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

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Georgian Harm Reduction Network

Georgia

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## Georgia/Status





Worldatlas.com

- Population 3,7 m
- HCV prevalence of 7.7% in general population<sup>1</sup>
  - Highest among EECA countries
- HIV prevalence 0.4% among general population
- HBV prevalence 2.9% in general population<sup>1</sup>
- Epidemics concentrated among KPs (MSM, PWID)



## History

More then 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, PN Sehgal, PMID: 12284229

## 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





















14 Harm Reduction
Sites - IDUs

10 Service Sites – MSM/SWs

4 Support centers for PLHIV

PWID

Services (main staff community members)

SW

Prisoners

**MSM** 





# History of provision integrated services to high risk and marginalized groups by GHRN

HIV prevention and harm reduction from 2001

HCV Point of Care
Diagnostics and
treatment from 2018

Screening on HCV, HBV and Syphilis from 2006

TB screening and linkage to care from 2013

Take home Naloxone from 2010

# 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











#### MG10

## Screening and testing

- HIV (self testing)
- HCV
- HBV
- Syphilis
- TB

## Harm reduction

- Sterile injection equipment
- Distribution of naloxone
- Condoms
- Education

79% of program social/outreach workers are community members

#### 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

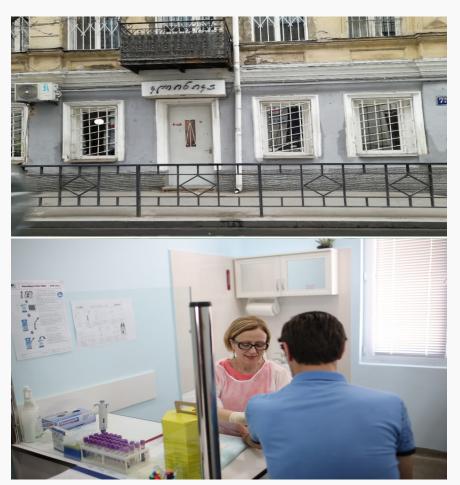




## Why community members?

- 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

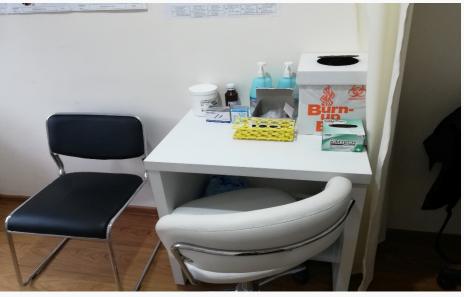






## HARM REDUCTION SERVICE SITE IN BATUMI – SCREENING ON HIV, HCV, HBV, SYPHILIS AND TB







EDUCATIONAL FUND\$



# Community organizations offer HIV and viral hepatitis testing to general population





To reach "unreached"



# **EDUCATIONAL**

# Success story of Community Based Testing in Georgia





#### **Success Stories Profile**

#### Georgian Harm Reduction Network, Georgia

#### HIV and hepatitis C (HCV) in Georgia

There are approximately 7,000 people living with HIV in Georgia, with close to 1,000 new diagnoses being reported in 2017. The main mode of transmission is through heterosexual contact (45.7%), followed closely by injecting drug use (40.9%). Although Georgia has a relatively low HIV/AIDS prevalence in comparison to other countries in Central and Eastern Europe, this figure is expected to rapidly increase in the coming years due to the increased number of PWID.¹ In contrast to HIV, Georgia has one of the highest estimated HCV prevalence in the world with an estimated 250,000 persons infected with HCV. The prevalence of HCV is high amongst prisoners (50%), people who inject drugs (50-70%) and people infected with HIV (47%).²

The Georgian Harm Reduction Network (GHRN) is the key actor in delivering low threshold harm reduction services to PWIDs in Georgia. Apart from service delivery, GHRN pursues advocacy strategies based on human rights and public health principles. It is represented in the inter-agency council on drug policy, as well in National Drug Policy Platform and actively promotes evidence-based drug policies. GHRN is a strong advocate of community systems strengthening and community's inclusion in decision making and implementation processes at all levels.

#### **European Testing Week 2017**

For ETW 2017, through a joint effort coordinated by GHRN and a partnership with the National Center for Disease Control and Public Health (NCPC) who expertes upday the Ministry of



http://www.testingweek.eu/ckfinder/userfiles/files/2018/Success%20stories/2017%20Success%20Story\_GHRN\_FINAL.pdf

# 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

HIV **HCV HBV** Syphilis TB OST

Spatialized Treatment and Care



Low Threshold program



Risk Counselling Screening

Care

PoC Diagnostic

**EDUCATIONAL FUND**%

EDUCATIONAL FUND\$

### "Patients' schools" on HIV, HCV, TB, Overdose









## 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





