



GEORGIA AND THE GLOBAL FUND

SITE VISIT ITINERARY, TBILISI, GEORGIA, FRIDAY 10 DECEMBER 2010

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Departure from Hotel
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1. Visit of DOTS center at general medical clinic
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2. Visit of Gldani prison methadone substitution and voluntary counseling and testing centers: Presentation by Tanadgoma, local nongovernmental organization
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3. Tour of Ksani Tuberculosis Colony
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4. Visit to National Center of Tuberculosis and Lung Diseases
.....
5. Tour of Infectious Diseases, AIDS and Clinical Immunology Research Center
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Return to hotel
.....

Evening event hosted by the government of Georgia



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

THE ROLE OF THE COUNTRY COORDINATING MECHANISM

The broad representation of stakeholders in the CCM, including governmental and nongovernmental organizations, multilateral partners, academic institutions and civil society, create an excellent perspective for addressing inclusive and multisectoral national responses to HIV, TB and malaria in the context of overall health care reform. The capacity and experience of individual CCM members can be described as follows:

- a) Representatives of the Government of Georgia and of the Ministry of Labor, Health and Social Affairs of Georgia plan and oversight implementation of health systems strengthening interventions that include developing physical infrastructure and human resources, and introducing regulations aimed at improving quality of health services.
- b) Academic institutions have a direct role in implementing human resource strengthening interventions including developing professional competencies and training programs and delivering trainings. This experience is invaluable in defining which professions have to play a key role in delivering HIV/AIDS preventative and treatment services throughout the system.
- c) Nongovernmental organizations-having extensive experience in implementing community based HIV/AIDS and TB/MDR-TB preventive interventions, research and advocacy activities greatly support in understanding of the system's needs (integration of TB control in the Primary Health Care (PHC) network, issue of stigma, social support for MDR-TB cases and release detainees with TB/MDR-TB) and thus, inform planning decisions.
- d) People living with HIV help to identify key weaknesses. Examples include identifying access barriers to health services, low quality of services, lack of care and support services, discrimination in healthcare settings, inadequate treatment by healthcare professionals and etc.
- e) Multilateral partners finance comprehensive health reform interventions and oversight implementation of various projects that include health system strengthening activities (e.g. safe blood policy and strategy, health insurance system strengthening, PHC reform, clinical guideline development, TB control in prisons, piloting of PHC service provision in prisons of Georgia to protect prison TB control and to support integration with civilian PHC system, PHC reforms in civilian sector, training of PHC family doctors on TB control etc.). The CCM members representing donor agencies assist in mapping of available international resources aimed at health systems strengthening. Thus, funding gaps can easily be identified and actions taken for mobilization of adequate resources.

DOTS CENTER AT THE TEMKA PRIMARY HEALTH CARE MEDICAL CLINIC

The Georgia National Tuberculosis Program - in collaboration with U.S. Agency for International Development (USAID) through its implementing partner Medical Services Corporation International (MSCI) -started a program to improve the treatment of TB in Georgia by implementing DOTS. This program designed a comprehensive approach, called "DOTS Spots", where TB-trained nurses distribute medications.

The DOTS Spot at the general clinic in Temka (a district of Tbilisi), was established in 2006. In 2008, in line with initiation of the universal access to second-line treatment in Georgia, DOTS-Plus was also added. Currently, there is one DOT room for sensitive TB and two DOT rooms for MDR-TB patients. The Temka DOT spot is one of the biggest and serves a large number of patients who undergo outpatient treatment at the National Center of Tuberculosis and Lung Diseases' outpatient clinic. The spot has several advantages: separate entrance that ensures anonymity, isolation of resistant and sensitive TB patients within separate rooms, separate "wet" cell with uninterrupted water supply and corridor system.

DOT is provided five days per week for sensitive TB patients by one nurse and six days per week (including Saturdays) by two DOT nurses from 10:00 am to 5:00 pm. The number of patients visiting the DOT spot daily varies from month to month, on average 30-40 sensitive and 25-30 MDR-TB patients are receiving treatment each day. When patients do not show up, the DOT nurse contacts the patient by phone and if the patient is not able to visit the DOT spot the nurse goes to the patient. On average each nurse has to perform two to six outreach visits daily.

Through the Global Fund grant, the DOTS center has been able to purchase refrigerated equipment for the storage of the drugs, provide the salaries of the nurses and implement an incentive program for the patients to ensure adherence to treatment.

GLDANI PRISON

Gldani Prison, or Prison #8, serves as a pre-detention facility, and prisoners can stay in this facility up to nine months. During this time the patient may receive medical treatment for up to three months, including drug rehabilitation (including psychological support).

The three doctors and two nurses who staff the medical center have been trained at the Research Institute on Addiction on methadone substitution programs. Before treatment, prisoners are seen by the head of methadone substitution therapy program and undergo a thorough medical examination. The visit is scheduled to include a visit of the center and meetings with both the program staff and some of the prisoners undergoing treatment.

With the financing from the Global Fund, the medical facility is able to procure methadone, purchase the medical tests and supplies necessary for the program, develop educational materials for the prisoners and participate in training. The Global Fund grant also provides funding to maintain the physical infrastructure of the center.

TANADGOMA

Tanadgoma (its name means "support") is a local nongovernmental organization that was created along the lines of the center for information and counseling established by Médecins Sans Frontières Greece. Through its consistent work, innovative approaches and extensive collaboration with all key stakeholders in field of HIV, Tanadgoma has attained a leadership role among local nongovernmental organizations in preventing the spread of HIV and other sexually transmitted infections in Georgia.

Tanadgoma has three branches in west Georgia, of which the Samegrelo center is fully supported by the Global Fund. Tanadgoma plans to use the Global Fund grant to open a branch in Kakheti in east Georgia.

Participants will learn about Tanadgoma's behavior change communication campaigns including hotline and face-to-face counseling, social work with men who have sex with men and sex workers, peer education activities, voluntary counseling and testing, and education approaches. As Tanadgoma is one of the major partners for Second-Generation HIV/AIDS Surveillance, this point can be discussed as well. Visitors can join social workers for outreach activities including counseling sessions with sex workers, distribution of condoms and printed educational materials.

The Global Fund grant provides condoms, HIV tests and supplies, and funding for peer educator training.

KSANI TUBERCULOSIS COLONY

The Ksani Tuberculosis Colony is located in a small town about 45 km from the National Center for Tuberculosis and Lung Diseases (NCTBLD). The Ksani TB Colony hosts 80-90 percent of all prisoners with TB in Georgia, and the Ksani medical facility is only open to these patients. The center includes a medical department, two DOTS spots, bacterioscopy laboratory, clinical and biochemistry laboratories, a dentistry cabinet, HIV/AIDS rooms for VCT/DCT, rooms for manipulations and internal drugstore. Of the residential buildings, one accommodates Acid Fast Bacilli (AFB) negative patients, another building is for AFB-positive patients and the third one is designated for MDR-TB patients. The MDR-TB building is currently being renovated with the support of the Global Fund.

Sputum microscopy is done on site. For culture and Drug Susceptibility Testing (DST) patients' sputa are transported from Ksani to the National Reference Laboratory (NRL) twice a week. The Ksani medical Facility has a capacity of 450 patient beds. Because of the overwhelming number of prisoners in the country, there are currently 700 patients undergoing first-line treatment and 80 MDR-TB patients. This, together with a lack of medical personnel, has a negative impact on treatment outcomes and overall infection control in the prison.

Thanks to the Global Fund grant, Ksani has been able to: rehabilitate the MDR-TB patients' building; train doctors, nurses and lab technicians; stock an uninterrupted supply of various health products and equipment; provide a salary for NTP staff supervising and monitoring TB treatment; and arrange for regular sputum transportation to the National Reference Laboratory.

NATIONAL CENTER OF TUBERCULOSIS AND LUNG DISEASE

The National Centre of Tuberculosis and Lung Diseases (NCTBLD) serves as a referral center for all Georgia, but particularly for east Georgia. The hospital became operational in August 2008. The funds committed by the government for the construction of the new building totaled GEL 16.0 million (about €7.2 million). This allowed the National Tuberculosis Program to substantially speed up the process of enrolment of MDR-TB patients in second-line treatment. The old building of the NCTBLD is under reconstruction with Global Fund support and is expected to become operational in early 2011.

The center includes both inpatient and outpatient clinics, clinical, biochemistry and immunology laboratories, two DOT points that are located in the new building, and the National Reference Laboratory (NRL). The inpatient clinic consists of two sensitive TB departments, three MDR-TB departments, one pediatric department and one surgery department. There are 90 MDR-TB beds, 120 sensitive TB beds (5 for Intensive Care Unit and 30 of which are for surgery department), and 30 inpatient beds for the pediatric department.

The outpatient clinic serves an area with a population of 300,000 and delivers outpatient treatment to 400-500 TB patients on average annually. All the registered patients receive free of charge high-quality first- and second-line treatment depending on their drug resistance status. Patient treatment adherence is ensured through the vigorous patient support system, including psychosocial support, incentives and enablers.

TB doctors at the National Center undergo regular professional trainings locally and internationally thus guaranteeing flawless management of TB patients seeking care.

In addition to infrastructure rehabilitation, the Global Fund grant serves for capacity building of the NTP staff, procuring various health products and equipment, the purchase of an uninterrupted supply of first- and second-line drugs as well as an incentive program for treatment adherence.

INFECTIOUS DISEASES, AIDS AND CLINICAL IMMUNOLOGY RESEARCH CENTER

The Infectious Diseases, AIDS and Clinical Immunology Research Center (IDACIRC) is the country's referral institution for HIV-related diagnostics, treatment and care. The purpose of IDACIRC is to provide excellence in patient treatment and care, medical education, and biomedical research in the field of HIV/AIDS and other infectious diseases.

Work on HIV/AIDS at the center started in 1985 with the establishment of an AIDS diagnostic laboratory, one of the first in Eastern Europe. IDACIRC has been providing antiretroviral (ARV) therapy since early 1990s. In 2004, the center started implementation of wide-scale HIV/AIDS treatment and care programs with the support of the Global Fund. Through this support Georgia became first Eastern European country to attain universal access to free-of-charge ART for all people living with HIV/AIDS.

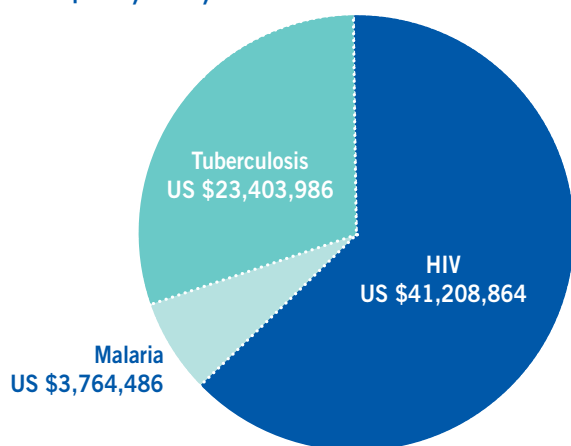
Currently, the center coordinates HIV/AIDS treatment and care programs, provided both at the center itself and three affiliated three regional AIDS treatment centers. Overall, more than 1,500 patients are on regular clinical follow-up including 755 patients on ARV therapy. The center provides clinical care to more than 1,200 HIV patients on annual basis, of which 540 are on ARV therapy. All HIV-related clinical services are free of charge and are supported by the Global Fund.

The outpatient clinic - serving more than 1,200 patients annually - is located in the building newly renovated within the Global Fund project. The building also accommodates an epidemiology division, database management team and VCT unit serving up to 10,000 clients yearly through the state funded program. Global Fund support, in addition to providing for the renovation of the infrastructure, also provides the ARVs the laboratory testing systems, and other health equipment.

OVERVIEW OF GRANTS IN GEORGIA

| Round | Principal Recipient | Amount Committed to Date | Total Lifetime Budget | Amount Disbursed to Date |
|--|--|--------------------------|-----------------------|--|
| HIV/AIDS | | | | |
| Round 2 | Georgia Health and Social Projects Implementation Center | US\$ 14,363,254 | US\$ 14,363,254 | US\$ 14,363,254 <i>This grant is closed as it has been consolidated with the Round 9 grant.</i> |
| Round 6 | Georgia Health and Social Projects Implementation Center | US\$ 10,857,395 | US\$ 10,857,395 | US\$ 8,533,048 |
| Consolidated HIV Grant (Round 9 and Round 2) | Georgia Health and Social Projects Implementation Center | US\$ 13,798,463 | US\$ 15,988,215 | US\$ 3,345,052 |
| Malaria | | | | |
| Round 3 | Georgia Health and Social Projects Implementation Center | US\$ 806,300 | US\$ 806,300 | US\$ 806,300 <i>This grant has come to an end.</i> |
| Round 6 | Georgia Health and Social Project Implementation Center | US\$ 2,958,186 | US\$ 2,958,186 | US\$ 2,205,415 |
| Tuberculosis | | | | |
| Round 4 | Georgia Health and Social Projects Implementation Center | US\$ 10,681,197 | US\$ 13,030,036 | US\$ 6,898,152 |
| Round 6 | Georgia Health and Social Projects Implementation Center | US\$ 10,373,950 | US\$ 10,373,950 | US\$ 10,373,949 |

TOTAL APPROVED GRANT AMOUNT US \$68,377,336



THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

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