

Georgian Harm Reduction Network

NGO – advocacy, prevention services and patient support groups

Tbilisi, Georgia

www.hrn.ge

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Georgia reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **4.0%** of items.

Survey points marked "accurate":
5.1.

✗ The government information was thought to not be accurate for **40.0%** of items.

Survey points marked "not accurate":
1.1, 1.3, 2.1, 2.2, 3.4, 3.5, 5.2, 5.3, 5.4 and 5.5.

– The respondent took no position on the government information for **56.0%** of items.

Survey points marked "take no position":
1.2, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9 and 4.10.

Survey comments from the Georgian Harm Reduction Network:

Information reported by government (2012–2013)

✗ To our knowledge, this information is not accurate.

1.1 There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

1.3 The government does not have a viral hepatitis prevention and control programme that includes activities targeting specific populations.

2.1 The government held events for World Hepatitis Day 2012 but has not funded other viral hepatitis public awareness campaigns since January 2011.

2.2 The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: Bemoni Public Union, Centre for Information and Counseling on Reproductive Health Tanadgoma, and Curatio International Foundation.

3.4 Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

3.5 There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

Civil society respondent comments (2014)

Written national programme has been submitted to the Ministry of Health in August 2013. In March 2014, three-day workshop was dedicated to elaboration of the action plan.

Control programme (including treatment) running in prison system since March 1 2014 (adopted in June 2013).

This is Georgian Harm Reduction Network campaign that runs since 2011. We do not know of government-organised events.

Formal partners of government are not the organisations mentioned in the governmental account but: Georgian Harm Reduction Network, Georgian Community Advisory Board, Health Research Union, Medecins du Monde–France, Open Society Foundations.

There might be a capacity, but this is not what government is doing. We also doubt that reported cases are further investigated.

Georgian National Centre for Disease Control and Public Health together with US Centres for Disease Control (CDC) and CDC Foundation are putting together study design for updated prevalence study.

X *To our knowledge, this information is not accurate.*

Information reported by government (2012–2013)

5.2 The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

5.3 People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but they are free of charge for pregnant women and blood donors. Hepatitis B and hepatitis C tests are compulsory for blood donors.

5.4 Publicly funded treatment is not available for hepatitis B or hepatitis C.

5.5 The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon, lamivudine, adefovir dipivoxil and tenofovir. The following drugs for treating hepatitis C are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon, ribavirin, boceprevir and telaprevir.

Civil society respondent comments (2014)

In 2011–2012, national screening centre conducted HCV screening and no referral was practiced. Even PCR tests were not conducted. Which means that those screened are not diagnosed.

Anti-HCV tests are available in army screening programme. Global Fund-funded interventions offer free anti-HCV to people who inject drugs. Medecins du Monde–France also covers people who inject drugs.

Global Fund funding is incorporated in state programmes. Therefore we can conclude that HIV coinfecting patients are treated (110 per year). Also prison treatment programme will treat 1,000 prisoners in two years.

We have inquired about the Essential Medicines List but did not get it from the Georgian National Centre for Disease Control and Public Health or from the Ministry of Health. They say there is a list, but we cannot find it. Even if there were, at the moment nothing is subsidised by government.

Statement from the Georgian Harm Reduction Network regarding viral hepatitis screening, care and treatment in Georgia:

What are the greatest problems with this component of the national response to viral hepatitis?

- Treatment programme is drafted, budgeted, management is modelled, and costs are calculated. Only thing left is to adopt and fund this programme. Instead the Georgian government talks about international response and donor money investments in elimination programme.

What needs to change?

- The Georgian government needs to allocate around EUR 5 million in order to screen 5,000 people and treat 2,400 patients during the first year. And then scale up the treatment.

What should be the government's role in bringing about these changes? What responsibilities should the government have?

- Everything is written and developed. There should be commitment from the government that they will make relevant budget allocations for treatment of patients with pegylated interferon alpha 2A and alpha 2B and direct engagement in new direct-acting antiviral price negotiations.

What should be the roles and responsibilities of other stakeholders at the community, national and international levels?

- Patient groups and NGOs collaborate with international counterparts to ensure non-discrimination inclusion of the patients in treatment programmes. These stakeholders also conduct treatment literacy activities.

What evidence exists to support your organisation's viewpoint?

- National treatment programme document
- Studies
- Accounts in media, when government commits to universal access of HCV treatment etc.
- Public procurement tender documentations and decision minutes