

## Georgia CCM

### Meeting of the Oversight Committee

#### The meeting was to discuss the current status of the Global Fund grants

May 24, 2017

**Topic for discussion:** Review of the oversight tool for HIV/AIDS P2 (October 1, 2016 – December 31, 2016) and P3 (January 1 - March 31, 2017), and TB P2 ( October 1 – December 31, 2016) and P1 of current grant (January 1 – March 31, 2017).

The current status of the projects supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria were discussed during the meeting based on the program dashboards and indicators.

The Oversight Committee prepared recommendations to support the effective program implementation.

#### Implementation status and recommendations related to the HIV/AIDS programmatic indicators:

- As per the management indicators of the dashboard, in the last quarter of 2016 a 6-month stock of 1 ml syringes was available. In the first quarter of 2017, the stock was reduced to a quantity sufficient for a 4-month period as it became necessary to start using this stock due to the prolongation of the tender process for the reserve stock of injecting material. While selecting the products offered as a result of the tender, it became necessary to disqualify two providers due to their inability to meet quality requirements. It is worth mentioning that the tender announced in the beginning of January 2017 fully considered the specific needs of program beneficiaries and was based on timely and effective feedback between implementers and the Principal Recipient. In order to avoid a depletion of the safety stock, the *Georgian Harm Reduction Network* performed local procurement of urgent stock that would be sufficient until the receipt of products procured under the tender. As a result, no bottleneck emerged in terms of the provision of injecting material.
- It is worth noting that the coverage of MSM by the HIV/AIDS prevention program has significantly improved in comparison with the data of the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> quarters. This welcome development is connected with additional activities performed by the Global Fund: the inclusion of new units in programs targeting the beneficiary population, a scaling up of the regional program, and increased coverage of beneficiaries. From August 2016, the “Equality Movement” became involved in the programs targeting the MSM population and

has ensured service delivery on the basis of resource centers in Tbilisi, Kutaisi, Batumi and Zugdidi.

- The relatively low achievement of the indicator HIV testing of the MSM population was revealed in the IV quarter of 2016 (the target was 3,060, but only 2,035 was achieved). However, the achievement of this indicator has increased and exceeded the target set in the first quarter of 2017 (the target was 1,063, but 1,114 was attained). This was due to the responsive actions of the PR, including the involvement of a new implementer (“Equality Movement”) and introducing HIV saliva tests. The latter is an easier and more convenient tool for increasing the number of tests performed among MSM target groups. A continuation of this would be welcomed.
- The percentage of the people who received ARV therapy was 83% (the target was 4,550 and the achieved indicator was 3,786). Despite this indicator being relatively low, the aggregated annual results will reveal the full picture. Considering this, the OC will wait for final results before making any conclusions.
- Based on the fact the starting from July 2017 the OST program will be fully handed over to state financing, the indicators of this program are no longer included in the dashboards. According to the data of January - March 2017, 886 people received OST treatment.
- There is a relatively low stock of drugs (Zidovudin/lamivudin) (a 3-month difference between the current and safety stocks). The completion of stocks is planned for June 2017, though this requires additional attention to prevent stocks running out or an interruption in delivery of drugs.

#### **Implementation status and recommendations related to the TB programmatic indicators:**

The absolute majority of TB programmatic indicators set have been achieved with the exception of the following:

- According to the dashboard, relatively low indicators are revealed in relation to the detection and enrollment in the treatment of all forms of TB (in the last quarter of 2016: 2,969 was achieved, versus the target of 4,056), as well as in relation to the number of bacteriologically confirmed TB cases by the end of 2016 (the achieved indicator was 1,764 versus the target of 2,249). The aforementioned is related to the actual decreased number of

TB patients in the country. The mentioned indicator is excluded from the next period (P1) dashboard.

- In P1 (2017 IQ), the achievement of target that relates to the number of MDR TB patients who started 2<sup>nd</sup> line treatment (91 achieved compared to the target of 111) and the number of cases of XDR TB enrolled in treatment (12 achieved versus a target of 16) is relatively low in the beginning of the first quarter of 2017. Additional measures are thus required both for MDR and XDR TB patients for their enrolment in the program, receiving treatment and its full completion.
  
- The high budget expenditures in the last quarter of 2016 (P2) is related to the procurement of diagnostic devices (GeneXpert), medicines within the program as well as the audit of the sub-contractor. Due to this, the expenditure exceeded the sum planned for this period. The Oversight Committee does not have a comment with relation to the aforementioned and welcomes the overachievement of the testing of patients using the new GeneXpert method.

**Comment:** In the TB dashboard of 2017 the number programmatic indicators have been reduced and currently three indicators are present: 1. Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment; 2. Number of cases of XDR TB enrolled in treatment; 3. Percentage of new and relapsed TB patients tested using WHO recommended rapid tests at the time of diagnosis.

The updated OC Working Plan covering the period March 2017 – February 2018 was agreed during the meeting.

<b>Participants</b>		
Tamar Bortsvadze	MdM France – Georgia Representation	Senior Advocacy Officer, Chair of the Oversight Committee
Irina Grdzeldze	CCM	Executive Secretary
Natia Khonelidze	CCM	Administrative Assistant
Ketevan Stvilia	NCDCPH, PIU	GFATM HIV Program Manager
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