Georgia has one of the highest tuberculosis burdens in Eastern Europe. According to the WHO Global TB Report 2006, there were 3,717 new cases in 2004, 45 percent of which were sputum smear-positive (SS+). This is a decrease from 4,244 cases in 2003. Directly Observed Therapy, Short-Course (DOTS) case detection increased from 58 percent in 2003 to 79 percent in 2004, reaching the international target set by WHO of 70 percent.

After identifying TB as one of the nation’s greatest public health threats in the early 1990s, the Ministry of Health, with support from WHO, established the National Tuberculosis Program of Georgia (NTP) in 1995. Pilot sites were created, and gradually the DOTS strategy was introduced countrywide. In Georgia, TB prevalence is high among prisoners, who serve as a source for the spread of disease. In 1997, the NTP began countrywide implementation of the DOTS strategy. According to WHO, DOTS coverage was 100 percent by 2004. This figure disguises, however, major challenges that remain to providing TB patients in Georgia easy access to TB diagnostic and DOTS services.

<table>
<thead>
<tr>
<th>Country population</th>
<th>4,517,981</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of new TB cases</td>
<td>3,717</td>
</tr>
<tr>
<td>Estimated TB incidence (all cases per 100,000 pop.)</td>
<td>82</td>
</tr>
<tr>
<td>DOTS population coverage (%)</td>
<td>100</td>
</tr>
<tr>
<td>Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)</td>
<td>29</td>
</tr>
<tr>
<td>DOTS case detection rate (new SS+) (%)</td>
<td>79</td>
</tr>
<tr>
<td>DOTS treatment success rate in 2003 (new SS+) (%)</td>
<td>66</td>
</tr>
<tr>
<td>Estimated adult TB cases HIV+ (%)</td>
<td>1.9</td>
</tr>
<tr>
<td>New multidrug-resistant TB cases (%)</td>
<td>16</td>
</tr>
</tbody>
</table>

Note: All data are for 2004 except where noted otherwise.

**USAID Approach and Key Activities**

USAID is currently supporting DOTS implementation in Tbilisi, the capital city, Poti, and Adjara, as well as strengthening the management capabilities of the NTP. Now in its fourth year, this successful approach will be replicated in other regions of the country. Between 2001 and 2004, USAID funds for TB programming in Georgia averaged $840,000 per year; in 2005, TB funding reached $1.1 million.

USAID support includes:

- Strengthening the NTP’s capacity to plan, finance, and manage TB activities, and coordinating TB responses with all relevant stakeholders by training and supporting the staff of the NTP’s Management and Coordination Unit
- Improving the management of clinical and laboratory services in Tbilisi, Poti, and Adjara by training all relevant staff, as well as providing supportive supervision and integration of these services into the primary health care (PHC) system
- Developing and rolling out an information, education, and communication campaign by engaging the community and sending public education messages through the mass media
• Strengthening the link between the penitentiary and civil TB programs by supporting the Ministry of Justice during the reform of the prison health care services
• Linking TB and HIV/AIDS programs by creating a functional coordination mechanism between the two and by training and supervising health care staff

USAID Program Achievements. USAID has contributed to the improvement of human resource and infrastructure capacities through the following activities:

• Increased treatment success from 66 percent in 2003 to 71 percent in 2005
• Increased case detection in Tbilisi from 44 percent in 2003 to 66 percent in 2005
• Facilitated the increase in DOTS coverage in Tbilisi from 28 to 91 percent
• Improved treatment success from 60 to 71 percent of cases through the establishment of 14 “DOTS Spots” nationally and increased DOTS from 0 to 61 percent through establishment of three “DOTS Spots” in the Black Sea port of Poti
• Trained more than 300 doctors, nurses, trainers, and laboratory technicians in DOTS and related skills
• Provided support to the NTP for planning and managing the Global Fund to Fight AIDS, Tuberculosis and Malaria project
• Strengthened capacity of clinical and laboratory services in Tbilisi
• Reduced the treatment default rate of registered TB patients in Tbilisi to zero during the last quarter of 2004
• Procured binocular microscopes and laboratory supplies for Tbilisi dispensaries

Case Detection and Treatment Success Rates Under DOTS

![Graph showing case detection and treatment success rates under DOTS]

Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.

• Supported DOTS awareness through “DOTS Club” meetings with the Ministry of Labor, Health and Social Affairs about reorganized NTP activities during World TB Day in 2007
• Assisted in the creation of a monthly newsletter for TB health staff and PHC providers
• Created a steering committee to coordinate the interventions of the NTP’s major international and national partners
• Organized food incentives for more than 1,500 patients and 63 DOTS nurses in collaboration with the World Food Program
• Created a multidrug-resistant TB working group to assist chronic TB patients
Partnerships
Forming partnerships has been one of the most important elements in combating TB in Georgia. In addition to USAID, other key partners include the World Bank, the German Development Bank, the German consultant company GOPA, the International Committee of the Red Cross, the U.K.-based nongovernmental organization MERLIN, the Global Fund to Fight AIDS, Tuberculosis and Malaria; and Médecins Sans Frontières-France. Local partners include the Ministry of Labor, Health and Social Affairs; the National Tuberculosis Control Program of Georgia; the Georgian Association of TB Specialists and Pulmonologists; the Georgian Orthodox Church; the WHO Office for Tuberculosis in the Caucasus; the Ministry of Justice; the Ministry of Health of Adjara; and the health councils of Tbilisi, Poti, and Batumi.