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GEORGIA CCM PUSHES AHEAD WITH TB AND HIV CONCEPT NOTES

Georgia is planning to submit its HIV concept note on 20 April, in Window 6, and its TB note in Window 7 on 15 July. In anticipation, the country coordinating mechanism has scheduled a series of civil society and stakeholder forums for consultation, in order to identify priority areas and high-impact activities that will help the country overcome its concentrated epidemics.

Preparations were in full swing by the end of 2014, with an overhaul of the CCM's administrative management processes. This followed the election in June (see article [here](#)) of a new chairperson for the CCM over civil society concerns about conflicts of interest.

The CCM has also benefitted from technical support from the French government's 5% initiative, which has assisted in the development of the HIV concept note. A USAID consultant is assisting with the TB concept note, Aidspace understands from CCM sources.

Country dialogue opened in January, in an effort to identify core priority areas for both the Fund's concept notes and the country's own national strategic plans. A 25 January civil society forum organized by the CCM featured two panel discussions that were facilitated by local NGOs, and attended by people living with the disease, technical partners, the local fund agent and CCM representatives.

The forum was opened by CCM chairperson, Labor, Health and Social Affairs Minister David Sergienko. In emphasizing the power of close collaboration between government and NGO sectors, he urged forum participants not to limit their engagement in dialogue to listing the challenges but by exploring collaborative and integrated solutions. Without full participation from all stakeholders, he added, the epidemics would continue to spread.

Adherence and provider education identified as key TB priorities

The TB panel offered a window into the challenges facing TB advocates, whose network is considerably smaller than the corresponding network of groups working on Georgia's HIV response. The majority of Georgia's TB-related NGOs are funded through USAID.

The main problem identified by the TB panel was adherence to treatment. One in three patients in Georgia fails to complete the course of treatment, and treatment success rates hover below 50%. Part of the problem, according to panel attendees, is the stigma against TB that is perpetuated even by medical personnel. Another element of the problem is the failure thus far by Georgia to integrate TB care into the primary health system.

Education of health workers about TB was mentioned as a priority, helping to build capacity among primary health care doctors and nurses about TB as one of the most prevalent infectious diseases in the country. Strengthening the TB control system was another priority, developing a mechanism by which state facilities are involved. The current system is run by the private sector, and dependent on the goodwill of individual clinics.

A restrictive policy environment complicates the HIV response

The challenges and priorities identified for HIV were primarily related to the restrictive policy environment in which NGOs operate. Georgia's criminalization of drug use and restrictions on harm reduction activities make it difficult for NGOs to effectively target those who are most at risk of contracting the disease. Marry these restrictions with the rising burden of disease — a prevalence increase from 3.7% to 13% between 2007-2012 among men who have sex with men as just one example — and Georgian NGOs are looking anxiously at the constraints being built in to the national strategic plan.

Priorities identified during the panel were to maintain existing essential services and boost innovative prevention activities that target key populations. These priorities were corroborated by HIV stakeholders attending a workshop in February that was also financed by the 5% initiative aiming to lock in the key aspects of the national strategic plan.

Enhanced collaboration between HIV and TB work was cited as a critical component of the plan, alongside improved access to opioid substitution therapies for both men and women and better advocacy to open the policy environment to new ways of working.

Sustainability for the Georgian HIV response beyond the life of the Global Fund grants — and how to shift resource responsibility to government — was also a hot discussion topic in the stakeholder workshop.

A costed HIV NSP should be finalized and submitted to the CCM by early March, which should have more of a firm delineation of financial responsibility between the state budget and the eventual Global Fund grant. The TB NSP should follow by the end of the month.

CORRECTION: In the 5th from the bottom paragraph, the prevalence rate stated is for men who have sex with men, not sex workers

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