



Georgia



COVID-19 RESPONSE AND IMPACT ON HIV AND TB SERVICES

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Executive Summary

Population ¹	3,717,000
COVID-19 deaths per 100,000 population (at 19 March 2021)	98.84
COVID-19 lockdown(s) initiated	Yes – 15th April 2021
Disruption to harm reduction services	Yes
Reduced TB detection	Yes – 25%
Integrated TB and COVID-19 testing	Yes
Reduced access to clinicians	Yes
Reduced access to peer support and/or psychosocial support	Yes
Stockouts of HIV or TB medications	Yes - efavirenz

¹ National Statistics Office of Georgia <https://www.geostat.ge/en> accessed 12 February 2021

Georgia is an upper middle-income country of four million people bordering Russia, Azerbaijan, Armenia, and Turkey. As of 2018, like most countries of similar income levels, noncommunicable diseases account for a majority of deaths, although there are other areas of concern, like TB, placing Georgia in a WHO European region list of high priority countries for TB.² While primary healthcare services in Georgia cover, inter alia, prenatal and obstetric care, cancer treatment, and medicines for priority diseases, a 2018 WHO report detailed inefficiencies and some critical gaps in service delivery.³ While the government introduced a universal healthcare approach in 2013, healthcare delivery is predominantly privatised.⁴ These gaps include suboptimal infrastructure in rural health clinics, and a lack of standardisation of training of medical practitioners.⁵

Despite these observations, Georgia's early COVID-19 responses have been lauded as a positive example for countries struggling

with the pandemic. In May 2020 it had only 652 confirmed cases and 12 deaths, and this was attributed to a combination of measures, including by acting early, imposing quarantine and isolation measures, restricting mass gatherings, partially restricting public transport, mobilising broad support from civil society, and working with the top laboratory in the country to stockpile COVID-19 tests and getting result turnaround time to under 24 hours.⁶ At the beginning of the pandemic, according to the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, a total of 2,500 physicians from 244 facilities (90% of family physicians and 75% of rural physicians) were trained in COVID-19 early diagnosis and infection control, and 405 medical personnel were retrained to provide supervision in quarantine zones.⁷ In addition to this, the country allocated 1,618 hospital beds for critical care,⁸ and conducted contact tracing via telephone or face-to-face interviews.⁹ The latter

² WHO Europe, 'Quality of Primary Health Care in Georgia' World Health Organization (2018) 5 https://www.euro.who.int/_data/assets/pdf_file/0003/373737/geo-qocphc-eng.pdf?ua=1 accessed 14 December 2020

³ WHO Europe, 'Quality of Primary Health Care in Georgia' World Health Organization (2018) 8 https://www.euro.who.int/_data/assets/pdf_file/0003/373737/geo-qocphc-eng.pdf?ua=1 accessed 14 December 2020

⁴ International Finance Cooperation, 'Georgia's Health-care System Overcomes Growing Pains' (November 2018) https://www.ifc.org/wps/wcm/connect/news_ext_content/ifc_external_corporate_site/news+and+events/news/impact-stories/georgia-health-care-system-overcomes-growing-pains accessed 12 February 2021

⁵ WHO Europe, 'Quality of Primary Health Care in Georgia' World Health Organization (2018) 11 https://www.euro.who.int/_data/assets/pdf_file/0003/373737/geo-qocphc-eng.pdf?ua=1 accessed 14 December 2020

⁶ Ketii Khutsishvili, 'The World Can Learn from Georgia's Experience with COVID-19' Open Society Foundations (19 May 2020) <https://www.opensocietyfoundations.org/voices/the-world-can-learn-from-georgias-experience-with-covid-19> accessed 14 December 2020; Nino Mirzikashvili, 'ჯანდაცვის სისტემის გამონვევები საქართველოში მუნიციპალურ დონეზე COVID 19-ის პანდემიის დროს (Challenges of the Healthcare System in Georgia at the Municipal Level during the COVID 19 Pandemic)' On.ge (19 November 2020) <https://on.ge/story/69829-ჯანდაცვის-სისტემის-გამონვევები-საქართველოში-მუნიციპალურ-დონეზე-covid-19-ის-პანდემიის-დროს> accessed 14 December 2020

⁷ Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, and Georgian National Center for Disease Control and Public Health, 'COVID-19 in Georgia: Report of the National Center for Disease Control and Public Health: the Fourth Revision' (September 2020) 2 <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=363920f6-716c-4be0-8b46-fddeb0d60231> accessed 14 December 2020

⁸ Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, and Georgian National Center for Disease Control and Public Health, 'COVID-19 in Georgia: Report of the National Center for Disease Control and Public Health: the Fourth Revision' (September 2020) 2 <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=363920f6-716c-4be0-8b46-fddeb0d60231> accessed 14 December 2020

⁹ Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, and Georgian National Center for Disease Control and Public Health, 'COVID-19 in Georgia: Report of the National Center for Disease Control and Public Health: the Fourth Revision' (September 2020) 10 <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=363920f6-716c-4be0-8b46-fddeb0d60231> accessed 14 December 2020

enabled the identification of a number of large clusters, including in Adjara, Mestia, and Bolnisi.¹⁰ As of September 2020, 26 public and private laboratories are involved in COVID-19 testing program in parallel to the Lugar Laboratory, the main laboratory responsible for PCR testing.¹¹

The picture is very different in February 2021, with 258,000 confirmed cases and 3,178 deaths due to COVID-19. Some attribute this to a lack of human resource capacity, insufficient restrictions, and/or lack of coordination between the federal and municipal authorities, although many countries underwent similar trends upon loosening of restrictions.¹² In September, the city of Batumi in Adjara, a region in the southwest corner of the country (and popular as a holiday destination), saw a sharp increase in the number of COVID cases and deaths - which some attributed to the municipality not imposing strict quarantine measures.¹³

A number of articles have cited a lack of data transparency as being an impediment to the optimal delivery of services. In April 2020, Curatio International Foundation, a civil society

organization based in Tbilisi, commented that while the government's actions in quarantining 9,000 people at Georgian border crossings was a good protective measure, there was no accurate data published on how many of these people had been diagnosed with COVID-19.¹⁴ At the municipality level, one article dated November 2020 comments that simple information about coronavirus is not visible and available on the websites of the municipalities of Tbilisi, Telavi, Gori, Kutaisi, and Batumi.¹⁵ At time of writing, however, there is an official website at stopCoV.ge, available in multiple languages (see screenshot below), displaying data on confirmed coronavirus patients, fatalities, the number of recovered patients, and those in 'clinical hotels', and is updated daily.¹⁶

¹⁰ Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, and Georgian National Center for Disease Control and Public Health, 'COVID-19 in Georgia: Report of the National Center for Disease Control and Public Health: the Fourth Revision' (September 2020) 10 <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=363920f6-716c-4be0-8b46-fddeb0d60231> accessed 14 December 2020

¹¹ Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, and Georgian National Center for Disease Control and Public Health, 'COVID-19 in Georgia: Report of the National Center for Disease Control and Public Health: the Fourth Revision' (September 2020) 5 <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=363920f6-716c-4be0-8b46-fddeb0d60231> accessed 14 December 2020

¹² Nino Mirzikashvili, 'ჯანდაცვის სისტემის გამოწვევები საქართველოში მუნიციპალურ დონეზე COVID 19-ის პანდემიის დროს (Challenges of the Healthcare System in Georgia at the Municipal Level during the COVID 19 Pandemic)' On.ge (19 November 2020) <https://on.ge/story/69829-ჯანდაცვის-სისტემის-გამოწვევები-საქართველოში-მუნიციპალურ-დონეზე-covid-19-ის-პანდემიის-დროს> accessed 14 December 2020

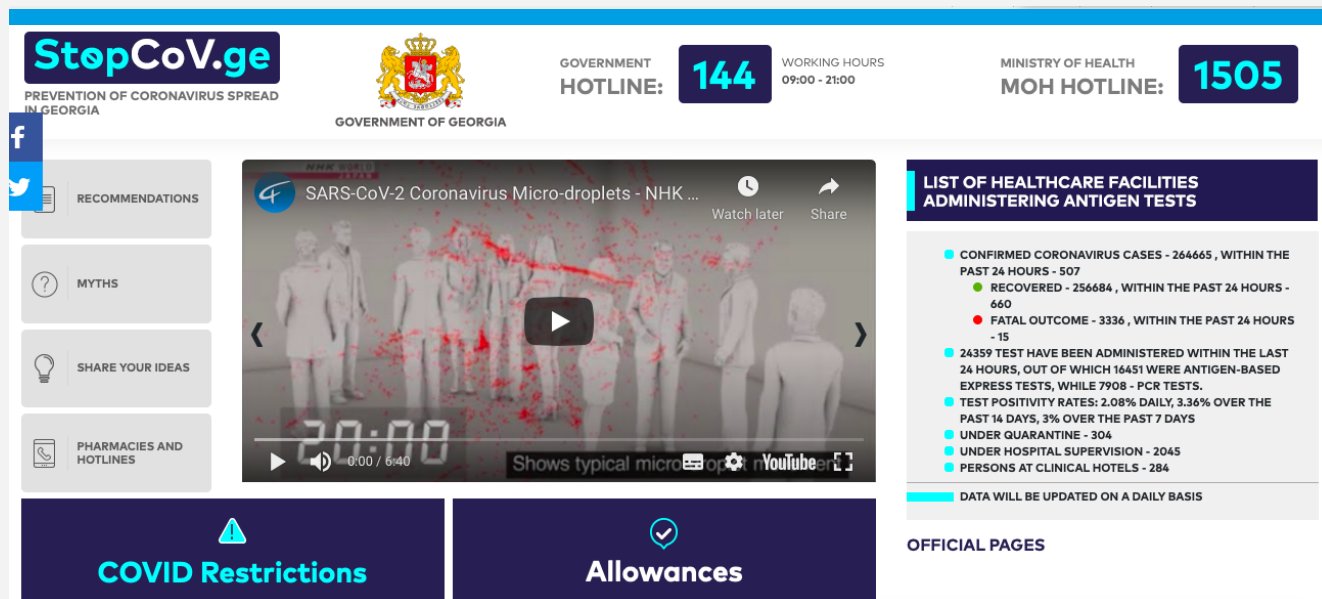
¹³ Nino Mirzikashvili, 'ჯანდაცვის სისტემის გამოწვევები საქართველოში მუნიციპალურ დონეზე COVID 19-ის პანდემიის დროს (Challenges of the Healthcare System in Georgia at the Municipal Level during the COVID 19 Pandemic)' On.ge (19 November 2020) <https://on.ge/story/69829-ჯანდაცვის-სისტემის-გამოწვევები-საქართველოში-მუნიციპალურ-დონეზე-covid-19-ის-პანდემიის-დროს> accessed 14 December 2020

¹⁴ Curatio International Foundation, 'COVID-19 ეპიდემიის გამოწვევები საქართველოში: მკვლევართა ჯგუფის რამოდენიმე მოსაზრება (Challenges of the COVID-19 Epidemic in Georgia: Considerations of a Group of Researchers)' 13 April 2020 <http://curatiofoundation.org/ge/covid-19-ეპიდემიის-გამოწვევები-ს/> accessed 14 December 2020

¹⁵ Nino Mirzikashvili, 'ჯანდაცვის სისტემის გამოწვევები საქართველოში მუნიციპალურ დონეზე COVID 19-ის პანდემიის დროს (Challenges of the Healthcare System in Georgia at the Municipal Level during the COVID 19 Pandemic)' On.ge (19 November 2020) <https://on.ge/story/69829-ჯანდაცვის-სისტემის-გამოწვევები-საქართველოში-მუნიციპალურ-დონეზე-covid-19-ის-პანდემიის-დროს> accessed 14 December 2020

¹⁶ Clinical hotels are described further down in this report, but essentially are quarantine hotels that have been equipped with medical staff and equipment

Figure 1: Official government website StopCoV.ge, showing updated data on the COVID-19 situation



Rising cases threaten to strain health resources for other key disease areas, such as HIV and TB. Our interviews with the National TB Programme indicate that TB detection has reduced by 25%. It should be noted that many national TB programmes across the world are reporting reductions in detection rates of 50-80%, thus Georgia's reduction is relatively low. Despite this, our research indicates a number of key innovations are being instituted or underway to reduce this deficit, including the introduction of AI-assisted X-ray machines.

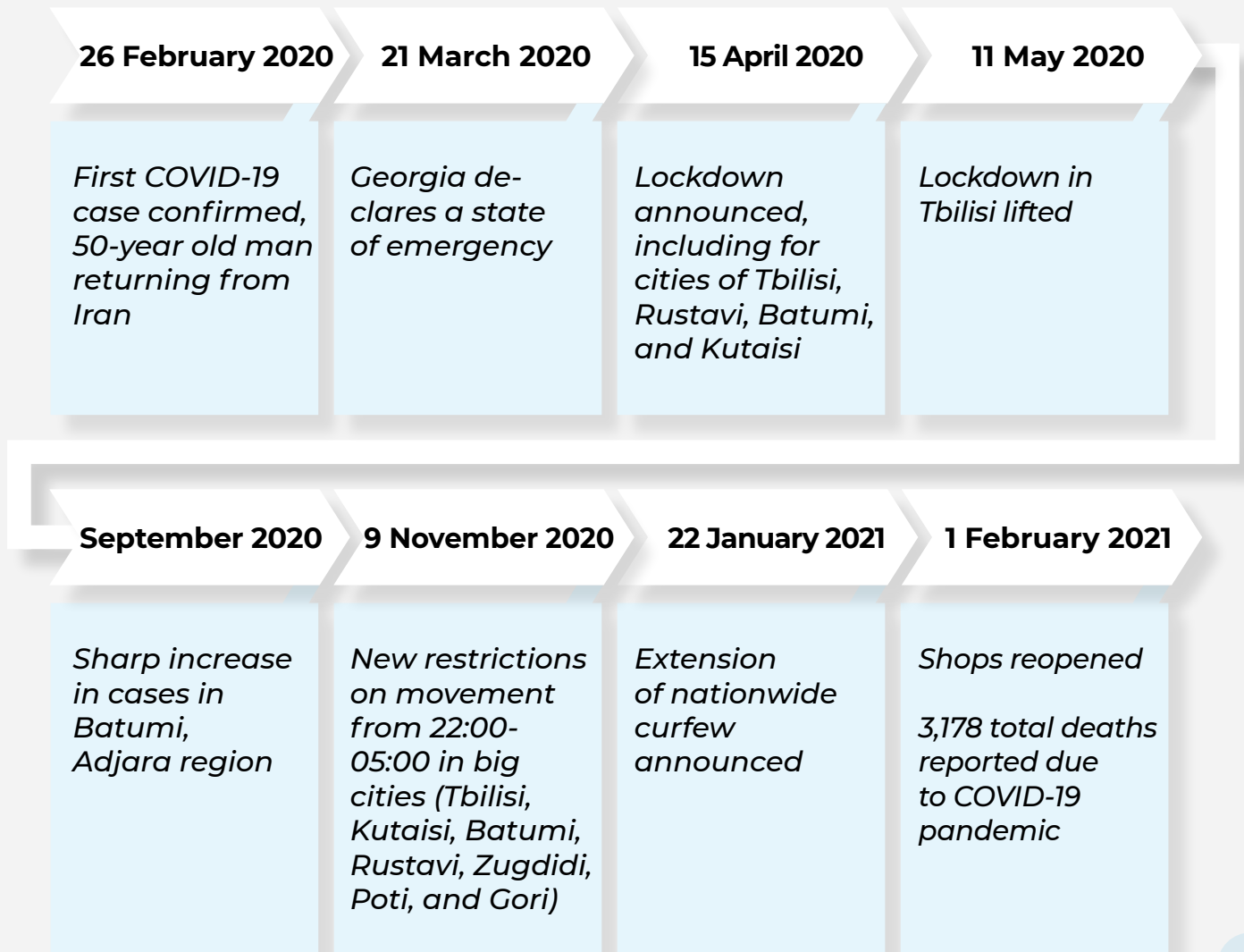
A briefing note¹⁷ prepared for the office of Michel Kazatchkine, the UN Special Envoy for AIDS in Eastern Europe and Central Asia details that due to the reduction of HIV testing during the pandemic, vending machines with self-tests were opened in 8 locations in the capital city, Tbilisi. This was accompanied by a feasibility study of the use of those tests among MSM and PWUDs. Further in the briefing note, it was detailed that the main HIV and TB centers started dispensing medicines for longer periods – 3 months for ARVs, 1 month for TB, and 5

days for methadone. These were disbursed via mobile and peer delivery models. Georgia also developed a co-infection screening and clinical management guide for TB and COVID-19. Given the similarity of symptoms and the possibility of service integration, it would be useful to examine whether there are plans to ensure TB and COVID integrated testing, and whether there is the prospect of using digital x-rays. In this report, we reviewed local press articles and interviewed key stakeholders in the COVID-19, TB, and HIV responses, including Tamar Gabunia (Deputy Minister of Labour, Social Affairs, and Health), Nana Kiria (Deputy Director, National Center for Tuberculosis and Lung Diseases), Nino Lomtadze (Head of Surveillance and Strategic Planning and Coordinator of Global Fund TB Program, National Center for Tuberculosis and Lung Diseases), Maka Gogia (Program Director, Georgian Harm Reduction Network), Kristina (Health Care Specialist, Tbilisi, name changed per request), Georgiy Vachadze (person living with HIV), Nikoloz Mirzashvili (a TB community representative), Liliana Caraulan (TB-REP Program Coordinator, PAS Center), Mariam Jibuti

¹⁷ Michel Kazatchkine, 'Background memo to the briefing on Eastern Europe and Central Asia (EECA)' (25 November 2020) (personal communication)



The COVID-19 Response



(Project Manager, New Vector) and a representative from Tanadgoma, the Center for Information and Counseling on Reproductive Health. With only 19 COVID-related deaths in September 2020,

Georgia's COVID response has been described as 'critically acclaimed'¹⁸ and 'swift'¹⁹ due to strict restrictions, and preparedness interventions, including robust testing infrastructure. As a result

¹⁸ Vlagiszlav Makszimov, 'MEPs praise Georgian political dialogue and COVID response, call for continued reforms' EURActiv (17 September 2020) <https://www.euractiv.com/section/eastern-europe/news/meps-praise-georgian-political-dialogue-and-covid-response-call-for-continued-reforms> accessed 1 February 2021

¹⁹ Rayhan Demytrie, 'Coronavirus: How 'three musketeers' helped Georgia fight virus' BBC News (6 July 2020) <https://www.bbc.co.uk/news/world-europe-53269000> accessed 1 February 2021

of swift interventions, Georgia largely avoided the first wave of the pandemic. In the words of Tamar Gabunia, Deputy Minister of Labor, Social Affairs, and Health:

Georgia managed to avoid the first wave of the epidemic by having very strict regulatory measures. I'll describe how it worked. Starting from February, Georgia introduced strict border control measures and we suspended all incoming flights from China. This was the first intervention. (We then) started thermal screenings at all border points including entry points via air as well as land entry points. And we established the so-called 'quarantine hotels', so if people are coming from abroad, they had to undergo mandatory quarantine for 14 days. This measure was applicable to foreign and Georgian citizens as well, so anyone entering the country were taken to a hotel, and that's where they'd be for 14 days. As the government we cover all costs related to meals, and as well as transportation from an entry point to the quarantine hotels. Then in addition to current in measures we established (our) testing system; we have the world standard Lugar centre, which is a third level biosafety lab established with US government support almost 10 years ago. The centre is well equipped, and we have very well-trained people working on PCR technologies.

Tamar Gabunia described the government response upon discovery of Georgia's first COVID-19 case on 26th February 2020, a man who had entered Georgia via a land border crossing:

The incoming traveller was found (to have) a fever, and was taken to a hospital. The test was taken, and we found him to be positive... of course, we tried to find out if he had any contacts, etcetera, but as it happens we found him to be positive as soon as he entered the country, so he didn't have a chance to contact anyone. So we isolated him immediately, of course, and we treated him and he fully recovered. Then we found more cases. All of the cases that time were imported.

The response was bolstered by coordinated multisectoral efforts between multiple ministries, including the Ministries of Education and Border Security.²⁰ The National Center of Disease Control (NCDC) headquartered in Tbilisi played a central role in the response, coordinating diagnostics, monitoring and surveillance, contact tracing, and public communications and awareness raising, and the training of doctors in COVID-19 and infection control – with preparedness work beginning in January 2020.²¹ This early start bears similarities with other nations who prepared early and avoided high numbers of deaths.²² In

²⁰ Amiran Gamkrelidze and Kieran Walsh, '10 minutes with Professor Amiran Gamkrelidze, Director General of the National Center for Disease Control and Public Health of Georgia' BMJ Leader (12 September 2020) doi: 10.1136/leader-2020-000328

²¹ Amiran Gamkrelidze and Kieran Walsh, '10 minutes with Professor Amiran Gamkrelidze, Director General of the National Center for Disease Control and Public Health of Georgia' BMJ Leader (12 September 2020) doi: 10.1136/leader-2020-000328

²² Fafa Rahman, 'The Malaysian Response to COVID-19: Building Preparedness for 'Surge Capacity', Testing Efficiency, and Containment' DNDi (16 June 2020) <https://kpkkesihatan.com/2020/06/16/the-malaysian-response-to-covid-19-building-preparedness-for-surge-capacity-testing-efficiency-and-containment> accessed 2 February 2021; Po-Chang Lee and others, 'What We Can Learn from Taiwan's Response to the COVID-19 Epidemic' The BMJ Opinion (21 July 2020) <https://blogs.bmj.com/bmj/2020/07/21/what-we-can-learn-from-taiwans-response-to-the-covid-19-epidemic> accessed 2 February 2021

addition to these interventions, individuals and businesses who broke rules during the state of emergency declared on 21st March 2021 were subject to fines (\$1,000 for individuals and \$3,000 for businesses). While there has been some polarisation, one BBC article stated that the measures were broadly supported efforts to combat the pandemic.²³ Quoted in this article is the Georgian Prime Minister Giorgi Gakharia, who stated:

*We took note of the pandemic's threats a month before the first confirmed case. Given our country's specifics, such as our location and small size, we could not use the examples of other countries.*²⁴

The onslaught of the pandemic saw the drastic increase of diagnostics capacity domestically. As of September 2020, 26 public and private laboratories are involved in COVID-19 testing program in parallel to the Lugar Laboratory, the main laboratory responsible for PCR testing.²⁵ According to Tamar Gabunia:

Initially, our testing capacity in March, for instance, was around 300 COVID tests per day. But then we have engaged more private labs, around 22 private labs with COVID PCR testing, and our testing capacity has extended to up to approximately 12,000 COVID tests per day.

Georgia also did not seem to have trouble in procuring additional commodities for the increase in diagnostics capacity, unlike some countries who reported having to compete for PCR machines:²⁶

Actually, all of these labs were well equipped with good PCR equipment. It happens that Georgia was very active in procuring PCR machines for hepatitis C programme, which was started five years ago. For additional materials we use the centralised procurement agency, the National Centre for Disease Control and Public Health (NCDC) also owns the Lugar centres... We have established mechanisms, we know who our supplies are and it has gone quite smoothly. So we actually have

²³ Rayhan Demytrie, 'Coronavirus: How 'three musketeers' helped Georgia fight virus' BBC News (6 July 2020) <https://www.bbc.co.uk/news/world-europe-53269000> accessed 1 February 2021

²⁴ Rayhan Demytrie, 'Coronavirus: How 'three musketeers' helped Georgia fight virus' BBC News (6 July 2020) <https://www.bbc.co.uk/news/world-europe-53269000> accessed 1 February 2021

²⁵ Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, and Georgian National Center for Disease Control and Public Health, 'COVID-19 in Georgia: Report of the National Center for Disease Control and Public Health: the Fourth Revision' (September 2020) 5 <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=363920f6-716c-4be0-8b46-fddeb0d60231> accessed 14 December 2020

²⁶ Fifa Rahman, 'The Malaysian Response to COVID-19: Building Preparedness for 'Surge Capacity', Testing Efficiency, and Containment' DNDi (16 June 2020) <https://kpkesehatan.com/2020/06/16/the-malaysian-response-to-covid-19-building-preparedness-for-surge-capacity-testing-efficiency-and-containment> accessed 2 February 2021

not experienced major issues with procurement of supplies.²⁷

Importantly – and as seen with other countries in this report and elsewhere – pandemic preparedness was built upon from investment in infrastructure for other infectious diseases, such as Hepatitis C in Georgia’s case, and HIV and TB investments in others. Kristina,²⁸ a healthcare specialist from Tbilisi interviewed for this report, spoke of mobile units that had been funded by the Global Fund for the HIV response, that had been repurposed for the COVID response:

From 2019 to 2020, the (mobile) brigade began to be funded by the state and now they are fully covered by it. There was a moment when one of our regions - Marneuli - was completely closed, because there were villages where 98% of the population suffered from COVID. No one was allowed to leave this region. Therefore, the mobile team received a special permit from the Ministry of Health and an equipped team went there and dispensed drugs. The state covered it completely - there were big expenses. The team consists of doctors, nurses and drivers from our HIV facility.

This testimony, while illustrating the value of HIV infrastructure for pandemic response, also

raises important questions about the diversion of resources away from HIV, which we will address in the next section.

As cases rose, Georgia saw the need to invest in the use of antigen rapid diagnostic tests which could return results in less than 20 minutes. Via joint World Bank and Asian Infrastructure Investment Bank (AIIB) funding, Georgia was provided \$25m for procurement of PCR, antigen tests, PPE, and other laboratory equipment.²⁹ Rapid antigen tests have been recommended for use to reduce the burden on laboratories running PCR tests, and as cases increased, Georgia invested in antigen tests for use among symptomatic patients:

We’ve changed the algorithm several times. The current algorithm is that we use antigen RDTs as a first choice test for symptomatic patients. Upon discovering that (someone) has a fever, or other respiratory symptoms, they get antigen testing. If it’s asymptomatic, we still use PCR. It’s positive with the antigen test (for symptomatic patients), then we consider it to be confirmed COVID-19. If the antigen test is negative, but person experiences symptoms, then we do PCR test as a confirmatory test.³⁰

Health staff in Georgia conducted contact tracing via telephone or face-to-face interviews,³¹ enabling the identification of a number of large clusters, including in Adjara, Mestia, and

²⁷ Interview with Tamar Gabunia, Deputy Minister of Labor, Health, and Social Affairs (Zoom, 23rd December 2020)

²⁸ Interview with Kristina, health care specialist (pseudonym used per request) (Zoom, 26th December 2020)

²⁹ Interview with Tamar Gabunia, Deputy Minister of Labor, Health, and Social Affairs (Zoom, 23rd December 2020)

³⁰ Interview with Tamar Gabunia, Deputy Minister of Labor, Health, and Social Affairs (Zoom, 23rd December 2020)

³¹ Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, and Georgian National Center for Disease Control and Public Health, ‘COVID-19 in Georgia: Report of the National Center for Disease Control and Public Health: the Fourth Revision’ (September 2020) 10 <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=363920f6-716c-4be0-8b46-fddeb0d60231> accessed 14 December 2020

Bolnisi.³² And while there is a contact tracing app active and running in-country, there have been a number of difficulties with uptake and operability. As Tamar Gabunia elaborated:

We tried to promote the app widely, but it didn't work as well as expected initially, because not everyone uploaded the app on their smartphone, or they were not active in terms of providing detailed information about their disease status. The app is still active, it's up and running. But now we are thinking if we still need it and if we should still have it. Nowadays it's a different reality. We found out that it's not actually actively used.

Unique to Georgia's response was the conversion of quarantine hotels into 'clinical hotels'. As aforementioned, all travellers entering Georgia, whether citizens or non-citizens, were required to undergo mandatory quarantine for 14 days in designated quarantine hotels (at time of writing, this period is now 8 days).³³ As cases rose, the government saw a need to equip some of these hotels with healthcare workers and essential medical equipment, thus converting these quarantine hotels into 'clinical hotels'. Gabunia further elaborated:

We mobilised the emergency physicians with hospital care experience in clinical hotels, and provided some essential

medications and portable oxygen generators.

Relying upon these interventions, restrictions, and technology, Georgia was able to keep deaths down through to September 2020. Unfortunately, cases began to rise after September 2020. In September, the city of Batumi in Adjara, a region in the southwest corner of the country (and popular as a holiday destination), saw a sharp increase in the number of COVID cases and deaths - which some attributed to the municipality not imposing strict quarantine measures,³⁴ although as observed in numerous countries across the globe, cases rise upon loosening of restrictions. Tamar Gabunia told us that in the absence of a lockdown, individual behaviour control is simply more difficult:

In Batumi, of course the municipalities try to follow rules. But in Batumi, they had a lot of people spending summer holidays there. It turned out that these people were not necessarily following the rules. And for municipalities, it's always difficult to control such a behaviour at an individual level, like wrong ways to wear masks or not keeping distance and all that. So it's very difficult to control at an individual level, and this is what actually causes inflation (of cases) in Batumi.

³² Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, and Georgian National Center for Disease Control and Public Health, 'COVID-19 in Georgia: Report of the National Center for Disease Control and Public Health: the Fourth Revision' (September 2020) 10 <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=363920f6-716c-4be0-8b46-fddeb0d60231> accessed 14 December 2020

³³ Civil.ge, 'COVID-19 Georgia Live Blog: 240 New Cases, 681 More Recoveries, 16 Fatalities' Civil.ge (1 February 2021) <https://civil.ge/archives/342486> accessed 2 February 2021

³⁴ Nino Mirzakashvili, 'ჯანდაცვის სისტემის გამონვევები საქართველოში მუნიციპალურ დონეზე COVID 19-ის პანდემიის დროს (Challenges of the Healthcare System in Georgia at the Municipal Level during the COVID 19 Pandemic)' On.ge (19 November 2020) <https://on.ge/story/69829-ჯანდაცვის-სისტემის-გამონვევები-საქართველოში-მუნიციპალურ-დონეზე-covid-19-ის-პანდემიის-დროს> accessed 14 December 2020

Rising cases saw the need for new restrictions in big cities, and on 9th November 2020 these were announced in the form of curfews between 22:00 to 05:00 in large cities, applying to both pedestrians and vehicles.³⁵ In a 22nd January 2021 announcement, the Deputy Prime Minister Maia Tskitishvili announced that COVID-19 restrictions would be extended through to 1st March 2021 in some of the largest cities, including the curfew hours and closed public transport in Tbilisi, Rustavi, and Kutaisi, however that physical school attendance, municipal public transport, and shops would reopen beginning 1st February 2021.³⁶ As of February 2021, Individuals continue to receive fines under the Code of Administrative Offences for not wearing face masks, violating the rules on restriction of movement, and violating rules of isolation and quarantine.³⁷

Overall, Georgia was able to keep deaths down due to strict restrictions, well-equipped laboratories and hospitals, and multisectoral coordination. However, as restrictions were eased, deaths rose and medical facilities were inundated with COVID-19 cases. While at time of writing the COVID-19 death rate has reduced, restrictions remain in place. These restrictions, inter alia, include restrictions on public transportation, which has been shown elsewhere to limit health-seeking behaviour³⁸ and ability to access TB care centers.³⁹ The following paragraphs describe the impact on HIV and TB services in Georgia.

³⁵ Imedi News '9 ნოემბრიდან საქართველოს დიდ ქალაქებში ღამის საათებში გადაადგილება შეიზღუდება (From November 9, movement in the big cities of Georgia at night will be restricted)' ImediNews (7 November 2020) <https://imedinews.ge/ge/covid19/171371/9-noembridan-saqartvelos-did-qalaqebshi-gamis-saatebshi-gadaadgileba-sheizgudeba> accessed 1 February 2021

³⁶ Civil.ge, 'Georgia Extends COVID Rules in Tbilisi, Kutaisi, Rustavi, Keeps Nationwide Curfew' Civil.ge (22 January 2021) <https://civil.ge/archives/392589> accessed 1 February 2021

³⁷ Ministry of Internal Affairs (1 February 2021) <https://police.ge/en/shinagan-saqmeta-saministrom-kovid-19-is-tsinaaghmdag-brdzolis-miznit-moqmedi-regulatsiebis-darghvevis-779-faqt-gamoavlina/14333> accessed 1 February 2021

³⁸ Huang Fei, Xia Yinyin, and others, 'The impact of the COVID-19 epidemic on tuberculosis control in China' (2020) 3 The Lancet Regional Health – Western Pacific 100032

³⁹ StopTB Partnership, 'The Impact of COVID-19 on the TB Epidemic: a Community Perspective' <http://www.stoptb.org/assets/documents/resources/publications/acsm/Civil%20Society%20Report%20on%20TB%20and%20COVID.pdf> accessed 2 February 2021



Effects on HIV Care

UNAIDS Data estimates that there are 9,100 PLHIV in Georgia,⁴⁰ with approximately 52% unaware of their HIV status.⁴¹

The Government of Georgia and the Global Fund are the two main sources funding the HIV national response.⁴² According to the AIDS Healthcare Foundation, the Georgian government is ‘incrementally increasing funds’ to cover the cost of antiretroviral treatment, with 75% of ARVs currently funded by the government and 25% funded by the Global Fund.⁴³

Interviews with healthcare staff and PLHIV indicate that testing for HIV has reduced during the COVID-19 pandemic, and clinical resources of HIV facilities, including human resources, have been diverted to the COVID-19 response. Kristina, a health care specialist based in the capital city Tbilisi, detailed how in the early days of the pandemic, steps were taken to renovate or reallocate inpatient beds in HIV clinical settings:

The first thing I did was I went to the director and said that I needed a ward for HIV patients with COVID. I needed this because we redesigned one section (normally for HIV and AIDS) completely for COVID patients.

This effort led to the division of responsibility between available doctors. As a result of this, there has not been a reduction of time spent on each PLHIV, but also a shift in focus, and alongside that, a reduction in individuals testing for HIV. As Kristina, an infectious diseases clinician based in Tbilisi, describes:

When we divided the departments (into departments) for patients with and without COVID, we had 5 doctors left for each department, 2 times less (than our normal capacity). But the number of patients has not decreased... All doctors (now) think only about COVID. Nobody thinks about HIV. The number of newly diagnosed HIV cases has dropped dramatically. I tell my colleagues: when you see the frosted glass effect (in the CT scan), it could be pneumocystis pneumonia (PCP), so everyone should be tested for HIV! Until today, there have been 3 cases when frosted glass effect did not improve against the background of treatment, it turned out after testing that these (COVID) patients are HIV-infected. Therefore, HIV detection against the background of the pandemic has decreased.

⁴⁰ UNAIDS, AIDS Data 2020 (2020) https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf accessed 12 February 2021

⁴¹ UNAIDS, ‘Country Progress Report – Georgia: Global AIDS Monitoring 2018’ https://www.unaids.org/sites/default/files/country/documents/GEO_2018_countryreport.pdf accessed 12 February 2021

⁴² AIDS Healthcare Foundation, ‘Georgia’ <https://www.aidshealth.org/global/georgia> accessed 2 February 2021

⁴³ AIDS Healthcare Foundation, ‘Georgia’ <https://www.aidshealth.org/global/georgia> accessed 2 February 2021

Arising from this interview was the need for integrated COVID and HIV testing, perhaps via saliva-based testing. Kristina reported that there was no political will at present to use saliva-based testing, although she considered it was necessary to fill the testing gap.

The COVID-19 pandemic saw a number of changes to how HIV care and treatment was provided. After five PLHIV died of COVID-related complications, Kristina detailed how doctors began to supply their patients with drugs at home:

This was our first reaction. We have such a service - a mobile team for palliative care and antiretroviral therapy. In principle, usually, it serves people with disabilities, those on hemodialysis, socially disadvantaged people, people with encephalopathy, people with mental illness, and people in wheelchairs. We serve them at home regardless of lockdown. But with the start of the lockdown, we expanded the range of work of the mobile brigade. We provided PLHIV with drugs at home and introduced online consultations. In principle, we have always been on the phone with our patients, but we needed online consultations for the cases of dispensing drugs, taking blood for analysis and identifying needs. We did this to reduce the spread of COVID.

Kristina detailed how prior to the pandemic, food was not provided for patients: “Taking into account quarantine, we (had to) organise meals as we didn’t allow any visitors, and we had to take on additional security to ensure patients followed quarantine (rules). The hospital is bearing the cost of this as the Ministry has not agreed to pay for food costs.”

Georgiy Vachadze, a PLHIV interviewed for this study, also illustrated the need for support services during the COVID pandemic, describing how there was an increased need for psychological support, especially given the impact on people’s jobs. Crucially, he spoke about his situation:

I still have some savings. So I can sit home and study. I was a tour guide and I conducted excursions in different languages and worked almost all year round. But the COVID-19 pandemic saw everything go to the bottom. While I was recovering from the shock, I thought about another profession. I am interested in programming. This is stable and remote work and you can study everything yourself... from a psychological point of view, I received services from a local foundation for PLHIV. We have a small circle; it (COVID) brought us closer, helps us stick together and support each other... But if a similar problem (pandemic) arises in the future, we (the HIV community) have to be prepared to help beneficiaries to make complaints where necessary. Many are stressed and fearful.

He further described how there were issues with logistics – “many PLHIV do not have cars – and this becomes a problem (to access healthcare)”. Georgiy Vachadze also detailed how services for HIV had changed in some senses and remained the same in others. What remained the same was the need to travel to the health facility to pick up ARVs, although prior to the pandemic PLHIV were required to pick their ARV supplies up monthly, whereas during the pandemic they are given 3-month supplies. He also detailed how he was switched to a new regimen, a fixed dose combination of dolutegravir, lamivudine, and tenofovir, rather than taking two tablets (efavirenz and tenofovir) during the pandemic.

This regimen change may be due to existing procurement issues. In the words of Kristina, a health care specialist working in a hospital in Tbilisi:

We already had a procurement problem. We switched to a drug supply system for 3 months (during the pandemic), but due to small stocks, we still issue drugs for 1 month. We have a stock of dolutegravir, for example, but no stock of efavirenz. Stock of atazanavir arrived, but no stock of darunavir. In general, someone gets a supply for 3 months, and someone does not... none of the patients were left without drugs, but there is turmoil and discomfort.

Individuals from the NGO Tanadgoma, which works on sexual and reproductive rights and access to safer sex tools via outreach, community mobilization, and peer education, told us of how their programs had adapted to the COVID-19 pandemic – including increasing access for PLHIV, transgender, and MSM populations to access hand sanitisers and face masks:

During the pandemic period, medical facemasks and hand sanitizers were placed in safe boxes. Information on COVID 19 related issues and instructions of proper use of facemask and proper hand washing methods were placed in safe boxes as well. Due to restrictions, we started providing services at home, visiting beneficiaries at their living places.

Home-based care also raises the question of the use of mail services for service delivery. Kristina described plans to optimise mail services for the delivery of drugs, whether for PrEP or ARVs:

We have the PreP program running. We advise (patients) online and send drugs by courier. We hope that we will be able to launch a service for sending drugs by mail. We have 4 large regions in total where our centers are located. The rest of the regions do not have AIDS centers, so it is difficult for them to access our services. Therefore, mail is important. Let's see what we can do. Also, I think that online consultations will also remain and will develop. The pandemic won't go away so quickly.

She further commented that the pandemic was having an impact on students studying to become infectious diseases clinicians – that it was difficult to get the necessary experience when they were studying remotely. Overall, the interviews highlight the need to streamline online consultation sessions with clinicians, the need to address supply and procurement, and to provide support services, including psychological support for PLHIV.



Effects on Harm Reduction Services

The Georgian Harm Reduction Network (GHRN) operates 1,400 harm reduction sites across 11 states in Georgia, providing voluntary counselling and testing, needle-and-syringe exchange, testing for HIV and other conditions, and linkages to methadone maintenance programs, among other services; and conducting advocacy at the national and international level to improve HIV and drug policies. This includes advocacy for specialised gender-sensitive services for women who use drugs.⁴⁴ GHRN also organises ‘patient schools’ for PLHIV, i.e. sessions where infectious diseases specialists provide informative sessions for PLHIV.

Maka Gogia, Program Director of GHRN, detailed how in the beginning of the pandemic, outreach teams took measures to reduce large gatherings at harm reduction sites, reduced frequency of outreach, and increased volume of delivered harm reduction materials:

At first (in March/April 2020), it was quite difficult because we didn't know what the virus was, how deadly it was, whether everyone would die from it, what the safety measures were, so in that sense we were quite restricted.

Initially, we did not work at outreach because we did not have equipment and masks and did not even know how to protect ourselves. Then we abolished gathering at harm reduction sites so that (there would only be) two or three persons maximum at the site to deliver syringes, and we increased the number of delivered syringes per client in order to avoid frequent visits to them.⁴⁵

Maka Gogia elaborated that as information became clearer, despite COVID-19 cases and deaths rising, outreach teams were more prepared and resumed other activities, such as screening for multiple illnesses, including HIV:

Even though we now have a worse situation in terms of the COVID pandemic, we are managing on outreach – we are doing testing and screening for different infections, we have preplanned activities, and we are basically far more prepared now in comparison to March and April of last year. We basically started doing our normal activities starting June (2020).

⁴⁴ GHRN, ‘Joint Submission of Georgian Harm Reduction Network and Eurasian Harm Reduction Network to the Committee on the Elimination of All Forms of Discrimination against Women 58 Session (June 2014) https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/GEO/INT_CEDAW_NGO_GEO_17406_E.pdf accessed 28 January 2021

⁴⁵ Interview with Maka Gogia, Program Director, Georgia Harm Reduction Network (Zoom, 21 December 2021)

Maka Gogia further described that there was a benefit that arose out of the pandemic, notably that prior to the pandemic, the government had been reluctant to authorise take home supplies of opioid substitution therapies. Due to the pandemic and the need to reduce contact, five-day OST supplies were authorised. This policy was not uncontroversial, and was withdrawn midpoint, and reinstated upon CSO pressures:

In terms of access, soon after this COVID pandemic (started), there was a new regulation about delivering OST drugs for five days, delivering to home, or giving five days supply at harm reduction sites. These were really good initiatives that we wanted to start several years ago but the government never agreed (with us) on that. But after COVID, they started this (programme), but in September, we don't know why but government abolished this regulation maybe for three or four weeks. This resulted in bigger disagreement and we as a civil society used our efforts to address CCM (Country Coordinating Mechanism) of the country. I prepared a big letter on behalf of organisations and we assisted to change this regulation. And finally we reached it. And now (OST) is once again delivered for five days.

Similar to the testimony of Georgiy Vachadze above, Maka Gogia mentioned that there was a gap in psychological support for people who use drugs, but that Global Fund funding was coming through to invest in 'teleclinics' that could fill this gap:

We did not have direct mental health service within the (harm reduction) programme, but we have some psychologists at some harm reduction sites and they are using their own resources, but this is not this what you are referring to (formal mental health support integrated within programmes). These will start from January (2021) quite a bit later than it was initially needed due to bureaucracy in terms of requesting money from the Global Fund... anyways the program is called the teleclinic, and these days we are just discussing this model. Not only for drug users, but for MSM and other risk populations.

In summary, while harm reduction services were heavily affected during the initial lockdown, local NGOs have found ways to adapt outreach programs to better reach people who use drugs.



Impact on TB Testing, Treatment, and Care

Georgia is in a WHO European region list of high priority countries for TB.⁴⁶ According to the Global Tuberculosis Report 2020, approximately 12% of new cases have MDRTB, and there are approximately 3,000 new cases annually.⁴⁷ The government of Georgia fully finances the procurement of first-line (including TB preventive therapy), and as of 2020, 70% of second-line TB medications,⁴⁸ while the remainder is funded by the Global Fund, with all medicines procured through Stop TB Partnership's Global Drug Facility (GDF). This includes RHZE (rifampicin, isoniazid, pyrazinamide, and ethambutol) fixed dose combinations for adult drug-sensitive patients, RHZ (rifampicin, isoniazid, pyrazinamide) fixed dose combinations for children, and TB preventive therapy (isoniazid mono formulations in 100 and 300mg).⁴⁹

The COVID-19 pandemic saw a number of changes to how TB services were provided. First is that the National Center for Tuberculosis and Lung Diseases (NCTLD) in Tbilisi at time of writing operates both as a TB diagnostic and treatment center and a COVID-19 care centre. Nino Lomtadze, the Head of Surveillance and Strategic Planning and Coordinator of Global Fund TB Program, National Center for

Tuberculosis and Lung Diseases, described how the center was presently operating:

The NCTLD is jointly operating as a COVID-19 Centre (in addition to TB work). Since COVID-19 pandemic started, an additional separate department for COVID-19 care was opened. The pediatric facility, with low bed occupancy, was used for these purposes. For management reasons, an additional structural element was created as COVID-19 management unit. Within the TB programme, computed tomography scanning method serving TB patients is available in our offices during the afternoon hours, and in evening hours it is serving outpatient COVID-19 patients who need to be diagnosed or to be evaluated using CT. Basically, we are participating in COVID-19 programme as a separate department and also we are using our diagnostic capacity to diagnose COVID-19 using CT scans and X-rays.

⁴⁶ WHO Europe, 'Quality of Primary Health Care in Georgia' World Health Organization (2018) 5 https://www.euro.who.int/data/assets/pdf_file/0003/373737/geo-qocphc-eng.pdf?ua=1 accessed 14 December 2020

⁴⁷ World Health Organization, 'Tuberculosis Profile: Georgia' (2020) https://worldhealthorg.shinyapps.io/tb_profiles/?inputs_&entity_type=%22country%22&lan=%22EN%22&iso2=%22GE%22 accessed 2 February 2021

⁴⁸ National TB Programme, via personal correspondence with the author

⁴⁹ Personal correspondence with Maya Kavtaradze, Team Leader – Demand, Technical Assistance, and Capacity Building, Global Drug Facility Team, StopTB (via email, 21 December 2020)

This division, combined with COVID lockdowns and suspension of public transport during the earlier lockdown, was cited as the cause of a 25% decrease in TB detection rates. Nana Kiria, the Deputy Director of the NCTLD, and Nino Lomtadze, described this in more detail:

We observe a 25% decrease in detection which is of course attributable to COVID-19 and mostly the lockdown and unavailability of public transportation. TB doctors have had the same schedule with the same frequency of patients so nothing has really changed on this side of the clinical service provision, but the fact is patients cannot submit their sputum because there was no transportation due to the complete lockdown in April. There were no taxis, no public transportation, and no car transportation between cities. So they (TB patients) had to walk or use their bikes. This is not realistic for the TB patients that we get. Reduction of TB detection was definitely affected by the lockdowns.

We raised questions about whether GeneXpert machines being used for COVID was a factor in decrease of TB detection. Tamar Gabunia, the Deputy Minister for Labor, Health, and Social Affairs, said that this was unlikely. Consistent with testimony elsewhere, Gabunia stated:

It was quite difficult to obtain GeneXpert cartridges (for COVID). We only were able to obtain 20,000 GeneXpert cartridges via the UNICEF channel. 20,000 is almost nothing - and we are using the GeneXpert COVID cartridges in exceptional circumstances when we need to have a very fast response if it's a difficult, complicated hospital environment and we need to figure out what is what's going on quickly

and that's when we use the GeneXpert. So it's not like that we were using a lot of GeneXpert machines for COVID purposes because with this amount of cartridges it won't be possible.

In the meantime, there are initiatives underway to increase detection rates. According to Nino Lomtadze, active screening is being conducted with artificial intelligence-assisted X-ray machines, funded by the Global Fund. These have the capacity to be used out in the field rather than just within TB facilities, and quick AI interpretation to categorise X-ray images as 'normal' and 'abnormal'. Nino Lomtadze elaborated, however, that her top wish was to see the implementation of systematic TB screening in COVID clinics and fever centers:

In COVID clinics and so-called fever centres, symptomatic patients are being tested for COVID-19. And if this (COVID) is ruled out, the patient is forgotten and not followed by the system anymore if the patient by himself or herself doesn't decide to. They are ruled out for COVID-19 and of course it's a good idea to conduct tests to see if they also have sputum, and to select them and conduct GeneXpert testing if they have other respiratory symptoms. Secondly, we would love to see community-based organisations mobilised towards active case detection.

Uniquely, the TB program in Georgia, even prior to COVID, involved 'visiting nurses' who visited patients at their homes to deliver drugs and provide directly observed therapy (DOT). In addition, according to Nana Kiria and Nino Lomtadze from the National Center for Tuberculosis and Lung Diseases, even prior to COVID video observed therapy (VOT) had been practiced widely in Georgia even before COVID, and that the only

modification was that MDRTB patients now receive up to one-month supply of drugs:

Almost 95% or even more of MDR TB patients are receiving treatment using video support, with this specially-developed application. So MDR TB patients are getting all seven doses per week under supervision using video support, and they have up to one month stocks of drugs at their houses or on their hand. Sensitive TB patients are also receiving treatment using video supported treatment. But only 40% of sensitive patients are enrolled on video treatment support, and the remaining patients have drugs that are delivered to them on a monthly basis.

The COVID-19 pandemic saw the frequency of these increase per week, but also saw some negative side effects. As a result of patients seeing healthcare staff more at home, there was a reduction in the number of in-person visits to facilities. As a result, submission of sputum samples, echocardiograms, neurologist and ophthalmologist consultations, among other services, have reduced. Nino Lomtadze detailed plans to mitigate this:

(These are) part of the programmatic management of TB and safety management. For this purpose, we have designed an intervention to respond to this, and we have already approached Ministry of Health to allow the introduction of home-based laboratory visits as part of the standardised care of TB. So our staff

would conduct home visits to draw blood and other samples for laboratory testing. This should be considered as an official regular monthly visit and we addressed the Ministry of Health to introduce this standard and this is already approved (for implementation).

These represent innovative solutions to reach patients even in strict lockdown conditions.

The COVID-19 pandemic, juxtaposed with the ongoing TB programme, saw the need to develop a clinical management guideline for TB and COVID co-infection. Particularly in the early stage of the pandemic (March 2020), when it was unclear what treatments would work best for COVID, clinicians, infectious diseases specialists, hospitals, and international experts on COVID-19 treatment collaborated to develop a TB and COVID clinical management protocol⁵⁰ that would assist healthcare staff to avoid contraindications between COVID-19 medications and TB medications, among other management protocols.

In summary, the COVID-19 pandemic resulted in a 25% decrease in TB detection rates due to lockdowns and suspension of public transportation during the earlier lockdown. The National TB Center has responded to these with a number of innovations, including AI-assisted X-ray services, increasing the frequency of visits by mobile nurses, and introduction of laboratory home visits. There are a number of key interventions that should still be introduced, including the screening of patients in fever centers, who are still displaying respiratory symptoms, but who have been ruled out for COVID-19 infection, and the expansion of video-observed therapy (VOT).

⁵⁰ Georgian Association of Pulmonologists; National Center for Tuberculosis and Lung Diseases; Scientific-Practical Center for Infectious Diseases, AIDS and Clinical Immunology, 'გუბერკულოზის და ახალი კორონავირუსით (SARS-CoV-2) გამონეული ინფექციის (COVID-19) კლინიკური მართვა: კლინიკური მდგომარეობის მართვის სახელმწიფო სტანდარტი (პროტოკოლი) (Tuberculosis and Novel Coronavirus (SARS-CoV-2) Infection (COVID-19) State Protocol for Clinical Management)' (2020)



Impact on Human Rights and Social Care

Economic impacts of the pandemic are occurring globally, and Georgia has not been excluded from this. There is no income support for many individuals who have lost their incomes due to the pandemic. According to Maka Gogia from GHRN:

Unfortunately, our government isn't supporting with additional income. It was only for those who lost their job, and it was equal to 70 US dollars per month. This amount is nothing for Georgia. While the government supported (people) with public utility payments, and this was a real good (policy), our clients who are drug users are losing their jobs and don't have support. We don't have exact numbers yet but this needs a special study, which has yet to be finalised.

Kristina, the health care specialist from Tbilisi, corroborated this testimony, stating that many PLHIV had lost their jobs:

Many of our patients have lost their jobs. They are left without help from the state, without funds. In reality, the following happens. Many of our patients work in the service sector - restaurant business, beauty salons, some sew, some do repairs, some work at construction sites. All these people

were left without work and they do not have an official certificate from their place of work, there is no document to state that the person has lost his job. They were left without a job and cannot count on government assistance.

The NGO providing sexual and reproductive health services to PLHIV, transgender, sex workers, and MSM communities, Tanadgoma, elaborated further:

The COVID-19 pandemic has affected not only the working strategies of organisations, but also the health, income, and rights of female sex workers, MSM, transgender people, PLHIV, and people living with TB. Almost immediately we started seeing problems related to housing, access to food and hygiene products, psychological problems caused by stress, and unaddressed healthcare problems. The majority of at-risk populations note that they are not able to pay rent and utility bills on account of decreased income. Some of them were kicked out of their apartments due to this lack of finances, and had to return to their families, where some of them became victims of violence by family members.

This raises important questions about increasing poverty and the corresponding effect on health outcomes, but also an important co-occurring syndemics of violence, isolation, alienation, and neglect.

The global report, *The Impact of COVID on the TB Response: A Community Perspective*⁵¹ emphasized that the pandemic had both exacerbated existing rights related barriers to access (of both health and social protection services) and also created additional barriers. In the 2020 Georgian TB Community, Rights, and Gender (CRG) Assessment, a number of issues were prioritised, including the stigma preventing ex-prisoners from accessing TB services, the remoteness of health services for internally displaced persons, women deprioritising care because of competing obligations, and that people who use drugs reported fear of legal persecution as a barrier to visiting health facilities.⁵²

We interviewed the CRG team to understand COVID-19 effects on vulnerable groups more deeply. According to Lilian Caraulan, TB-REP Project Coordinator from PAS Center, and Mariam Jibuti, Project Manager from New Vector, the COVID-19 pandemic has resulted in many job losses, and that the loss in income in turn caused multiple effects that could exacerbate TB outcomes. In their own words:

Because of the pandemic many workplaces decided to minimise the number of employees and massive retrenchments started. In addition, many companies closed down, leaving employees jobless. This has touched people with TB directly; i.e. when they were fired or their family members who


are responsible for bringing money to the household were fired. Considering that in Georgia, there are many women who stay home and men bring finances to the household, this has resulted in difficulties to women who have TB and need good nutrition and housing. On housing in particular, the pandemic has caused some to move to more minimal, or low-quality housing, which can be bad for someone living with TB.

Caraulan and Jibuti further elaborated on the financial effects of the pandemic on ex-prisoners and injecting drug users:

It's really difficult for ex-prisoners to find a job, and the COVID situation has made it even worse. Ex-prisoners are mostly employed as construction workers, but during COVID, most construction work were put on hold. The situation has also created problems for injecting drug users who are undergoing TB treatment. The most noticeable are the financial problems, because the closure of the country's borders have led to a threefold increase in the price of street drugs. In addition, for TB patients receiving opioid substitution therapy (OST), transportation had become impossible in some cases due to transport bans, therefore generally making movement significantly more expensive because you need to travel by private vehicles or taxis. For medical


51 Stop TB Partnership, 'The Impact of COVID-19 on the TB Epidemic: A Community Perspective' (2020) <http://www.stoptb.org/assets/documents/resources/publications/acsm/Civil%20Society%20Report%20on%20TB%20and%20COVID.pdf> accessed 12 February 2021

52 Stop TB Partnership, New Vector, and the National Center for Tuberculosis and Lung Diseases, 'Assessment of CRG Barriers for TB High-Risk Groups in Georgia' (2020) <http://www.stoptb.org/assets/documents/communities/CRG/TB%20CRG%20Assessment%20Report-%20Georgia.pdf> accessed 12 February 2021



needs such as obtaining daily doses (of OST) or TB visits, it is impossible to obtain a personal transportation permit because he is a drug user. This reality may be a reason for patients to abandon treatment for tuberculosis, which can bring irreversible results.

And further on internally displaced persons, who often live more remotely, and have to travel further for health services:



Internally displaced persons mostly live out the outskirts of urban areas, or in remote rural areas. This makes it difficult for them to move, not only for emergency health services, but also for employment purposes, and this has increased financial difficulties.



Conclusion and Recommendations

The COVID-19 response in Georgia is characterised by early preparedness interventions and coordination, resulting in initial low deaths. Lockdowns saw effects on healthcare access for people living with HIV and TB communities. As lockdown restrictions eased, parts of the country saw rapid increases in COVID cases and COVID deaths, increasing the burden on the healthcare system, and resulting in the diversion of resources away from HIV and TB. Both HIV and TB services had to adapt innovative solutions to still reach in need populations, although both the government and CSOs are unable to address socio-economic effects of the pandemic, including support for loss of income, psychological support, and increasing violence for marginalised populations. Our findings are as follows:

■ **Initial COVID-19 Response Success.**

Strict COVID-19 restrictions, early preparedness interventions, and coordinated multisectoral cooperation resulted in low death rates for Georgia in the beginning of the pandemic, and cases rose as restrictions were loosened.

■ **Quarantine and Clinical Hotels.**

‘Clinical hotels’ are a unique COVID-19 intervention in Georgia – quarantine hotels were staffed with emergency medicine doctors and nurses, and equipped with essential medicines and tools, such as portable oxygen generators/ventilators. These were an intervention early in the pandemic, however, and may not be feasible in a situation of high amounts of COVID cases.

■ **Impact on HIV Care.**

Based on informant interviews, there is reduced screening for HIV, and mail services have yet to be fully optimised for the delivery of ARVs and PrEP. Many at risk populations, especially those who work in the informal economy, have lost incomes due to the pandemic. There is a need for psychological and welfare support for PLHIV and communities at risk.

■ **Take-Home Doses for OST.**

The COVID-19 pandemic has seen the approval of a regulation for take-home doses of OST for five days, and modifications of harm reduction outreach to provide more needle-and-syringe supplies per visit, to reduce frequency of contact.

■ **Reduction in TB Detection Rates.**

There has been a 25% decrease in TB detection rates. While this is relatively low compared to other countries who have reported 50-80% decreases, Innovative solutions are being used to increase detection rates, such as AI-assisted X-rays. However, there is a need to increase testing, especially among patients who are showing respiratory symptoms at COVID and fever clinics, but who have tested negative for COVID.

■ **Adaptations to the TB Care Package.**

TB adherence and medicine supplies are being addressed by more frequent ‘mobile nurse’ home-based visits, but this has resulted in less facility-based investigatory consultations that are part of the complete TB care package. The Ministry of Health has authorised the implementation of home-based laboratory visits for blood and sputum collection to address this gap. In addition, VOT needs to be scaled up further to support adherence among drug sensitive patients.

■ ***Economic and Psychosocial Effects of the Pandemic.***

The economic effects of the COVID-19 pandemic are affecting many HIV and TB communities, many of which work in the informal economy and cannot claim for income support due to the lack of formal evidence of job loss. As a result, individuals are facing housing losses, and numerous co-occurring effects on mental health and an increase of violence. Psychosocial and welfare support is urgently needed.

Based on these, we make the following recommendations:

Problem area	Advocacy Target	Recommendation
Income losses and an insufficient social safety net for HIV and TB communities	Government of Georgia	<ul style="list-style-type: none"> ■ To investigate and deploy COVID-19 emergency cash relief to marginalised populations, and to meaningfully involve harm reduction implementers and communities in consultation on this; ■ To institute long-term plans to broaden the social safety net for those in the informal economy.
	International Donors	<ul style="list-style-type: none"> ■ To ensure budget flexibility for welfare, cash, and psychosocial support for HIV and TB communities.
Insufficient optimisation of mail services/mobile units for delivery of ARV	Ministry of Health; National AIDS Centers	<ul style="list-style-type: none"> ■ Mobile units to be supported for delivery of ARV and other essential services, including VCT.
Stockout of efavirenz	Ministry of Health	<ul style="list-style-type: none"> ■ To examine extent of impact of efavirenz stockout on PLHIV.
Reduction in testing for HIV and TB	Ministry of Health; National TB Programmes; National AIDS Centers	<ul style="list-style-type: none"> ■ To explore feasibility for saliva-based HIV self-testing; ■ To conduct TB tests among symptomatic patients in fever centres who have tested COVID-19 negative



The publication was created by the Matahari Global Solutions and published within the framework of the regional project called “Sustainability of Services for Key Populations in Eastern Europe and Central Asia” which is carried out by the Alliance for Public Health, in a consortium with the 100% Life (All-Ukrainian Network of PLWH), the Central Asian HIV’ Association and the Eurasian Key Populations Health Network with the aid from the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Viewpoints presented herein are solely those of its authors and may not coincide with the views or opinions of the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

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