, and is MSM, the code would look something like this: LG-MA-GI-15051990-T-1.*

But — and this is the key point — ***none of this data is verified***. The client can give any name, any date, any place. The main thing is to ***remember*** what information they provided during registration.

> *«We don't require any personal documents. A person can give any first and last name; the main thing is to remember them. For example, if my name is Lasha, but I said that my name is Giorgi, I just need to remember that at the clinic I said that I am Giorgi. And that's it,» explains Lasha Nonikashvili.*

LEGAL FOUNDATION: WHY IT WORKS

The 15-digit code system isn't just good practice of one NGO. It's the law. A special resolution of the Cabinet of Ministers of Georgia requires all medical institutions working in the field of HIV to use this system. The resolution is updated every year and regulates the provision of general medical services. This fundamentally distinguishes Georgia from most countries in the region, where anonymity depends on the goodwill of specific organizations or individual doctors. If the director of a clinic changes or a new government comes to power, the system remains. Because ***this is not a privilege, but a right guaranteed by law***. Unification of the system means that a person can receive PrEP at an NGO, get tested at an AIDS Center, treat STIs at a specialized clinic, receive other HIV-related services — using the same code everywhere. Medical history is preserved, identity remains protected.

The coding system is enshrined at the state level and is mandatory for medical institutions working in the field of HIV. This means that anonymity doesn't depend on any particular organization or project. It's part of the national standard for service delivery.

WHAT IT LOOKS LIKE IN PRACTICE: A VIRTUAL QUEUE AND COMPLETE ANONYMITY

Theory is one thing. But how does the system work in real life? Here is a typical client visit to the Equality Movement NGO in Tbilisi.

- *A client enters the building. There's a tablet with a QR code on the wall. They hold up their phone, scan the code, and are automatically added to a virtual queue. A number appears on the screen — say, 47. The visitor sits down in the waiting area. No conversation with a receptionist. No questions like «What's your name?» or «Can I see your ID?» Just waiting. If you want to chat, you chat; if not, you just wait. Ten minutes later, the screen lights up: «Number 47 — the doctor is ready.» The client stands up and walks straight in to see the doctor. Even if someone else is sitting nearby in the waiting room, they know nothing about that person — not even their name.*

This isn't just a convenience. It's protection. In a society where being MSM means risking your job, family, and safety — the ability to come and go without leaving any trace of your identity is a matter of survival. The doctor knows only the code. The system records the medical history. But no one knows who you really are. If you don't want to share.

RESULTS: GAME-CHANGING TRUST

The most important outcome of the Georgian model isn't numbers, but trust. For HIV services, trust isn't an abstract concept, but a tangible factor that determines whether a person will seek help or stay home, risking their health.

Non-governmental organizations in Georgia directly link the program's sustainability to the level of trust among users. Anonymity here isn't a technical detail, but a mechanism for retaining clients in the system.

In the context of HIV prevention, trust is a practical resource. PrEP requires regular engagement with medical services and, consequently, a long-term relationship between the client and the service provider. Without trust in confidentiality, such a model doesn't work.

How users perceive coded registration matters too. For them, this isn't a formal procedure, but a real guarantee of safety. The ability to use a pseudonym gives a person a sense of control over their own identity. This is especially important for those living in conditions of social vulnerability.

> *"We didn't have any issues related to confidentiality. Trust in these programs is genuinely high... If you don't have trust, you just shut down — no one will come to you,» says Lasha Nonikashvili.*

This statement captures a key feature of the program: ***trust isn't a side effect — it's a structural condition for its existence***.

CAMPAIGN THAT CHANGED EVERYTHING

But anonymity is only half the story. The second part is communication. How do you get people to stop fearing PrEP and start talking about it openly?

The first communication strategy, rolled out alongside the launch of PrEP in 2017, didn't work as expected. It was too clinical and formal. Then the Equality Movement team tried a different approach — ***speaking the community's language and using visual symbols that resonate with the target audience***.

In the PrEP communication campaign, clear and friendly imagery was used instead of medical rhetoric, which reduced fear and stigma.

PrEP slogans appeared on stickers, T-shirts, and shopper bags. Informational materials were created specifically for the LGBT community. They went beyond raising awareness of pre-exposure prophylaxis — they framed it as part of a personal self-care strategy, presenting it not as a formal medical service, but as a natural part of one's lifestyle.

> *"This was one of the most famous PrEP campaigns. And from that day on, everyone knew what it was," recalls Lasha Nonikashvili.*

The campaign was also designed to address common fears and myths. At the beginning of the program, the most common questions were:

- Why is it free? Is this some kind of medical experiment on us?
- Why take medication if it doesn't protect against other STIs?

The team worked on reducing stigma through awareness campaigns, explaining how PrEP works and dispelling fears. And it worked.

THE PREP CLUB: WHEN PEERS COUNSEL PEERS (A SUCCESS STORY)

Despite the many new approaches used in Georgia, the key success factor wasn't technology, but people. In 2018–2019, the program's growth stalled: even with six outreach workers involved, the increase in new clients was minimal. The problem turned out to be simple — everyone has a limited circle of contacts. At first, an outreach worker reaches their friends, friends of friends... and then their social network is exhausted.

They decided to try an experiment. Instead of hiring more staff, they created the PrEP Club — a group of volunteers from active community members. Anyone could join and get paid based on results — for each new client they brought in. The key difference from working with standard performance indicators was the approach itself: no rigid targets, no pressure.

> *“It all depended on them... And it worked really well. A lot of people were interested in the program,” says Lasha Nonikashvili.*

The PrEP Club still exists today and remains one of the most effective channels for reaching new clients. Why? Because people trust their friends more than the system. When your friend says, «I take PrEP, and it’s okay» — that works better than any poster.

PROS AND CONS: AN HONEST ASSESSMENT OF THE SYSTEM

Georgia’s anonymous registration system isn’t a perfect solution — it’s a working compromise. Its value lies in its honest balance between client rights and program manageability. This balance is exactly what makes the model sustainable.

PROS

1. **INSTITUTIONAL SUSTAINABILITY**
   Anonymity is built into the state system and doesn’t depend on individual projects. This means predictability and long-term stability. Clients understand that the rules won’t suddenly change, and that their data is protected at the level of the entire infrastructure. Anonymity isn’t a privilege — it’s a right.

2. **HIGH COMMUNITY TRUST**
   Clients see anonymity as a genuine guarantee of safety, not a formal declaration. There’s no software that can identify you from a 15-digit code. People are willing to enter into long-term relationships with the healthcare system because control over their personal information stays in their own hands.

3. **FLEXIBILITY AND MOBILITY**
   The coding system lets clients access services at different locations without disclosing their identity. Moved to another city? Stopped by a different NGO? Medical history is preserved, and confidentiality isn’t compromised.

4. **NGO–STATE INTEGRATION**
   Non-governmental organizations act as intermediaries between the state and the community. They provide a culturally sensitive approach, clear communication, and user support. As a result, the medical system is no longer perceived as a threatening structure.

CONS

1. **WHEN M BECOMES N — CODING ERRORS**
   The system relies on manual data entry and, consequently, is subject to human error. Even a small mistake can create a completely different client profile. This reduces monitoring accuracy and complicates data analysis.

> *“You might mishear a letter,” explains Lasha Nonikashvili. “Someone says M, but I hear N, and that’s what I write down. Then the same person goes to the AIDS Center, where they record it as M. Now the system has two different people — but it’s actually just one.»*

2 NO ACTIVE CLIENT FOLLOW-UP

PrEP requires consistency. This isn’t a one-time service; it’s an ongoing medication regimen. But complete anonymity rules out personalized reminders. The program can’t send personalized reminders or track missed visits. Responsibility for consistency falls entirely on the user. For PrEP, this is a critical factor, since the effectiveness of prevention depends on continuity.

> *«You can’t force someone to come to your facility and get the service. There’s nothing you can do about it. You need to be able to justify why you’re using this personal data, why you’re recording and storing it over a long period of time. I mean more than a year,» says Lasha Nonikashvili.*

Losing contact with a client means breaking the prevention chain. And the system can’t do anything about it — data protection laws prohibit saving contact information without consent.

3 «LOST» BENEFICIARIES

There are hundreds of inactive beneficiaries in the database. Some don’t answer calls; some have left the country (a lot has changed over the nine years of the program, especially in 2024–2025). How many of them are genuinely «lost,» and how many are just duplicates caused by coding errors? No one knows for sure.

4 UNEVEN REACH ACROSS KEY POPULATIONS

Although the program is universal, it’s used predominantly by one group (MSM, around 99%). This points to barriers that anonymity alone doesn’t solve.

5 LACK OF DIGITAL INFRASTRUCTURE

The system has no electronic code carriers, cards, or barcodes. This increases reliance on manual entry and the likelihood of errors. Attempts to implement such solutions are constrained by financial limitations and the political situation.

RECOMMENDATIONS: HOW TO ADAPT GEORGIA'S EXPERIENCE

Georgia's experience shows that an anonymous model can be both stable and effective. But adapting it to other countries in the EECA region requires specific steps.

1 INVEST IN DIGITALIZATION — IT SOLVES A LOT

This isn't about shifting to personalized record-keeping, but about introducing tools that reduce the likelihood of errors. Electronic code carriers, secure QR cards, or digital identifiers could improve data accuracy without revealing the client's identity. Even a simple plastic card would help clients remember their code. Such solutions should be introduced gradually and accompanied by transparent communication with the community in order to preserve trust.

2 CREATE A VOLUNTARY REMINDER SYSTEM

Some users are open to voluntary follow-ups, provided there are clear rules for data storage. The system could offer different levels of confidentiality — from full anonymity to limited contact, at the client's discretion. This approach strengthens retention in the program without compromising the principle of voluntariness.

3 USE A PEER-TO-PEER MODEL

Georgia's PrEP Club showed that community volunteers can be more effective than outreach workers. Why? Because trust in a friend is higher than trust in a system.

How to do this? Recruit volunteers from active community members. Offer performance-based payment (per client). No rigid targets — just voluntary engagement. Provide training in basic PrEP knowledge and counseling.

4 ADAPT COMMUNICATION TO THE COMMUNITY

Medical posters don't work. Georgia's "Top on PrEP" campaign succeeded because it spoke the community's own language, used their own symbols, and made PrEP part of their identity. However, anonymity alone doesn't guarantee equal access. For the trans community and other vulnerable groups, further research into barriers and service adaptation is needed. This may include specialized consultations, staff training, and partnerships with relevant NGOs.

5 BUILD NGO–STATE PARTNERSHIPS

Georgia's PrEP program was made possible through a division of roles: the state provides medical infrastructure and funds medication, while NGOs bring in community trust and a culturally sensitive approach. This isn't competition, but cooperation. Maintaining this balance requires ongoing dialogue and collaborative planning.

IN CONCLUSION: ANONYMITY AS A RIGHT, NOT A PRIVILEGE

Is the system described above perfect? No. It has technical errors (M/N), financial limitations (no cards), coverage gaps (99% MSM, almost zero trans people), and no capacity for active follow-up (lost beneficiaries). But it WORKS. And most importantly, it respects people's dignity.

The key lesson from the Georgian case is that community trust is just as vital a resource as funding or medical infrastructure. Without trust, even the most advanced clinical program remains unused. Georgia's model shows that institutionalized anonymity can create the conditions in which people are willing to seek prevention services.

At the same time, Georgia's experience shows that there are no perfect solutions. Anonymity inevitably limits the possibilities for control and support. But these limitations can be softened through technological and organizational innovation, without compromising the core principle.

For countries in Eastern Europe and Central Asia, the Georgian model offers a practical reference point. It shows that even with limited resources, it's possible to build a system that prioritizes client safety and dignity. That approach is exactly what makes prevention real, not just declarative.