TRANSLATING SCIENCE TO END HIV IN EASTERN EUROPE AND CENTRAL ASIA

AIDS 2018 POST-CONFERENCE SYMPOSIUM

Georgia, 20 June 2019
Innovative prevention methods

Presentation title: *Efforts to improve HIV detection in Georgia*

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HIV response in Georgia is defined by the National HIV Strategic Plan of Action (NSP)
Last update was done in 2018 for the period of 2019-2023
NSP is aligned with SDGs and UNAIDS Fast Track Targets

UNAIDS Guiding Key principles and approaches for HIV prevention:
All prevention interventions should be:
Evidence-informed;
Community-owned;
Rights-based.

Two approaches for HIV programme design:
1. A location–population approach
2. A people-centered approach
UNAIDS Fast Track Targets

Tackling prevention holds the key to ending AIDS as public health threat.

HIV Care Cascade in Georgia

- Estimated number of PLHIV 9360
- 35% is unaware of HIV positive status
- 65% aware of their HIV status
- 84% on HIV treatment
- 89% virally suppressed

Fewer than 500,000 new HIV infections annually

Source: UNAIDS data 2017

www.avert.org
Main objective: To accelerate HIV testing through different service modalities:

Scale up of existing comprehensive programs for PWIDs, MSM, TGs, FSWs and prisoners, including introduction of self-testing among MSMs, TGs, and their partners and clients (with subsequent upscale).

New interventions

**Optimized Case Finding (OCF)** intervention that was first piloted among PWIDs will be further supported to improve HIV case finding among KAPs, first of all among MSM in which we observe higher incidence cases of HIV.

**Index Patient Testing** will be piloted among PrEP social network to identify more HIV positive MSM and link them to care. PrEP beneficiaries will be getting monetary incentives or free tickets to MSM events to bring high risk MSM from their social network for testing.

**Self-testing** - HIV self-testing will be first piloted among MSM and TGs and then implemented at wider scale. Self-testing electronic platform will be developed by the end of 2019 and from 2020 we will start the pilot program to test different models of the service delivery.
Main objective: To accelerate HIV testing through different service modalities:

Global Conference on Primary Health Care
25-26 October 2018 - Astana, Kazakhstan

Task shifting in HIV testing: New role of Primary Care service providers

Primary Care Based Integrated HIV testing

The current pilot program funded through the GF grant tests three different modalities of Primary Care based integrated testing which along with Ambulatories, include outpatient units of proctology and STI clinics.

Integrating HIV testing services in primary healthcare settings provides unique opportunity to extend the service to population segment previously not covered with interventions.

The model will allow rapid linkage to care and ART initiation of identified HIV positive persons; Contact tracing/partner referral of identified HIV positive persons and will contribute to HIV Stigma reduction by offering services in non-specialized medical institutions.
Main objective: To accelerate HIV testing through different service modalities:

**HIV and HCV integrated screening implemented within the hepatitis C elimination Program**

Since 2015 Georgia is implementing the ambitious program to eliminate hepatitis C infection by 2020.

Integrated HIV and HCV testing model that is implemented within the National Hepatitis C Elimination Program will contribute to improved HIV case detection also.

More than 1,500,000 adult population were screened on HCV infection by the end of 2018, but there are still more than 1300,000 individuals that have to be testing to achieve elimination targets.

Thus integration of HIV and HCV screening gives a possibility to screen at least 1 million individuals on HIV infection within this stigma free intervention by 2020.

Only HIV RDT cost is added to the intervention budget.
Main objective: To accelerate HIV testing through different service modalities:

Three Diseases Under one Umbrella – Samegrelo-Zemo Svaneti Pilot
Primary Care based HIV, HCV and TB integrated screening Program

**HCV Prevalence** – 10.9% (Anti-HCV+) 7.27% (HCV RNA+)
[Georgia: 7.7 Anti-HCV+; 5.4 HCV RNA+]
**Estimated number of HCV RNA+ 15,458 (23,238 Anti-HCV+)**

**TB Prevalence** - 120 (100,000 population)
[Georgia 79 (100,000 population)]

**HIV/AIDS Prevalence** - 199 (100,000 population)
[Georgia:136 (100,000 population)]

Population - 320,800
≥ 18 Population – 250,700
Main objective: To accelerate HIV testing through different service modalities using performance based funding model:

From 2019 all interventions funded through GF HIV Program is switching to Performance Based Funding Model

Unit cost of services are defined,

We are planning to get TA for development of Performance Based Funding procurement and reimbursement mechanism

IAS generated evidence in this direction is critically important
Lessons learned

- We need to organize services nearer to patients’ homes and communities
- Implement Integrated testing interventions
- Offer services at Stigma Free environment and respect rights of patients and KAP representatives
- Find right financial and non-financial incentives to improve performance
- Explore novel approaches
Thank you!