The role of CSOs in provision of integrated services to high risk and marginalized groups

Maka Gogia
Georgian Harm Reduction Network
Georgia

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Georgia/Status

- Population 3.7 m
- HCV prevalence of 7.7% in general population¹
  - Highest among EECA countries
- HIV prevalence 0.4% among general population
- HBV prevalence 2.9% in general population¹
- Epidemics concentrated among KPs (MSM, PWID)


¹ National HCV Sero-prevalence survey, NCDC, 2015
More than 20 years of successful engagement of Civil Society organizations (SCOs) in:

- Screening of persons who would otherwise not be tested might seek anonymous HIV testing and learn their HIV status
- PoC diagnostics / confirmatory diagnostics
- Referral
- Linkage to care
- Long term adherence
- Patients education

Georgian Harm reduction network that unites 26 NGOs is playing an important role in ensuring Health and social welfare of people who inject drugs, living with HIV and viral hepatitis and TB or affected by these diseases
Several advantages of SCOs over government agencies:

1) They have rich experience working at the community level;
2) Their autonomous nature allows them to respond more quickly;
3) They have access to marginalized groups;
4) They generally work with the target groups to raise their self-esteem;
5) They can act as a bridge between the community and the national level;
6) They often employ innovative methods; and
7) Their method of operation allows for cost-effectiveness

*Prevention and control of AIDS: the role of NGOs, P.N. Sehgal, PMID: 12284229*
Existing Services (main staff community members)

- MSM
- PWID
- SW
- Prisoners

Screening and Testing on HIV, HCV, HBV, Syphilis, TB
- Sterile injection equipment
- Overdose prevention and naloxone
- Condoms, lubricants
- Risk reduction counselling
- Case management
- Medical, psychological and legal consultations
- Peer-driven interventions and outreach testing, mobile ambulatories (9+1)
- PreP – for MSM and Trans* women
- Support services for PLHIV

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

14 Harm Reduction Sites - IDUs
10 Service Sites – MSM/SWs
4 Support centers for PLHIV
History of provision integrated services to high risk and marginalized groups by GHRN

- HIV prevention and harm reduction from 2001
- Screening on HCV, HBV and Syphilis from 2006
- TB screening and linkage to care from 2013
- Take home Naloxone from 2010
- HCV Point of Care Diagnostics and treatment from 2018
Syringe Vending Machine Trial in Georgia

Funding

• 5% Initiative and Global Fund
• In collaboration with NCDC and GHRN

Components

1. Kit for opioid users
2. Kit for stimulant users
3. Male condoms
4. Naloxone
5. Female condoms
6. Pregnancy test
7. HIV self-tests

Current status:

• 10 machines are already located and functioning in Tbilisi available for PWID, MSM, Trans+ and SWs
A number of services are provided by GHRN

**Screening and testing**
- HIV (self testing)
- HCV
- HBV
- Syphilis
- TB

**Harm reduction**
- Sterile injection equipment
- Distribution of naloxone
- Condoms
- Education

**Support services**
- Case management
- Women-friendly services
- Sexual Partners of PWID
- Medical, psychological and legal consultations
- Patient schools

**Innovative outreach methods**
- Peer-driven intervention
- Effective outreach testing model
- From 2016: mobile lab service

79% of program social/outreach workers are community members

GHRN: Georgian Harm Reduction Network; PWID: people who inject drugs;
Why community members?

- They are well trusted by other community
- They have good connections, networking and mobilization skills
- They know exactly:
  - Who their clients are
  - What their clients need
  - How to deliver different services
  - When to reach them
HARM REDUCTION SERVICE SITE – SCREENING ON HIV, HCV, HBV, SYPHILIS AND TB
HARM REDUCTION SERVICE SITE IN BATUMI – SCREENING ON HIV, HCV, HBV, SYPHILIS AND TB
Community organizations offer HIV and viral hepatitis testing to general population

- To reduce stigma
- To avoid police
- To reach "unreached"
Success story of Community Based Testing in Georgia

Integration of the treatment of hepatitis C in harm reduction sites within elimination program - „one slot shot” service in one day

HCV screened positive

To PoC diagnostics

HCV treatment initiation
Case Management

Low Threshold program

- HIV
- HCV
- HBV
- Syphilis
- TB
- OST

Screening

Risk Counselling

PoC Diagnostic

Linkage to Care

Spatialized Treatment and Care
“Patients’ schools” on HIV, HCV, TB, Overdose
Challenges
Challenges for SCOs in Georgia

- Criminalization of drug consumption
- Marginalization of Risk Groups
- Stigma-discrimination, including by medical personnel
- Lack of innovative and supportive programs to reach hidden population
  - Non-occupational PeP
  - On demand PreP – is not available
  - Peerd Driven Intervention
  - Optimized Case Finding
- Transition after Global Fund and sustainability of comprehensive services
- Increased number of testing indicators by donors year by year
New services that doesn’t exist:

- Non-injecting and new psychoactive substance users
- Chemsex
- Queer women and trans* people
- Youth
- Mental health services for PLHIV, including children
Thanks for your attention!