

Georgia

COVID-19 RESPONSE AND IMPACT ON HIV AND TB SERVICES

(see at this link [Georgia full report](#))



Population ¹	3,717,000
COVID-19 deaths per 100,000 population (at 1 February 2021)	85.5
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



Highlights

- Early preparedness, strict regulatory measures, and well-equipped laboratories saw relatively low COVID deaths;
- Take-home doses for opioid substitution therapy were first approved during the COVID-19 pandemic;
- The use of mobile brigades to deliver HIV and TB services;
- Women, ex-prisoners, people who use drugs, and internally displaced persons face increased barriers to access medical care, particularly due to income losses and distance to health facilities.



Executive Summary

Georgia is 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 TB².

Georgia's early COVID-19 responses have been lauded as a positive example for countries struggling with the pandemic, with only 652 confirmed cases and 12 deaths in May 2020.³ The country acted quickly, instituting border screenings and quarantine hotels, as well as relying on well-equipped laboratories for testing. In the words of Tamar Gabunia, the Deputy

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 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

Minister of Labor, Social Affairs, and Health,
who spoke to us for this publication:

- *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... 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. Initially, our testing capacity was around in March, for instance, our testing capacity was 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.*

A state of emergency was declared on 21st March 2021, and individuals who broke rules on physical distancing and curfews were subject to fines. As seen above, the country also scaled up testing capacity, and procured antigen rapid diagnostic tests for this purpose as well.⁴

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 pursuant to loosening of restrictions.⁵ As cases rose, hospitals began to be inundated. At time of publication of this one-pager, curfews are still in place between the hours of 9pm and 5am and public and private transportation is not permitted, exception for essential needs such as medical services. Restrictions have been shown elsewhere to limit health-seeking behaviour⁶ and ability to access TB care centers.⁷ The below bullet points and quotes describe the effects on HIV and TB care in Georgia.

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

5 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

6 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

7 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, Harm Reduction, and TB Care

■ HIV Care.

The COVID-19 pandemic saw numerous effects on access to essential HIV and TB services, including adaptations to how medications were delivered to patients, reduced in-person care with clinicians, and losses of income affecting the ability for groups to

access services. In HIV care, mobile brigades to deliver medications were mobilized,⁸ safer sex interventions from NGOs were accompanied with masks and sanitisers,⁹ and some patients had to undergo HIV treatment regimen changes due to stockouts of some medications.¹⁰

■ *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.*

■ Harm Reduction.

Early in the pandemic, there were a number of effects to harm reduction services as the state of knowledge about COVID was still evolving, and thus NGO outreach teams acted in precautionary ways by reducing frequency of outreach, while at the same time increasing the number of materials provided to people who use drugs.¹¹ The COVID-19 pandemic also brought some opportunities, notably in the approval of 5-day take home doses for OST, which was previously opposed by authorities. The introduction of these policies led to some controversy, were

withdrawn, and after advocacy by the Georgian Harm Reduction Network, this was reinstated.

■ TB Treatment and Care.

Georgia is in a WHO European region list of high priority countries for TB.¹² According to the Global Tuberculosis Report 2020, approximately 12% of new cases have MDRTB, and there are approximately 3,000 new cases annually.¹³ The overall effects of the COVID-19 pandemic are summarised in the below mind map:

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

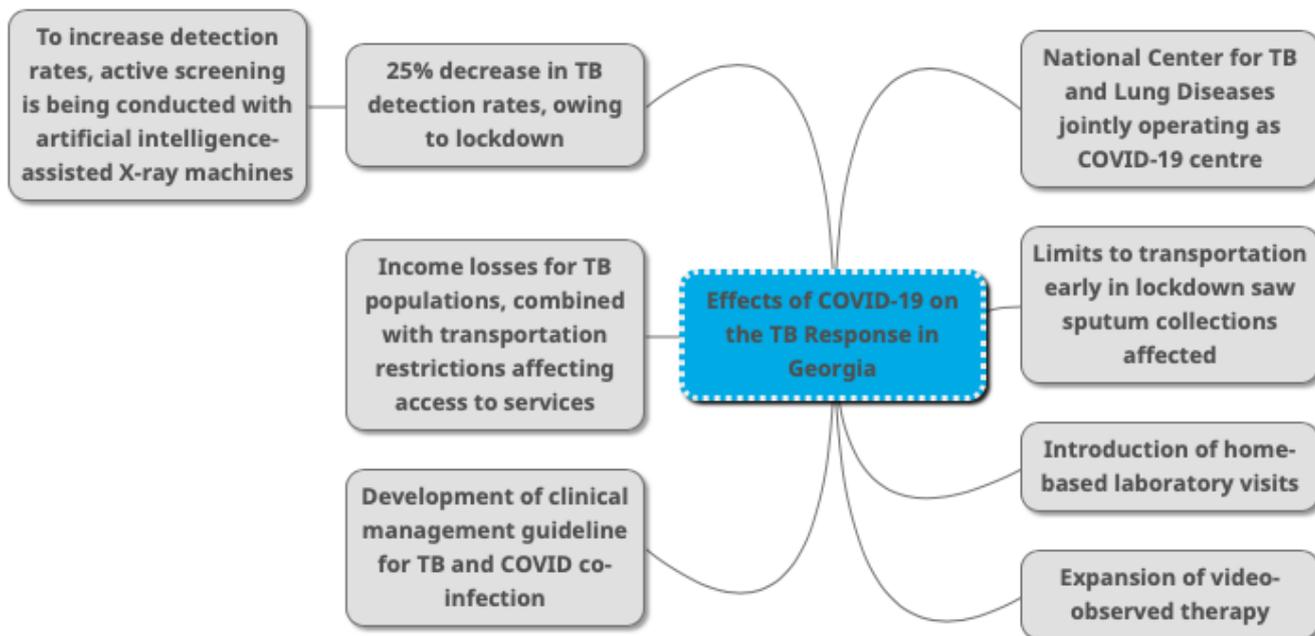
9 Written interview with Tanadgoma, an NGO working on HIV services for MSM, transgender populations, and sex workers.

10 Interview with Kristina, health care specialist (pseudonym used per request) (Zoom, 26th December 2020) (see larger report for more details, available at this link: <https://aph.org.ua/wp-content/uploads/2021/04/georgia-red.pdf>)

11 Interview with Maka Gogia, Georgia Harm Reduction Network (Zoom, 21 December 2021) 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

12 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

13 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



Recommendations

- Introduction of TB screening in fevercentres for those found negative for COVID-19 but exhibiting respiratory symptoms;
- Welfare support for vulnerable populations, particularly women living with TB, internally displaced persons, people who use drugs, and ex-prisoners;
- Mobile units to be well-funded and equipped to provide services to those in remote areas.