#sos_project 2.0

Alliance for Public Health

Guide

FOR CONTINGENCY PLANNING OF HIV SERVICES FOR KEY POPULATION during Covid-19 and other emergencies

2022

in

GEORGIA

Author

Maka Gogia

Coordinator

Nadiya Yanhol

Disclaimer

During the publishing printed and electronic materials within the framework of a regional project, a disclaimer is used, which consists of a text block and a logo block.

The publication was prepared by **SoS 2.0_project, Alliance for Public Health** and published as part of the Regional project "Sustainability of services for key populations in the region of Eastern Europe and Central Asia" (SoS_project 2.0), implemented by a consortium of organizations led by the Alliance fir Public Health in partnership with the CO "100% Life", with financial support from the Global Fund.

The views expressed in this publication are those of the authors and may not reflect the views of the consortium organizations as well as the Global Fund.

The Global Fund was not involved in agreeing and approving either the material itself or the possible conclusions from it.

The Global Fund was not involved in agreement and approval either the material itself or its possible conclusions.

DISTRIBUTED FOR FREE

Alliance for Public Health

ICF "ALLIANCE FOR PUBLIC HEALTH"

Address: 24 Bulvarno-Kudriavska street, Kyiv,

Ukraine 01601, Ukraine

Phone: +380444905485

WWW.APH.ORG.UA

E-mail: office@aph.org.ua

facebook.com/AlliancePublicHealth

Acknowledgments

I would like to express my sincere gradtitude to the Alliance for Public Health for giving the country an opportunity to develop this report, thus contribute to building more resilient, flexible and results-oriented HIV responce systems. I want to express special thanks to Nadiya Yanhol and the team for the support its full realization. I gratefully acknowledge the civil society organizations involved in HIV response in Georgia, for their persistent contribution to assessments like the one presented, sharing the vision that no circumstances will have a critical influence on the right to health of key affected population. Last but not least, I would like to thank to Nikoloz Chkhartishvili, Deputy Director of Infectious Diseases, Infectious Diseases, AIDS and Clinical Immunology Research Center and to Nino Lomtadze, Head of Surveillance and Strategic Planning Department at the National Center for Tuberculosis and Lung Diseases in Georgia.

Table of Contents

Abbreviations

ART	Antiretroviral therapy
DOT	Directly Observed Treatment
CSOs	Civil society organizations
CBOs	Community-based organizations
EACS	European AIDS Clinical Society
EECA	Eartern Europ and Central Asia
HIV	Human Immunodeficiency Virus
KP	Key Population
LGBTI	Lesbian, Gey, Bisexual, Transgender and Intersex
MoH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-Governmental Organization
NCDC	Nationla Center for Disease control and Public Health
OST	Opioid substitution therapy
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
PLHIV	People living with HIV
PWID	People who inject drugs
STI	Sexually transmitted infections
SWs	Sex workers
TB	Tuberculosis
WHO	World Health Organization

Introduction

Impact of COVID on Key population and community services

Following the widespread of the new SARS-CoV-2 Coronavirus, the World Health Organization declared January 30, 2020, an international public health emergency, and subsequently declared it a pandemic on March 11, 2020. As of January 19, 2022, more than 337 million cases of COVID-19 were reported worldwide, of which more than 5.5 million died. A new mutation in the coronavirus in the form of omicron continues to grow at an unprecedented rate on a daily basis, exacerbating the global health crisis.

The separation and social distancing required to contain the spread of COVID-19 has hit marginalized groups the hardest, such as homeless people, sex workers, LGBTI people, people who use drugs, ethnic minorities, and prisoners[1]. It should be noted that in Georgia, like in other countries worldwide, the lockdowns and social distancing has greatly affected the personal well-being and mental health of many people affected by HIV, including representatives of Key Populations (KP). Access to testing and face-to-face consultations has been significantly reduced. For chronic infections such as HIV and viral hepatitis, delayed diagnosis and treatment may result in further long-term consequences including sequelae for individual patients[2,3]. The socio-economic impacts such as loss of income and increased threat of domestic violence has created a situation characterized by fear and uncertainty for vulnerable populations. There is emerging evidence that COVID-19 has exposed stark inequities that exist in access to health and support services for marginalized people[4], including HIV key and vulnerable populations. The economic effects of the COVID-19 pandemic are affecting many HIV 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.

1 *EATG COVID-19 Community Response Project, Rapid Assessment Bulletin #3, 31 August 2020*

2 *Mocroft A, Lundgren JD, Sabin ML, Monforte A, Brockmeyer N, Casabona J, et al. , Collaboration of Observational HIV Epidemiological Research Europe (COHERE) study in EuroCoord. Risk factors and outcomes for late presentation for HIV-positive persons in Europe: results from the Collaboration of Observational HIV Epidemiological Research Europe Study (COHERE). PLoS Med. 2013;10(9):e1001510.* ***https://doi.org/10.1371/journal.pmed.1001510 PMID: 24137103***

3 *Lazarus JV, Picchio C, Dillon JF, Rockstroh JK, Weis N, Buti M. Too many people with viral hepatitis are diagnosed late – with dire consequences. Nat Rev Gastroenterol Hepatol. 2019;16(8):451-2. h****ttps://doi.org/10.1038/s41575-019-0177-z PMID: 31320742***

4 *Nobody Left Outside Initiative (2020). COVID-19 in marginalised groups: challenges, actions, and voices [Briefing paper for the World Health Organization European Office for Investment for Health and Development]. Released August 2020. Available here:* ***https://nobodyleftoutside.eu/wp-content/uploads/NLO-COVID-19-Briefing-paper-Final-August-2020.pdf (Accessed August 2020).***

HIV Civil Society Organizations (CSO) and Community-based organizations (CBOs) in Georgia, being at the forefront of service provision have not stopped operation and continue service delivery in compliance with COVID regulations and all measures of infection control. Although, they had to shift to different modes of operation, such as providing online consultations, self-testing, posting testing kits to the home, or availability via vending machines. Prescriptions for HIV medications have been extended, and alternative ways of providing medication include posting to the home has been introduced.

During emergencies needed support and guidance are paramount to minimise testing interruptions and ensure the long term sustainability of existing HIV, hepatitis and STIs prevention and testing services. Guidance should include contingency planning and development of COVID-secure testing services in all settings[5]. As the COVID-19 pandemic – and future emerging infectious diseases – will likely remain a priority in the Region, it is important to ensure that the response to other infectious diseases is not compromised. Investing in integrated prevention, testing and treatment responses through dialogue of those involved at all levels, including for HIV, viral hepatitis and STIs, can speed up recovery of testing provision in the Region, particularly in the case of key populations, which often are at a higher risk of acquiring more than one infectious disease.

About this assignment

In 2020 a Guide for Contingency Planning for Key Population HIV Services during COVID-19 and Other Emergencies was published within the framework of the Global Fund Regional Project "Sustainability of Services for Key populations in the EECA region". This guide represents a framework document outlining key recommendations for the uninterrupted provision of health services to vulnerable groups (COVID-19 and similar crises), which is also relevant for the countries of EECA region.

Following these recommendations, it is foreseen to prepare national COVID-19 Emergency Planning Guide for high-risk groups in Georgia within C19RM mechanism of regional SoS 2.0 project.

5 *I Impact of the COVID-19 pandemic on testing services for HIV, viral hepatitis and sexually transmitted infections in the WHO European Region, March to August 2020*
https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.47.2001943#r16

Methodology

The methodology of the assignment is based on rapid assessment, which includes three main sources of data:

1. **Situational analysis – review of relevant research / literature and information from thematic agencies and organizations to write recommendations and action plans;**
2. **Guide for Contingency Planning for Key Population HIV Services during COVID-19 and Other Emergencies that was prepared within the framework of the regional project "Sustainability of Services for Key populations in the EECA region" with support of Global Fund to Fight AIDS, Tuberculosis and Malaria.**
3. **A small, informal survey involving NGOs and community members, as well representatives of NCDC, AIDS and TB centers, which includes identifying challenges caused by pandemic and necessary interventions for Key populations during to ensure uninterupted HIV services during emergencies.**

Situational analysis

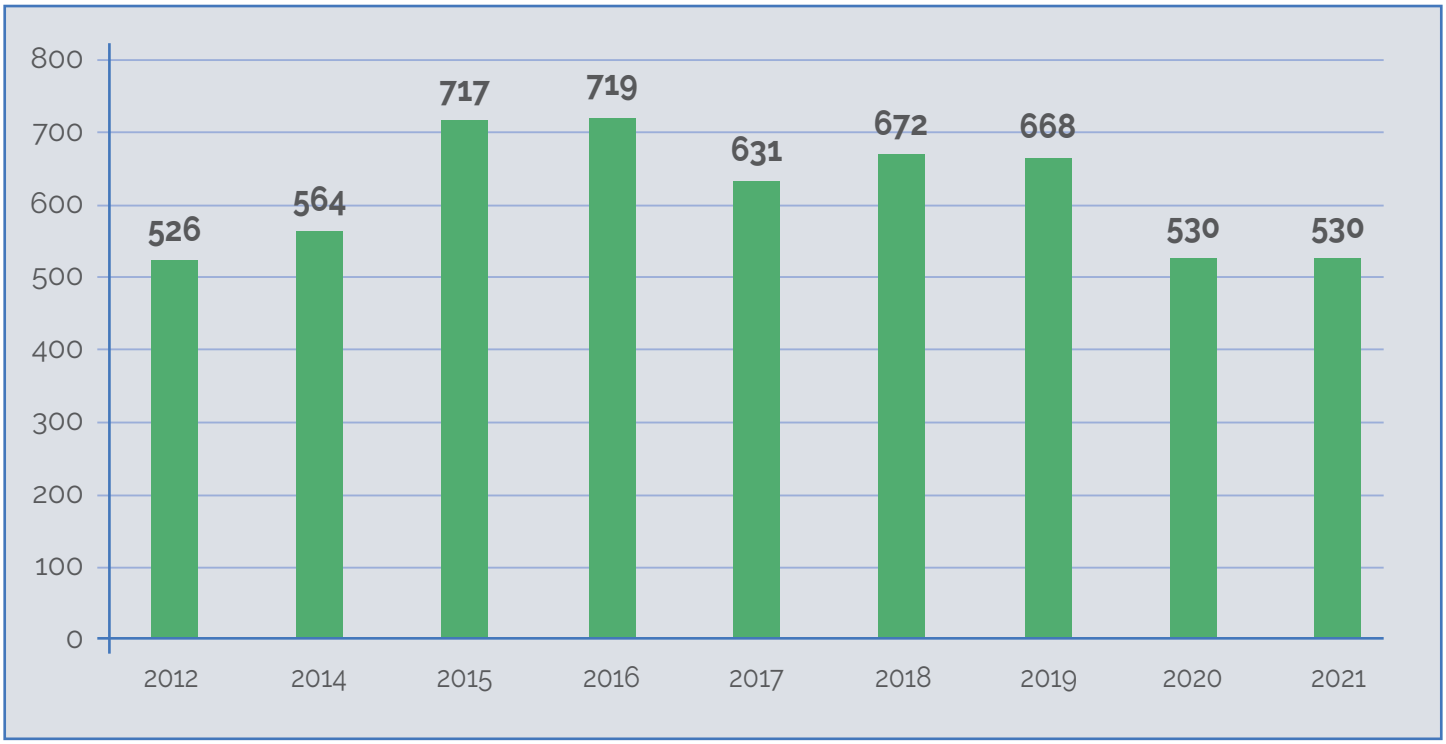
The first confirmed case of coronavirus in Georgia was detected on February 26, 2020. Various regulations were enforced within 2 years of detection, including strict lockdowns with restrictions on movement and insulation regulations. As of January 19, 1,015,592 people were diagnosed with COVID-19 across Georgia, bringing the total number of recoveries to 943,212 (92%). 14,555 cases (1.43%) were fatal.

Based on the National HIV/AIDS treatment cascade, there are two major challenges to the national HIV / AIDS response in Georgia: a) Low detection rate of HIV infection (according to 2020 data, only 66.4% of HIV-infected people knew about their status). People who are unaware of their status are late to the treatment program, which may have disastrous consequences for their health and lives. In addition, they continue to engage in risky behaviors, contributing to the spread of an epidemic in the

country. B) Late detection – more than half (51% -55%) of newly detected cases in recent years have been treated late (less then 200 CD4 cell count)[6]. Late HIV diagnosis may also hamper successful ART outcomes, given their low CD4 levels and the presence of AIDS symptoms.

These challenges were relevant to the country before the pandemic, but became more chellenging during the pandemic. According to field experts, the low detection of HIV cases in the last 2 years (2020-2021) is partly related to the COVID-19 pandemic, which had a significant impact on the availability of HIV testing services, which meaningfully reduced HIV testing coverage and the detection of new HIV cases. It is logical to think that in the coming years late detection of HIV cases will become predominant.

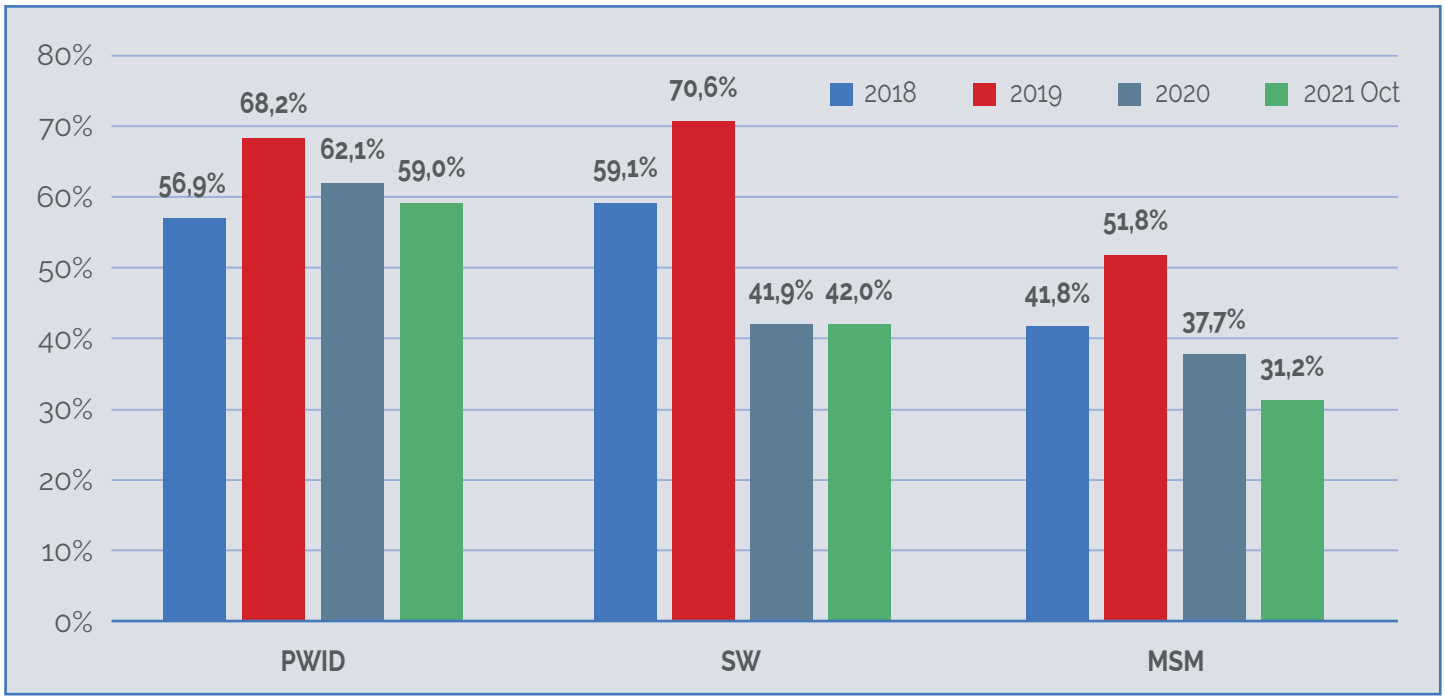
FIGURE 1: Newly detected HIV cases during the last 10 years in Georgia



Even during non-emergencies, major populations – including people who use drugs (PWUD); Gay, bisexual and other men who have sex with men (MSM); Sex workers (SW); And transgender people – are hard to reach by with HIV prevention, testing and treatment programs. As a result of COVID-19 restrictions, access to services for HIV risk groups has been significantly hampered, with service delays affecting the full range of HIV programs from prevention to treatment. The graph below is a best illustration of the above mentioned.

6 ***https://georgia.unfpa.org/sites/default/files/pub-pdf/covid_19_kps_plhiv_tb_geo.pdf***

FIGURE 2: Coverege of vulnerable populations with HIV prevention programs in Georgia



The first 3 month after the start of pandemic was a particularly difficult period for HIV prevention services due to movement restrictions and lockdowns/quarantine measures for both program staff and clients. In addition, there was less information about COVID and its transmission and prevention ways in the community. Complicating matters was the lack of access to personal protective equipment – sterile masks, disinfectants, gloves, disposables, sterile coats, hats, disinfectants, and more. In parallel with the disruption of HIV prevention services, limited HIV testing has been conducted at both the facility-based level (low-threshold, high-threshold), as well at outreach, due to low access to HIV testing services and / or limited demand on testing. As well there was a lack of awareness about HIV self-testing among community members and even low access to the HIV self-tests themselves.

But despite some interruptions in service delivery, HIV prevention programs showed remarkable flexibility and were able to implement effective strategies to deliver services. During the first year of the COVID-19 pandemic, HIV service providers made rapid adaptations to ensure service continuity key affected population (PWID, MSM, SW, TG, PLHIV). Low threshold service providers had prepared updated protocols to work during COVID-19 pandemic[8, 9]. Useful approaches included using mobile

7 National HIV Strategic Plan for 2023-2025

8 Methodological guidance for Harm Reduction Service to work during COVID-19 Pandemic ***https://ghrn.ge/info/493/***

9 Emergency Work Protocol, Information Medical-Psychological Center Tanadgoma

vans more extensively, intensifying utilization of self-testing technologies and delivering prevention equipment to clients where they lived. It was also documented that the utilization of syringe vending machines located in Tbilisi sharply increased at that time[10]. Alternative Georgia, an addiction research organization, conducted a study "Impact of COVID-19 pandemic on illicit drug markets and drug users' behavior". The study assessed potential impact of coronavirus disease epidemic (COVID-19) on trends in illicit drug use, drug supply, risk behaviors and utilization of drugrelated services among people who use drugs (PWUD) regularly in Georgia. Results of the study suggest that when access to sterile injection equipment was limited due to imposed restrictions on movement, drug users exercised risk-containing injection behaviors. First weeks of lock-down were accompanied by a rise in risky practices, in particular receiving used syringe and sharing instruments and tools for drug preparation and distribution. Such practices, however, were abandoned as soon as lock-down measures were gradually lifted and access to sterile equipment was restored.

In 2020 a study "Access of Key Populations, People Living with HIV and TB to Medical, Prevention and Social Services During COVID-19 Pandemic" was conducted[11]". The study revealed the negative socio-economic impact of COVID-19 on HIV risk groups. Problems identified during the pandemic that have proved significant for HIV services are: isolation, restrictions on movement and transportation, quarantine, financial crisis, loss of income and permanent housing for vulnerable populations. The low access to safe spaces and social integration resulting from the pandemic should also be noted. Of particular note are the increased vulnerability to violence resulting from the pandemic, including domestic violence and gender-based violence. This was especially the case for the transgender population and commercial sex workers.

According to the study the impact of COVID-19 also had a negative impact on the availability and quality of health and social services: limited access to preventive and treatment services, disruption / interruption in the supply of consumables and medicines, including prescription medicines (ARV and TB); Access to hormone therapy was particularly acute in the transgender community. Equally important for all risk groups are the psychological and mental problems caused by the negative consequences of the pandemic and the low awareness of issues related to COVID-19.

After declaration of a state of emergency situation because of pandemic, OST programs were able to adjust quickly and effectively to new situation and had initiated a new practice of delivering 5-day doses of medication to patients from 13 March 2020. Patients in quarantine received medication without any interruption. However, it should be noted that this regulation has been interrupted several

10 *Impact of COVID-19 pandemic on illicit drug markets and drug users' behavior* ***https://altgeorgia.ge/news/2020-06-22-15-00-04/***

11 ***https://georgia.unfpa.org/sites/default/files/pub-pdf/covid_19_kps_plhiv_tb_geo.pdf***

times since the beginning of the pandemic, this practice of daily drug withdrawal is being interupted today (February 10, 2022), and NGOs, community members and activists are being advocating to restore this regulation due to high risks of COVID transmission at clinics among OST patients.

In 2020, the National Center for Tuberculosis prepared the Clinical Management Standard (Protocol) for Clinical Management of Tuberculosis and New Coronavirus Infection (SARS-CoV-2)[12], which provides Introduction of video-surveillance therapy for vulnerable populations treated for tuberculosis (including treatment of latent tuberculosis) and delivery of at least 1 month supply of TB medicines at home.

The Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia amended the State Program for hepatitis C management, which eliminated the need to bring the a patient to the clinic every 14 days to control medication consumption as a response to the Covid-19 epidemic.

The human rights situation in Georgia is a serious problem, especially for members of key HIV groups as a stigmatized community (reports of the Public Defender or international organizations[13] [14] [15] [16]). Since 2019, and during pandemic period GHRN has been implementing online platform for monitoring human rights violations (REAct: Rights – Evidence – ACTion), which is an electronic system for monitoring and responding to human rights, through which information is collected and managed at community level. REAct is used to document barriers to access to HIV and health services related to human rights.

Even after 2 years after the pandemic, a number of coveted regulations are being maintained (delivery of more consumables during one visit at office or outreach within HIV prevention programs, delivery of disposable sterile masks and disinfectants, delivery of at least 3-month supply of ARV medicines in HIV/AIDS programs). However some old regulations lost its importance.

12 *ტუბერკულოზის და ახალი კორონავირუსით (SARS-CoV-2) გამოწვეული ინფექციის (COVID-19) კლინიკური მართვა, კლინიკური მდგომარეობის მართვის სახელმწიფო სტანდარტი (პროტოკოლი), 2020*
https://www.moh.gov.ge/ka/guidelines/

13 *ტრანს* ადამიანების ჯანდაცვის საკითხების კვლევა საქართველოში, თანასწორობის მოძრაობა, 2020*
http://www.equality.ge/wp-content/uploads/2020/09/Trans_health-2.pdf

14 *ქალთა უფლებების კანონმდებლობის შეფასება, ზიანის შემცირების საქართველოს ქსელი, 2021*
https://bit.ly/3L8QhmX

15 *Human Rights Violations Based on Sexual Orientation and Gender Identity in Georgia, Equality Movement & ECOM, 2020*
http://www.equality.ge/wp-content/uploads/2020/08/ECOM-Equality-Movement-HRCtee-Georgia.pdf

16 *საქართველოს სახალხო დამცველის ანგარიში, საქართველოში ადამიანის უფლებათა და თავისუფლებათა დაცვის მდგომარეობის შესახებ 2020*
https://www.ombudsman.ge/res/docs/20210401105739483 97.pdf

Within the framework of the Global Fund National and Regional Grants, as well as with the support of various donors in 2020-2021, a number of Covid-related activities were funded to support HIV prevention services for risk groups:

- **Teleclinic pilot project, which provided online medical and psychological services to various vulnerable groups;**
- **Provision of specific consumables for beneficiaries and staff of HIV prevention, treatment and HIV support programs – blankets, gloves, sterile coats, disinfectants, waste disposal boxes;**
- **Training for service providers on COVID prevention issues;**
- **One-time food assistance (one-month food basket) from the National and regional projects of the Global Fund;**
- **Increase home visits by ARV treatment mobile teams, provide medication and take blood samples to monitor compliance with treatment;**
- **Piloted ARV delivery by post for HIV-infected people living in the regions;**
- **The HIV self-testing platform was expanded, it became available not only for MSM groups, but also for PWID and CSWs, the availability of Self testing services in cities was expanded;**

By early 2022, the COVID-19 pandemic in the form of its mutated type, the omicron, continues to take risks that could lead to delays in providing services to at-risk groups. Experts suggest that the pandemic could continue for the next few years in the form of various mutations of the virus.

A guide to Contingency Planning for EECA countries

As noted, in 2020 international experts prepared a guide for planning HIV services for vulnerable populations in emergencies. Despite documented experience, at the time of publication of this guide (2020) there were no comprehensive recommendations for the provision of HIV services to vulnerable groups under emergency. However, this guide is a kind of framework document outlining key recommendations for continuously providing health services to vulnerable groups in unforeseen circumstances (COVID-19 and similar crises), which is also relevant for the EECA region, including Georgia[17].

Framework for Contingency Planning

Reducing HIV transmission	Reducing HIV-related illness or mortality	Reducing exposure to COVID-19 or other additional risks
While other priorities may take precedent during emergency situations, increased risk environment and risk behaviors may occur and result in increased transmission of HIV. Assuring that HIV prevention services remain accessible and utilized is key to preventing increased levels of HIV transmission.	In order to safeguard the gains in access to HIV treatment and viral suppression, it is critical to assure that PLHIV have uninterrupted access to antiretroviral treatment (ART) and monitoring. Other critical health services, including tuberculosis and viral hepatitis screening and treatment, should also be available to reduce the impact of coinfections.	Out of both the respect for the human rights of key populations, and also the public health benefit, it is critical to assure that key populations are not at increased risk for exposure to COVID-19 (or other emergency-related risks) due to their HIV-related health needs.

The framework of this guide is based on WHO consolidated guidelines on the prevention, diagnosis, treatment and care of vulnerable populations (WHO, 2016), which includes the following essential health interventions for HIV-vulnerable populations:

1	**HIV prevention**
2	**HIV testing and linkage to care**
3	**HIV treatment and care**
4	**Prevention and Management of Coinfection and Comorbidities**
5	**General Care (including sexual and reproductive health; nutrition/Social problems/low income, Violence; Information on COVID-19 prevention, awareness, vaccination; Sexual and reproductive health services**

17 *https://eeca.aph.org.ua/wp-content/uploads/2021/11/Guide-for-Contingency-Planning-for-KP-HIV-Services-RUS.pdf?fbclid=IwAR3KUOqiGl1FsBrHSnrGUEB2IuAUXtN33haBzpz63znTG6j3eH5OF7KEUIU*

Under each essential health intervention below, there are a variety of presentations of information to be used to guide contingency planning for continuity of key population services:

- **Stories from EECA** provide vignettes of the real experiences of key population communities and responses in EECA in 2020 and early 2021, often summarizing common challenges across countries. These provide some context for the Potential Disruptions and Potential Opportunities sections, described further below.
- **Positive Progress in EECA** provides examples of good practices and successful adaptations, either in an individual country or in several countries that took similar approaches to a discrete issue. These aim to provide positive examples that can be drawn upon as the user of this Guide develops ideas for their own contingency planning.
- **Potential Disruptions and Potential Opportunities,** by sub-element of each intervention, provide an analytical summary of the main disruptions that were observed across the region during COVID-19, framed in a generic manner that can foresee a range of different emergency types; and Potential Opportunities finds space for how to use problems to drive innovation and change and, in some cases, improved sustainability or efficiency.
- **Priorities for Continuity** provides a concise summary of the issues that must be addressed as top priorities for each essential health intervention; this summarizes information presented up to this point.
- **Preparedness Checklists** provide step-by-step actions that need to be taken at the policy, implementation and monitoring level in order to successfully achieve the items described in the Priorities for Continuity.

In addition to the above, there are other important and considerable factors to consider when planning contingencies, such as:

- Enabling Environment
- Financing
- Laws, policies and practices
- Antidiscrimination and protective laws
- Addressing violence against people from key populations

Resilient and Sustainable Health Systems (People-centered Services; Human Resources & Community Systems; Procurement & Supply Management; Data Systems and Use.

Interventions and key activities to address Chellenges caused by the pandemic proposed by CSOs, community and decision makers

HIV Prevention

HIV prevention, as an important part of the national HIV / AIDS response, includes condom and lubricant programs, harm reduction programs: a) syringe and needle programs, overdose prevention, and b) Opiate Substitution therapy, other drug treatment programs; Behavioral interventions; C) ARV therapy-related prevention (prep, pep); And d) HIV prevention in medical facilities.

There are specific risks / challenges associated with each activity during a pandemic and other large-scale emergencies, and it is important to anticipate it when planning emergency response activities.

Challenges and risks related to HIV prevention based on the experience of EECA countries, including Georgia, include:

1. **Limited access to HIV risk counseling and prevention services;**
2. **Lack of access and adherence problems for patients involved in substitution therapy and other drug treatment programs;**
3. **Low access to ARV-related preventive (PreP, PEP) programs, as well as less awareness among community members about these interventions;**
4. **Lack of sterile consumables due to pandemic, weakening of supervision over the spread of HIV and other blood-borne infections at medical facilities.**

Low Threshold HIV Prevention Programs (PWID, MSM, CSWs, Trans people)

In order to facilitate the smooth operation of HIV prevention services and the development of pandemic-adapted service models, it is important to review existing standard operating manuals for HIV prevention services and to prepare adapted protocols for different target groups. The updated protocols should provide for the continuous supply of vulnerable groups from outsourcing and service centers with sterile injections, which means delivering increased quantities of consumables during fewer visits (prevention of COVID transmission, difficulty of movement for program clients).

Significant intervention during transport restriction had revealed automatic vending machines operating in the capital Tbilisi. This intervention was originally intended for injecting drug users and their sex partners, but currently covers other risk groups too – MSM, SW, TG. During the pandemic, 10 vending machines provided supplies to beneficiaries. Distributed materials included packages for opiate and stimulants users, overdose; Package for overdose prevention with Naloxone; information materials; condoms; HIV self-tests. Given this experience, it is important if similar vending machines are added in other major cities and information about them is provided to community members through various communication channels.

One of the prerequisites for ensuring the continuous operation of HIV prevention services during lockdowns is the provision of free movement for staff (to come to work, provide consumables for outreach, risk counseling and testing for HIV and other STIs).

During pandemic and other emergencies, it is important to encourage ongoing access to online / remote behavioral interventions for emergency needs, including counseling on HIV prevention. Develop and implement alternative models of online outreach and "Peer-to-Peer" service delivery to vulnerable groups (taking into account coverage of secondary clients).

Due to the pandemic situation, it is necessary to train and equip people working in HIV prevention programs based on updated COVID prevention methodological guidelines. In turn, trained staff (VCT consultants, outreach workers) will share the information received with their beneficiaries, both during group peer education meetings or individual meetings.

Substitution therapy

Pandemic and other large-scale emergencies pose a significant challenge for patients involved in substitution therapy and other drug treatment programs, as they have to visit the program on a daily basis to receive doses. In this case, patients are facing two main problems: 1) restriction of movement during lockdown, they are unable to reach OST clinics; 2) Standing in lines in the hospital every day to receive the dose, which greatly increases the risk of COVID transmission. Due to these challenges, patients may have problems with adherence in OST treatment.

The recommended approach in this case is to review/update the standard operating procedures (SOPs) / clinical management guidelines for patients on Substitution Therapy to allow 5 days dose home-delivery to reduce daily visits, problems related to patient's travel, and COVID transmission risks. Rigid requirements for daily visits serve as a barrier to seek treatment for many individuals who might potentially benefit from this treatment. Treatment protocols and regulations need to ensure a balanced approach to medication dispensing practices while weighting against risks for diversion of treatment medications and enormous public health benefits associated with OST[18]. In addition, facilitating patient transportation during lockdowns (allowing them special access, on-site dosing, or other supportive activities) is on the agenda.

18 *IImpact of COVID-19 pandemic on illicit drug markets and drug users' behavior* ***https://altgeorgia.ge/news/2020-06-22-15-00-04/***

It is important to develop and extend an online / remote model of medical and psychological counseling across the country (telemedicine services) in order to support Substitution therapy patients as well as to address the psychological problems associated with the pandemic.

It is important to note that despite emergencies and the changing drug scene (low availability of street drugs, abstinence, or the use of synthetic drugs of unknown origin and composition) OST programs should have possibility to receive new clients in substitution therapy programs; On the contrary, all people who meets the inclusion criteria and wants to be involved in OST, should be supported and involved in the program in a timely manner.

Pre-exposition ARV therapy-related prevention (PreP, PEP)

A significant challenge during th pandemic can be the low availability of ARV-related preventive (PreP, PEP) services, mainly due to mobility constraints and less prioritization of HIV vulnerable groups (postponement of initiation of PreP program enrollment, "there is no appropriate time for it").

During contingency planning, client oriented service work should be considered to facilitate the continued operation of the PreP program, and to use "Peer-to-Peer" resources to plan and implement on-site delivery of medicines (Courier, Post).

Shortly after initiating the state of emergency, it is recommended to expand the PreP and PEP (post-exposure prevention) programs in large cities of the country with the involvement of community and non-governmental organizations, to develop innovative and online outreach to reach key affected population and disseminate relevant information about the importance of PreP and PEP programs through various communication channels.

Given the severe psycho-social background of the pandemic, especially among MSM and trans people, online medical and psychological counseling on a 24/7 basis is highly recommended to increase adherence in PreP program.

Prevention at health care settings

Directly at the level of medical facilities, the negative impact of the pandemic may be manifested in the shortage of existing sterile consumables, mainly related to transport restrictions / interruptions in the supply of medical supplies, which may be further aggravated by enhanced utilization of medical services. Due to pandemics and unforeseen conditions, there is a risk of weakening oversight of the spread of HIV and other blood-borne infections at medical facilities.

In order to prevent HIV trasmision at medical facilities, it is important to prioritize and facilitate the supply of sterile consumables, which may include at least the purchase and storage of supplies that have more than doubled in public procurement, and the supply of medical facilities as needed. Also, despite the pandemic, strict control and supervision over the protection of infection prevention and control should be maintained mechanisms by the responsible persons / organizations.

Further, considering the overload of infectious disease clinics during the pandemic, to ensure uninterrupted access to and provision of HIV/AIDS prevention and treatment services, it could be useful to consider integrating some prevention and/or treatment services into the services provided at the level of primary health care.

During planning and implementing the above-mentioned HIV prevention measures – Low Threshold HIV Prevention Programs (PWID, MSM, CSWs, Trans people), Pre-exposition ARV therapy-related prevention (PreP, PEP), Substitution therapy – it is equally important to assess access to services and barriers to services among vulnerable populations, for which a methodology / framework and a questionnaire should be developed in advance, which can be adapted according to the pandemic stage and risk group.

In addition, by the initiative of civil society, community and non-governmental organizations, as well as individual activists, it is important to develop transparent accountability procedures that include detailed information on the continuous and quality of preventive services during pandemic/emergencies.

HIV Testing & Linkage to Care

Facility-based and Outreach/Community testing; HIV Self-Testing

In order to ensure uninterapted HIV testing services different and rather innovative testing strategies should be implemented: Remote counselling appointments, HIV self-testing (on-site or by referral), No 'drop-in' service (only testing by appointment), Expanded outreach testing and Community based testing, Staff reinforcement.

When planning emergencies, consideration should be given to support HIV testing service providers so that they can test vulnerable population continuously and safely, based on updated methodological guidelines. It is also important to equip offices and outreach teams with defense equipment (staff and client) for safe testing (masks, sanitizers, gloves, deodorants, neutralization of used material). The number of reserve stocks should be sufficient for at least 6 months.

In order to expand HIV testing, it is reasonable to make maximum use of different models of outreach work, including mobile outpatient clinics and mobile groups with client-tailored routes. It is also important to develop online outreach models / introduce innovative models to improve coverage by testing different risk populations (especially young people).

As for HIV self-tests, some reserves of test systems need to be created to ensure uninterrupted supply to community. At a later stage, it is a priority to raise awareness among community members and distribute HIV self-tests through online platforms, outreach, service from offices, on-site delivery (courier, mail), as well as automatic vending machines.

In order to increase access to paid HIV self-testing (pharmacies, online subscriptions) it is necessary to initiate a dialogue with pharma distributors to provide information on HIV self-testing in their pharmacy chains (banners, posters in pharmacies). In this case, access to self test would have those individuals who have risky behaviors but don't use HIV prevention services/or don't know about their existence.

It is also important to conduct national HIV testing campaigns to increase awareness among society, especially vulnerable population about the importance of HIV and other STI testing regardless of the extent of the pandemic. Information about existing free HIV testing services should be routinely delivered to targeted population through different communication channels.

Linkage to Care

The proposed approach aims to increase awareness among vulnerable groups about free HIV diagnostic and treatment services in order to prevent their late involvment in the ARV treatment program. Increased efforts are needed to provide rapid HIV confirmation through a variety of means of communication, and in the case of HIV self-testing, further advice and referral for HIV self-testing for vulnerable populations should be readily available and actively offered by service providers.

Given the maximum workload of infectious disease clinics due to the pandemic, low availability of HIV confirmation testing poses some risks, especially for regions, as HIV confirmation testing is currently only available in Tbilisi (Scientific-Practical Center for Infectious Diseases, AIDS and Clinical Immunology). Accordingly, decentralization of HIV confirmation studies should be promoted in accordance with WHO recommendations.

The approach proposed by international experts envisages updating the ARV Clinical Management Guidelines / Standard Operating Procedures (SOPs) to initiate ARV treatment even if CD4 diagnostic tests are not available due to an emergency.

One of the important directions of the national response to HIV / AIDS is the timely initiation of ARV treatment in newly diagnosed individuals, for which the list of important measures at the community level level includes individual case management, social support, as well as introduction of linkage to follow-up program.

HIV treatment and care

Antiretroviral treatment, ARV treatment monitoring

Limited access to antiretroviral (ARV) treatment for high-risk groups during pandemics and other emergencies poses a significant challenge. On the one hand, the problem is caused by delayed transport and quarantine measures, and on the other hand, the fear of COVID transmission, which is associated with visits to infectious diseases facilities. An additional challenge is the busy work schedule of staff at Infectious Diseases Clinics.

Proposed Approach / International Practice for Ensuring Continuous Access to ARV Drugs envisages updating the ARV Clinical Management Guidelines / Standard Operating Procedures (SOPs), which includes delivering at least 3-6 months of ARV medications:

A) **on-site transportation (mobile brigades, courier, post office);**

B) **Integration of ARV drug delivery into other treatment programs (TB DOTS, OST);**

C) **Coordination with self-suppport services of PLHIV and HIV prevention programs to deliver ARV medicines to Outreach.**

Considering the fact that infectious disease clinics work under maximize workload during pandemic, access to ARV treatment should be expanded by the addition of clinical service providers in the regional cities, which should be preceded by training of relevant staff;

The revision of the standard operational procedures of ARV treatment should also include reducing the frequency of diagnostic tests in patients with ARV suppression, increasing access to clinical trials, and other clinical monitoring services for new patients and patients with high viral loads.

In order to engage PLHIV in ARV treatment, as well as to increase treatment adherence among them, it is important to provide increased access to the necessary psychological and psychiatric counseling for HIV-infected people, through telemedicine or other online models.

Extension of Peer-to-Peer interventions to provide psychological support is essential to maintain treatment adherence. Besides to that, review of data monitoring practices and implement pandemic-adjusted measures to find and track missing patients for HIV treatment. Low-threshold HIV prevention services and / or mobile outpatient clinics may be available to offer viral load testing for vulnerable groups.

Prevention and Management of Coinfections and Comorbidities

Coinfections – TB, Viral Hepatitis

Despite pandemics and other large-scale emergencies, screening and treatment for tuberculosis and viral hepatitis should be considered as essential health services for at least vulnerable populations and HIV-infected individuals[19]. In order to effectively manage co-infections during pandemic, close cooperation between the State Hepatitis C Elimination Program, the State Tuberculosis Program, the National Center for Disease Control and Public Health, the Special Penitentiary Service, non-governmental and community organizations is important.

As a significant challenge during pandemic is the lack of awareness and low availability of diagnostic and treatment services and medications for tuberculosis and viral hepatitis, response to these challenges should be considered when planning high-risk HIV services for emergencies.

Proposed activities may include increasing access to TB and viral hepatitis screening for vulnerable populations and HIV-infected individuals through their integration into mobile HIV ambulatories services (by removing transportation and other barriers). As well as promoting the expansion of decentralization of confirmatory testing on tuberculosis and hepatitis C (including SWR and reinfection studies), and the active use of the potential of community organizations, e.g. ensuring sputum transportation from Outreach to the appropriate Ginexpert laboratory or clinic;

Planning should also include activities such as: support for TB-vulnerable populations (including treatment for latent TB infection), support for video surveillance therapy, incentives and enhancements (funding for patients with Internet / Android costs); Supply of at least 1 month supply of TB medicines on the spot; Integration with the existing ARV medication delivery scheme for HIV-infected individuals; Removal of transportation barriers for persons involved in HCV treatment to receive treatment monitoring services, delivery of DAA drugs on site using post / courier / mobile ambulances; Individual Case management of hepatitis C and TB screened positive cases by low threshold program staff (social / outreach worker, case manager), social support for vulnerable groups / patients in health care services, and inclusion of follow-up program in HIV treatment program.

Also, one of the important interventions in the management of co-infections during the pandemic is the planning and development of telemedicine services.

19 *Guide for Contingency Planning for Key Population HIV Services during COVID-19 and Other Emergencies*

Mental Health

Psychological and mental problems and the lack of day-to-day crisis services (face-to-face, remote) during the pandemic were seen as significant barriers to accessing basic medical and social services for vulnerable populations (including HIV-infected, co-infected people).

Response to these challenges, planning of HIV services for high-risk emergencies should include expanded access to mental health services (as part of the Support Package for Vulnerable Population) to meet the increased needs during emergencies, with maximum utilization of existing psychological and mental health services. It is also important to train professional and non-professional staff to provide first aid to vulnerable populations, to provide Peer-to-Peer interventions, including providing day-to-day online and virtual crisis assistance services, and to use telemedicine approaches for psychological counseling.

General Care

During pandemic conditions (and not only), general care for vulnerable groups combines important social and health services that facilitate and / or are directly related to the effective implementation of HIV prevention, diagnosis and treatment in vulnerable groups:

1. **Social problems (loss of job / income and permanent residence, shortage of basic livelihoods (food, rent, utility costs);**
2. **Increased vulnerability to violence, including domestic violence and gender-based violence;**
3. **Prevention, awareness, vaccination of COVID-19;**
4. **Access to sexual and reproductive health services;**
5. **Access to safe spaces and social integration;**

In case of unforeseen circumstances, it is recommended to create a fund for providing basic needs to the vulnerable groups, which will provide material support to the members of the community who are the left without source of income and housing; To support creation of this fund, proactive Crowdfunding campaign by NGOs and community organizations should be initiated to fund the community's basic needs.

Proposed intervention for much affected vulnerable populations such as transgender people, MSM, women drug users, victims of violence – it is necessary to create shelters that will provide them with food, various medical and social services, employment promotion, development of professional skills, involvement of psychologists (individual and group interventions).

Based on the experience of different countries, in order to minimize the increased cases of violence during the pandemic, it is important to establish and develop a referral network of violence prevention, timely detection and response mechanism to it, which will be particularly active during COVID-19 pandemic. Information about these services should be provided continuously to the general public, with a greater focus on beneficiaries (TV and radio campaigns, social networks, distribution of addresses about network service sites by cities, operation of a hotline 24/7 for initial consultations and referrals).

To respond chellenges related to human rights in regard to access to HIV and healthcare services it is important to maintain and expand REAct program in all major regions of the country to document and manage barriers. It is recommended that the reactors be mainly representatives of key HIV groups – social workers and lawyers employed by the HIV community and service delivery organization.

It is also important to plan, conduct and expand the work with LGBT + family members on issues of stigma, discrimination and acceptance, and to establish an effective legislative mechanism and system for responding to gender-based violence / domestic violence and discrimination, taking into account the specifics of vulnerable groups. In order to achieve this, closer collaboration between Civil society organizations and Parliamentary Committee on Human Rights.

In order to minimize the myths about COVID-19 myths among community members, the proposed interventions are to implement a proper, targeted informationa-educational campaigns by applying different communication channels for different risk groups, to prepare and distribute educational materials; Increase the role of NGOs and community organizations involved in the delivery of HIV / AIDS services in COVID-19's national response, by COVID councelling, screening, promoting of vaccination and refer them to necessary services; introduce Peer-to-Peer trainings; Diversify communication channels and widely introduce direct communication to key populations, capturing channels such as open and closed groups on social networks, dating apps (Grind, gayromeo, hornet, etc.) and other community-tailored channels.

During emergencies, both the supply and demand of sexual and reproductive health services may become less priority health intervention. The list of services required for vulnerable groups, based on international recommendations, should include access to these services, both in the capital and in the regions, for which it is advisable to review / update existing regulations to increase involving NGOs / service providers in sexual and reproductive health service delivert. It is also important to use mobile applications and telemedicine services to provide information and counseling on sexual and reproductive health issues to high risk groups, and to integrate distribution of contraceptives into existing HIV prevention programs.

Based on the recommendations of the situational analysis and methodological guidelines, as well as discussions with community members, NGOs and decision makers, the proposed HIV planning emergency interventions and key activities for high-risk groups for COVID-19 and other emergencies are described in Annex N1.

Annex 1. Contingency planning of HIV services for key population during Covid-19 and other emergencies in Georgia

Intervetion	Assessing the situation, Risks	Activity planning (Recommendations)	Implementer agency
1. HIV prevention **A)** Needle and syringe program; Overdose prevention; Condom and lubricant program; Behavioral interventions **B)** Substitution therapy, Other drug dependency treatment **C)** ARV-related prevention (PrEP / PEP) **D)** HIV prevention in health care settings	**1.** Limited access to HIV risk reduction counseling and prevention services.	**1.1.** To develop guidance/protocol and introduce in the delivery of HIV prevention services for different key population groups (KPs). To support service delivery organizations in provision of uninterrupted HIV prevention services during lockdowns (Providing NGOs with all the necessary distributing and safety materials; to support creating working environment to ensure the continuity of HIV services);	Ministry of Health, NCDC, Service provider organizations
		1.2. To ensure continuous supply of PWUD groups from outreach and service centers with sterile injecting materials (Increased quantity with fewer visits)	Ministry of Health, NCDC, Service provider organizations
		1.3. Introduction and development of providing services to PWUDs with alternative peer to peer model-delivery model (Including secondary clients)	NCDC, Service provider organizations
		1.4. Continuous distribution of supply materials by automatic vending machines in major cities of the country	NCDC, Service provider organizations
		1.5. Support ongoing access to online/ remote behavioral interventions for urgent needs, including counseling on HIV prevention.	NCDC, Service provider organizations
		1.6. Training and providing proper equipment for COVID prevention for Outreach staff based of uptaded methodological guidelines	NCDC, Service provider organizations
		1.7. Developing a Study framework for different risk populations on access to their preventive services and all the barriers in services during emergencies.	Ministry of health, NCDC, Service provider organizations
		1.8. Develop accountability procedures about the continuously and qualitatively operating of preventive services	Civil society / NGOs / Individual activists

Intervetion	Assessing the situation, Risks	Activity planning (Recommendations)	Implementer agency
	2. Restriction of movement and the problem of tolerance for patients who use substitution therapy and other drug dependency treatments.	**2.1.** Updating of Standard Operating Procedures (SOP) / clinical management guidelines, allowing OST patients to receive take-home doses for at least 1 week, Reduction of daily visits, in order to reduce travelling and contact risks	Ministry of health, Center for Mental Health and Prevention of Addiction
		2.2. Facilitate patient transportation during lockdowns (Special permitting passes for patients, On-site delivery or other supportive activities), developing mobile OST programs for regional cities	Ministry of health, Center for Mental Health and Prevention of Addiction Minitry of Internal Affairs
		2.3. Facilitate the inclusion of new clients in substitution therapy programs despite the emergency situation	Ministry of health, Center for Mental Health and Prevention of Addiction
		2.4. Online/ Remote medical and psychological counseling for patients in substitution therapy, to increase tolerance for treatment	Ministry of health, Center for Mental Health and Prevention of Addiction, NGOs
	3. ARV-related prevention (PrEP, PEP) services low availability; Less awareness among community members	**3.1.** To expand PrEP and PEP programs in major cities of the country	NCDC AIDS Center Community-led organizations
		3.2. To support the continuous operation of the PrEP and PEP program despite the state of emergency, On-site delivery of medicines (Glovo, Courier, Mail), shared transportation to deliver ART, RRT, and PREP; increase access to PreP medications for at least 3 months	NGOs and community-led organizations, AIDS Center
		3.3. Online medical and psychological counseling for community members on PrEP and PEP 24/7	NGOs and community-led organizations, AIDS Center
		3.4. To enhance dissemination of information about PEP program among different key populations	NGOs and community-led organizations

Intervetion	Assessing the situation, Risks	Activity planning (Recommendations)	Implementer agency
	4. Deficiency of sterile consumables due to pandemic, Lack of surveillance for the spread of HIV and other blood-borne infections at medical facilities	**4.1.** To create buffer stocks of sterile distributing materials to ensure uninterrupted supply of medical institutions as needed;	Ministry of Health NCDC
		4.2. Despite the pandemic, strict control over the protection of infection prevention and control mechanisms	NCDC Medical insitutions
		4.3. Integrating some prevention and/or treatment services into the services provided at the level of primary health care.	NCDC Medical insitutions
2. HIV Testing and Linkage to Care **1.** Facility-based HIV testing services **2.** HIV testing in the community / outreach **3.** HIV self-testing **4.** Linkage to care	**1.** Low availability and / or low utilization of Facility-based and outreach HIV testing services because of transportation and mobility restrictions	**1.1.** To support service delivery organizations in provision of uninterrupted HIV testing during transport and mobility restrictions;	Ministry of health, NCDC, Service provider organizations
		1.2. Training of staff based on updated COVID methodological guidelines	NCDC, Service provider organizations
		1.3. Equipping offices and outreach teams with COVID protecting equipment for safe testing (masks, sanitizers, gloves, dezo-barriers, safe neutralization of used material)	Ministry of health, NCDC, Service provider organizations
		1.4. Maximize the use of various outreach models, including mobile outpatient clinics and mobile outreach groups with customized routes.	NCDC, Service provider organizations
		1.5. Development of online outreach models / introduction of innovative models to improve coverage by testing of different risk populations (especially young people)	NCDC, Service provider organizations

Intervetion	Assessing the situation, Risks	Activity planning (Recommendations)	Implementer agency
	2. Low awareness and accessibility of on HIV self-testing among community members	**2.1.** To create buffer stocks of HIV self-tests for effective use and uninterrupted HIV testing during lockdowns	Ministry of health, NCDC
		2.2. Distribution of HIV self-tests through online platforms, at outreach, by service providers from offices, on-site delivery (courier, mail)	NCDC, Service provider NGOs and community-led organizations
		2.3. Distribution of HIV self-tests by automatic vending machines	NCDC, Service provider NGOs
		2.4. Expanding access to paid HIV self-testing (pharmacies, online subscription)	Ministry of health, NCDC
	3. Lack of awareness of referral (free diagnostic and treatment) services and late enrollment in ARV treatment program	**3.1.** Provide rapid suggestion of HIV confirmation testing through various means of communication, and timely initiation of ARV treatment	NGOs and community-led organizations NCDC
		3.2. Follow-up consultation and referral for easily accessible and actively offered HIV self-testing for vulnerable populations (as recommended by WHO)	NGOs and community-led organizations NCDC
		3.3. Due to increased load on Infectious diseases specialized clinics, to increase access to HIV confirmation testing in all regions, facilitate of decentralization; Utilization of GenExpert devices at public health centers and community organizations for HIV confirmatory testing too.	Ministry of health, NCDC, AIDS Center

Intervetion	Assessing the situation, Risks	Activity planning (Recommendations)	Implementer agency
	4. Delayed enrollment in ARV treatment program	**4.1.** Individual Case Management, social support and assistance, implementation of follow-up program for inclusion in HIV treatment program.	NGOs and community-led organizations NCDC
		4.2. Update ARV Clinical Management Guidelines / Standard Operating Procedures (SOPs) to initiate ARV treatment even if CD4 diagnostic tests are not available due to an emergency.	AIDS Center
3. HIV / AIDS treatment and care **1.** Antiretroviral treatment **2.** Routine monitoring of ARV treatment **3.** Prevention of mother-to-child transmission of HIV	**1.** Limited access to antiretroviral (ARV) treatment	**1.1.** Update ARV Clinical Management Guidelines / Standard Operating Procedures (SOPs) for increased and continuous access to ARV medications for at least 3 months, despite restrictions of movement and transport bans	Ministry of health, NCDC AIDS Center
		1.2. Ensuring the sustainability of long-term drug supply practices: **A)** on-site transportation (mobile brigades, courier, post office); **B)** Integration of ARV drug delivery into other treatment programs (TB DOTS, OST); **C)** Coordinating with HIV prevention programs to deliver ARV medicines to Outreach;	Ministry of health, NCDC AIDS Center
		1.3. Develop and implement a model of decentralization of treatment taking into account the maximum workload of infectious clinics due to the pandemic with a focus on primary health care centers; Retraining / training of relevant staff	Ministry of health, AIDS Center
		1.4. Provide increased access to the necessary psychological and psychiatric counseling for PLHIV through telemedicine or other online models to increase treatment adherence	Ministry of health, NCDC AIDS Center NGOs and community-led organizations
		1.5. Extend "Peer to Peer" Psychological and Community Support Interventions	NGOs and community-led organizations
		1.6. Review data monitoring practices and implement Pandemic-adjusted measures for finding / tracking missing HIV patients for treatment	AIDS Center

Intervetion	Assessing the situation, Risks	Activity planning (Recommendations)	Implementer agency
	2. Limited access to routine ARV treatment monitoring	**2.1.** Revise the standard operational manuals / guidelines of ART, reduce the frequency of diagnostic testing among patients with viral suppression; To increase access to clinical tests and other clinical monitoring services for new patients and patients with high viral load	Ministry of health, NCDC AIDS Center
		2.2. Development and implementation of telemedicine and remote services for ARV treatment adherence and routine clinical monitoring	AIDS Center Ministry of health, NCDC
		2.3. Use of low-threshold services or mobile ambulances/outpatient clinics to offer viral load testing for PLHIV	Ministry of health, NCDC, AIDS Center, NGOs and community-led organizations
	3. Limited access to prevention of mother-to-child transmission of HIV	**3.1.** Provide increased access to ARV medicines for HIV-infected pregnant women (3-6- month supply of ARV medicines, on-site transportation of medicines), necessary psychological and support counseling, if necessary, via telemedicine or other online models	Ministry of health, NCDC AIDS Center NGOs and community-led organizations
4. Coinfections and comorbidities **1.** Tuberculosis **2.** Viral hepatitis **3.** Mental health	**1.** Low awareness and less accessibility to diagnostics and treatment services and medicines for Tuberculosis and Viral Hepatitis	**1.1.** Increase access to screening of TB and viral hepatitis among key vulnerable populations and PLHIV through mobile ambulances to integrate them into HIV services (removing transportation and other barriers for them)	NCDC NGOs and community-led organizations
		1.2. Decentralization of confirmatory testing on TB and hepatitis C (including SWR and reinfection studies), active use of the potential of community-led organizations	NCDC NGOs and community-led organizations
		1.3. Introduce / support video surveillance therapy for vulnerable populations with TB (including treatment of latent TB); On-site delivery of TB medicines; Integration TB treatment into ARV medication delivery scheme for PLHIV	Ministry of Health/ State Program for the Elimination of Hepatitis C / State Tuberculosis Program, NCDC NGOs and community organizations

Intervetion	Assessing the situation, Risks	Activity planning (Recommendations)	Implementer agency
		1.4. Removal of transportation barriers for persons involved in the treatment of hepatitis C to receive treatment monitoring services, on-site delivery of DAAs (mail, courier), use of telemedicine services	Ministry of Health/ State Program for the Elimination of Hepatitis C / NCDC NGOs and community organizations
		1.5. Case management of hepatitis C and TB screened positive cases, social assistance and support in getting medical services, implementation of follow-up program for inclusion in treatment programs	Ministry of Health/ State Program for the Elimination of Hepatitis C / State Tuberculosis Program, NCDC NGOs and community-led organizations
	3. Psychological and mental problems among key affected population (PLHIV, co-infections), lack of day-to-day crisis assistance services (face-to-face, remote);	**3.1.** Expand access to mental health services to meet increased needs during emergencies	Ministry of Health, Mental Health Center
		3.2. Formation of referral network of psychological and mental health services, maximum utilization of existing resources	Ministry of Health, Mental Health Center, NGOs
		3.3. Training of staff and Peer educators on first psychological aid; Develop "Peer to Peer" model-based psychological support interventions, including online and virtual support services	Ministry of Health, Mental Health Center, NGOs and community-led organizations
		3.4. Applying telemedicine approaches to psychological c ounseling and psychiatric counseling	Ministry of Health, Mental Health Center, AIDS Center, Family Medicine Center, NGOs

Intervetion	Assessing the situation, Risks	Activity planning (Recommendations)	Implementer agency
5. General care **1.** Social problems, low income **2.** Violence **3.** Information on COVID-19 prevention, awareness, vaccination **4.** Sexual and reproductive health services	**1.** Due to pandemic, loss of job / income and permanent residence, shortage of basic livelihoods (food, rent, utility costs);	**1.1.** Civil society and community-based organization to establish a fund for providing support and ensuring access to basic socio-economic needs of community members left without source of income and housing	NGOs and community-led organizations; NCDC (Global Fund Program, Financial Savings in HIV / AIDS and Tuberculosis Programs)
		1.2. Proactive Crowdfunding campaign by NGOs and community-led organizations to fund the community's basic needs.	NGOs and community-led organizations; Individual activists
		1.3. Creating shelters for vulnerable people, which will provide food, medical and social services, support in employment	Ministry of Health, NGOs and community-led organizations;
	2. Increased vulnerability to violence, including domestic violence and gender-based violence; Low access to safe spaces and social integration;	**2.1.** Maintaining violence prevention, timely detection and response mechanism and referral network in the context of the COVID-19 pandemic and providing information on these services to beneficiaries	MIA, NGOs and community-led organizations, Domestic Violence Prevention ServicesMinistry of Health
		2.2. Expand the Human Rights Violation Monitoring and Response System (REAct) to document and manage barriers to access to HIV and health services related to human rights for community members	NGOs and community-led organizations NCDC
		2.3. Create an effective legislative mechanism and system for responding to gender-based violence / domestic violence and discrimination, taking into account the specifics of vulnerable populations	Parliament of Georgia, NGOs and community-led organizations
		2.4. Implement community-based activities, including group therapies, community gatherings, and various activities	NGOs and community-led organizations NCDC

Intervetion	Assessing the situation, Risks	Activity planning (Recommendations)	Implementer agency
	3. Knowledge of COVID-19 transmission and prevention ways is fragmented and insufficient among community members, spreading various myths to at-risk groups (Covid does not target smokers and drug users; blood type and Rhesus factor determine virus transmission; vaccine does not work / it is more risky)	**3.1.** Preparation and distribution of COVID-19 information-educational material tailored to key populations together with other HIV services package	NGOs and community-led organizations NCDC
		3.2. Increase the role of NGOs and community-led organizations involved in the delivery of HIV / AIDS services in COVID-19's national response, advising, screening, promoting vaccination and referral	NGOs and community-led organizations NCDC Ministry of Health
		3.3. Diversify communication channels and widely introduce direct communication to key populations, capturing channels such as open and closed groups on social networks, dating apps (Grind, gayromeo, hornet, etc.) and other community-tailored channels	NGOs and community-led organizations NCDC Ministry of Health

References

- Guide for Contingency Planning for Key Population HIV Services during COVID-19 and Other Emergencies ***https://eeca.aph.org.ua/wp-content/uploads/2021/11/Guide-for-Contingency-Planning-for-KP-HIV-Services-RUS.pdf?fbclid=IwAR3KUOqiGl1FsBrHSnrGUEB2IuAUXtN33haBzpz63znTG6j3eH5OF7KEUIU***
- Access of Key Populations, People Living with HIV and TB to Medical, Prevention and Social Services During COVID-19 Pandemic ***https://georgia.unfpa.org/en/publications/access-key-populations-people-living-hiv-and-tb-medical-prevention-and-social-services***
- Community needs to be included in C19RM Funding Request, GHRN, 2021
- Impact of COVID-19 pandemic on illicit drug markets and drug users' behavior ***https://altgeorgia.ge/news/2020-06-22-15-00-04/***
- ***WHO guidance for contingency planning***
- ***Guidance for health system contingency planning during widespread transmission of SARS-CoV-2 with high impact on healthcare services,*** (ECDC)
- The Global Fund report on ***impact of COVID-19 on HIV, TB and malaria programs*** (April 2021)
- European AIDS Treatment Group (EATG) ***COVID-19 crisis' impact on PLHIV and Communities Most Affected by HIV*** (April 2020)
- A ***Rapid Situation Assessment on Quarantine Measures' Affect to LGBT Community NGOs Working in the Field of HIV Prevention*** (April 2020, ECOM)
- ***Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia*** (May 2020)
- **COVID-19 crisis impact on access to health services for sex workers in Europe and Central Asia** (June 2020)
- PEPFAR's EpiC: **Ensuring uninterrupted essential HIV treatment services to clients during the COVID-19 pandemic** (May 2020)
- Methodological guidance for Harm Reduction Service to work during COVID-19 Pandemic ***https://ghrn.ge/info/493/***
- Emergency Work Protocol, Information Medical-Psychological Center Tanadgoma
- Clinical management of tuberculosis and new coronavirus (SARS-CoV-2) infection (COVID-19), State Standard for clinical condition management (protocol), 2020 ***https://www.moh.gov.ge/ka/guidelines/***