



Taking stock of budget advocacy efforts in Eastern Europe, South-Eastern Europe and Central Asia

GEORGIA COUNTRY CASE

Vilnius, 2021

Georgia

| | |
|--|--------------------------------------|
| Population: | 3.7 million |
| PLHIV number estimated: | 8'400 (2020, UNAIDS estimate) |
| PLHIV virally suppressed: | 65% (2020, UNAIDS estimate) |
| Health expenditure as % of GDP: | 7.1% (2018, WHO data) |
| Health as % of government expenditure: | 10.3% (2018, WHO data) |

Share of government (domestic public) resources in HIV financing, US\$

| | 2017 | 2020 |
|---------------------------|---------------------|---|
| - overall HIV expenditure | 67% 13.4 million | 78% 12.4 million |
| - HIV treatment | 58% | 74.5% 1.1 million for ART alone |
| - HIV prevention | 71% | 77% 5.9 million |
| | | <i>*Without OAT and synergies with health sector: 13.2% or 0.27 million</i> |

Data for 2017 from UNAIDS financial dashboard; data for 2020 are from GAM 2021.

HIV budget advocacy: How civil society organizes itself

Created 12 years ago, today the Prevention Task Force (PTF) unites most organizations operating in the HIV, TB, and hepatitis C fields in Georgia. While not incorporated as a legal body and without its own funding, it serves as an umbrella for civil society and communities' consultations, where, as one respondent put, 'civil society can express itself on its own'. The PTF does not run advocacy projects itself, however, it elects civil society and community representatives to the Country Coordinating Mechanism and operates as a regular input and feedback mechanism for those CCM members. The LGBTIQ community organizations joined the PTF only recently. International organizations (Red Cross, OSGF) attend the PTF. The PTF undertook strategic planning with support from the Open Society Georgia Foundation (OSGF). Co-hosting of the PTF secretariat rotates every two years.

In the last three years, the two budget advocacy initiatives stand out: one implemented under the regional SoS Project, managed in the country by the Georgian Harm Reduction Network (GHRN), and another under the umbrella of OSGF support. The latter engaged the Ukraine-based Budget Advocacy School for capacity building in 2018 and followed that up by funding 5 NGO projects to engage in budget and other advocacy, all but one of which was implemented at the city/regional levels. Both initiatives work with the regional authorities to raise the awareness of key population needs and of the transition away from dependence on donor funding taking place. The OSGF support reaches beyond HIV, for example, one grantee works on developing drug dependence rehabilitation standards and costing in order to secure state funding for those services.

Funding for advocacy is becoming limited. The country is one of the few EECA countries that has been part of all the past and ongoing regional grants supported by the Global Fund but only one such HIV grant operated in 2020-2021. The OSGF support for key population, HIV and health advocacy in 2019-2020 was 3-4 times less than it was in previous years. Reforms within OSF including the closing of the Public Health Program in 2021 at the global office and the expected reform of regional and national structures - bring uncertainty around the ability of the OSGF to continue to prioritize support of budget advocacy. Limited funding for advocacy was included in the Global Fund's country's grant for 2019-2022, though it was not for budget advocacy.

Advocacy funding amounts and sources, US\$:

| | |
|---------------------------------|--|
| US\$365,000 in 2018-2021 | 18% (\$65,000): multi-country grant from the Global Fund, SoS (2019-2021) |
| US\$91.25 thousand annually | 82% (\$300,000): Open Society Georgia Foundation and its OSF partners |

Key achievements and progress

Probably the largest achievement in advocacy is the country's ownership of its opioid agonist (substitution) therapy (OAT) program. Since 2018, OAT has been fully funded domestically, amounting to US\$3.6 million in 2020¹. It reached an estimated 48.5% of those in need already in 2018², serving approximately 12,000 in 2021, based on the respondents' estimates. This essential component for HIV, hepatitis C, TB and drug dependence management is now funded under the State Program of Treatment of Patients with Drug Addiction. Key to this achievement was the strong support from state drug treatment and health institutions and a robust movement for drug policy reforms. The CCM and the National Center for Disease Control and Public Health (NCDC), which became the principal recipient for the Global Fund grants in 2014, were particularly instrumental. Two other critical enablers that helped were: the country's commitment to eliminate a highly prevalent hepatitis C epidemic; and multisectoral work on harm reduction with the engagement of expertise from Ministry of Finance which started under the regional Global Fund-supported project 'Harm Reduction Works – Fund It!' in 2014-2017.

Funding for HIV treatment remains in part dependent on the Global Fund support. This international support enables Georgia continuing using the Global Fund's Pooled Procurement Mechanism (PPM) for both sources of funding - the Global Fund grant and domestic funds. The PPM offers low prices of patented and generic medicines, and low procurement service fee. Moreover, as of early 2020, only 4 out of 24 procured medicines have

¹ Draft Georgia Global AIDS Monitoring 2021 report with detailed account of the 2020 expenditure.

² UNAIDS key population atlas, referencing the 2018 country programmatic data.

been registered by the manufacturers in the country, however, since the medicines offered by PPM are prequalified by WHO or registered with stringent authorities, the country can safely use the registration waiver to overcome the challenging low interest of manufacturers to register medicines in a small market³.

Transition planning and implementation

Georgia developed a sustainability and transition plan through a robust multi-stakeholder process and under CCM leadership in 2016^{4,5}. The Global Fund's support was instrumental not just for developing the plan but also for enabling civil society engagement in this process and develop monitoring tools⁶. The government approves annual state programs, including for HIV and TB, on annual basis, based on the approved upcoming year's state budget. However, neither the sustainability and transition plan nor the national HIV strategic plan for 2019-2022 that incorporated some elements from the sustainability plan have been approved through a legally-binding normative act, as planned⁷. Civil society has developed awareness-raising instrument for transition plan in 2017 with the Global Fund's CRG technical support⁸. In 2021, the SOS project supported the transition monitoring tool and its application in Georgia⁹, which are yet to be finalized and put to use after substantial comments from the NCDC and the Global Fund. On the other hand, the progress in the state taking over financing the HIV response is significant, not just for treatments including OAT but also diagnostics and, starting in 2020, low-threshold prevention.

Public contracting and financing of NGO services

In 2020, the country piloted domestic funding of testing for people who inject drugs through NGO services. The NCDC's national program department was charged with implementing the pilot model; the Global Fund's grant is managed by a much smaller international program department, which helped to design the pilot. The NCDC selected GHRN as a partner, with the Minister of Health signing a special order instructing collaboration with the GHRN and its sub-contracted partners. For the NCDC department responsible for national programs, it was the first time it collaborated with an NGO, having previously worked only with state and private sector. The GHRN is not a service provider itself; it serves as an intermediary for sub-contracting services to its members to deliver testing interventions.

³ Soselia G. Procurement of HIV Antiretroviral Medicines in Georgia, 2020

⁴ Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia & NCDC. The Global Fund Programs in Georgia. Brief 2020. Accessed at: <https://test.ncdc.ge/Handlers/GetFile.ashx?ID=7168bfc8-3c84-4d9a-87f1-491d53ce7716>

⁵ Curatio International Foundation. Georgia Transition Plan

⁶ Analysis of the plan and the process is available at: aidsplan. Georgia develops 5-year plan for transitioning from Global Fund support, 8 August 2017 at: <https://www.aidsplan.org/fr/c/article/4297>

⁷ E.g. the Georgia Transition Plan's Objective 2.9.1 explicitly plans “ensuring [the plan] is legally binding” and the government approves it “with actionable indicators and milestones through the Government Resolution”.

⁸ EHRN, ECOM. Transition of the National HIV and Tuberculosis Response from Global Fund Funding to Domestic Sources in Georgia: Transition and Sustainability Plan (TSP). Information Note for community and civil society activists. Available in Georgian and English at: <http://tsp.ecom.ngo/en.htm>

⁹ The instrument, report and recording of the presentation are available at the following links: <https://eecapplatform.org/en/webinar-tmt-georgia/>, <https://eecapplatform.org/en/tmt/>

Success story: Using the pilot state funding for better service recognition and preparedness

The pilot of public financing of HIV and STI screening among people who use drugs exposed several issues that have been, in part, addressed through the intensive dialogue between the NCDC's national program department, Global Fund grant's principal recipient at the NCDC and GHRN. The NCDC's national program department has never funded anonymous services before, which required to review and adjust a monitoring and accountability mechanism, looking into alternative options to the normal state auditing practices. The pilot enabled improvement of financial transfer practices, as initially payments were delayed for two months.

This pilot resulted in what GHRN and other NGOs could not achieve for years. At the end of 2020, a government's approval of the 2021 state health programs establishes harm reduction as part of the public health activities, listing the NGOs currently providing those activities¹⁰. As one respondent indicated, this was the first public document that gave a clear legal recognition of low-threshold services implemented by NGOs within the state system. However, another respondent highlighted that state has not taken any legal obligation to fund needle and syringe programming yet. Furthermore, a challenge related to the new regulation is the increased requirements of NGOs related to service provision. For example, GHRN was required to acquire a medical license. In June 2021, with SoS Project support, GHRN completed an assessment among its members of what they need to improve to meet the infrastructural and sanitary requirements for a medical license for testing services and will be able to support services in part to address the needs. However, additional support from the national HIV program will be needed, for example, to fulfill the requirements for fire safety.

In 2021, the domestically-funded pilot for NGOs-run testing will be extended to all key populations, this time engaging GHRN, Tanagdoma (services for sex workers and MSM) and the Equality Movement (LGBTI organization), i.e. three sub-recipients that either implement services themselves or sub-contract service delivery under the Global Fund's grant.

Working with cities and regions

With little clarity of the funding volumes for HIV prevention at the national level in the years to come, civil society groups acknowledge the critical potential role of municipalities. The assumption, based on the transition plan, is that the national funding would cover basic services, while case management and psychologist's counseling among other elements of comprehensive service packages would need to be funded from other sources. COVID has a major impact on civil society plans and their dialogue with the local authorities. One highlight of achievements is that the Gori municipality allocated just short of 2000 Georgian

¹⁰ Government of Georgia Resolution N°828 of 31 December 2020 On the Approval of State Health Programs for 2021. Annex of HIV / AIDS Program, Code 27 03 02 07 – Annexes 7 and 7.5 (available in Georgian)

lari (around US\$650) for co-financing PLHIV case management in 2019, as a result of the OSGF support. In 2020 this success was not repeated because of COVID. With the support from the Global Fund's regional grant on cities, in 2018 Tbilisi joined the Fast-Track Cities Initiative and signed the Paris Declaration, however, it has yet to allocate any funding to HIV.

Lessons and way forward

COVID has impacted government priorities and processes, with postponing discussions on transition and sustainability for HIV. Getting additional funds for HIV from the state and local authorities will be harder. Therefore, there is a need to find further efficiencies within the current HIV investments, for example, aligning the confirmatory testing algorithm which now uses the outdated Western Blot assay with the current WHO normative guidance, or increased optimization in the use of GeneXpert machines. Given the limited engagement of technical partners in the country, the Global Fund can play a decisive role in collaborating more closely with civil society, even during COVID, and requesting greater accountability from the country for its investments. This donor could continue to support further exchanges between countries at political and technical levels.

Despite progress in building sustainability and the advancement of civil society engagement with authorities, NGOs see their impact on final decisions as limited. Civil society would like to co-shape decisions on the model to fund the NGOs in addition to working on its practical implementation. Civil society has expertise and concerns they would like to bring into consideration ranging from costing to the contractual model itself. Currently, an expert is engaged to support the NCDC to develop the prevention funding model, however, there is a concern that the approaches suggested so far are more relevant for the private sector, with too much reliance on fund for performance approaches, often without the consideration of the need to discuss the models with NGOs to tailor to outputs and quality assurance approaches and ensuring service providers are capacitated to transit to new funding requirements. One respondent also commented that the state and financing experts understand screening services better than the basic prevention, however, more challenges might come while designing a fair approach to contracting prevention packages.

The discussions should involve the smaller, less established community-based organizations which could be the cornerstone of service delivery and community systems in the future. The model piloted through GHRN is designed with the large organizations (like those the NCDC currently sub-contracts) in mind, without supporting healthy competition, hence it risks stagnation in services, and not enabling younger community-based organizations with weaker infrastructure but fresh motivation to enter the direct relationships with the public authorities. Additionally, over years, smaller, local service providers have gotten used to significant secure income for service delivery and became increasingly dependent on the three national NGOs for financing and neglected to seek funding from local sources. They lack motivation and capacity for increased self-reliance and proactively searching for funding to fill potential gaps in the future.

Georgia case also demonstrates the critical role of CCM that includes all sectors and has good functional groups. With CCM and NCDC support, the Global Fund engaged in discussion with Eurasian Network of People Who Use Drugs and Georgian Network of People who Use Drugs on improved access to opioid agonist therapy. The Global Fund's technical assistance and the SoS project have been instrumental in capturing the community interests in the new funding requests to the Global Fund.

Progress will not be possible without increasing independent funding for civil society to keep the government accountable and build the capacities of smaller local NGOs to work with state funding. The European Commission can play some part, for example, during the interviews for this report, it launched a call for proposals on drug policy¹¹, however, its funding priorities are narrow, leaving little space support to NGOs to hold governments accountable on matters of public health and addressing needs of key populations. However, this also means that civil society needs to make a good use of all opportunities and tools for sustainability.

Sources used:

- *Interviews with Maka Gogia, Georgian Harm Reduction Network; Giorgi Soselia, MdM mission in South Caucasus (current host of the PTF Secretariat); Mari Chokheli, Open Society Georgia Foundation;*
- *Data from Ivan Varentsov, Manager of EECA Regional Civil Society and Community Platform for Communication and Coordination, supported by the Global Fund and hosted by Eurasian Harm Reduction Association.*

Reviewed by: Maka Gogia, Giorgi Soselia, Tatyana Vinichenko, Global Fund.

¹¹ Under the 2021 EC support for civil society, one out of the four lots, valued 3 million EUR for up to four years, is allocated for increasing human security and safety where drug policy is among priorities. Other three lots were on ethnic minorities, violence against girls and women, and increased accountability of the security sector. Accessed at: <https://webgate.ec.europa.eu/europeaid/online-services/index.cfm?ADSSChck=1626283095492&do=publi.detPUB&searchtype=AS&zgeo=35442&aoet=36537&debpub=&orderby=upd&orderbyad=Desc&nbPubliList=15&page=1&aoref=171780>