



**Minutes of the 81st CCM meeting
November 27, 2015
Ministry of Labor, Health and Social Affairs of Georgia**

Participants:

#	CCM members	
1	David Sergeenko	Minister of Labor, Health and Social Affairs of Georgia CCM Chair
2	Tamar Gabunia	URC LLC USAID funded Georgia Tuberculosis Prevention Project Chief of Party CCM Vice-Chair
3	Nikoloz Chkhartisvili	On behalf of Mr. Tengiz Tsertsvadze - General Director Infectious Diseases, AIDS and Clinical Immunology Research Center
4	Zaza Avaliani	National Center of Tuberculosis and Lung Diseases Director
5	Eka Kavtiashvili	On behalf of Khatuna Todadze - Center for Mental Health and Prevention of Addiction, GFATM funded methadone substitution therapy program
6	Tamaz Marsagishvili	Deputy Minister of Education and Science

7	Rusudan Klimiashvili	WHO Georgia, Head of Country Office
8	Lela Bakradze	UNFPA, Assistant Representative
9	Archimandrite Adam -Vakhtang Akhaladze	Patriarchate of Georgia Head of Public Health Department
10	Mariam Velijanashvili	Georgian National Association for Palliative Care, Secretary General
11	Lasha Tvaliashvili	NGO “Real People-Real Vision” Executive Director
12	Konstantine Labartkava	NGO New Vector , Board Chairman
13	Mariam Kvaratskhelia	NGO LGBT Georgia, Acting Executive Director
14	Izoleta Bodokia	NGO HIV/AIDS Patients Support Foundation
15	Elguja Meladze	Employers’ Association of Georgia, President
16	David Ananiashvili	NGO "Georgian Plus Group" , Director, Chair of OC
17	Tamar Natriashvili	Former TB Patient

Guests/invitees

21	Irakli Katsitadze	LFA, team leader
22	Tamar Germanashvili	GHRN, Executive Director
23	Maia Butsashvili	HRU, Director
24	Tamar Bortsvadze	MDM, Senior Advocacy Officer
25	Natia Loladze	GRCS, President
26	Lela Tsakadze	“Winners’ Club”, founder
27	Nikoloz Mirzashvili	Former TB Patient
28	Nino Osepaishvili	Patients Union
29	Lela Janashia	Georgia TB Coalition
30	Ketevean Chkhatarashvili	Curatio International Foundation, President
31	Ketevan Stvilia	NCDCPH, GFATM HIV program manager
32	Alexander Asatiani	NCDCPH, GFATM HIV M&E Specialist
33	Giorgi Kuchukhidze	NCDCPH, GFATM TB M&E Officer
Secretariat		
34	Irina Grdzeldze	Executive Secretary
35	Natia Khonelidze	Administrative Assistant

Agenda

14:00 – 14:10	<p>Opening speech /remarks/ endorsement of the agenda</p> <p>Mr. David Sergeenko - CCM Chair, Minister of Labor, Health and Social Affairs of Georgia</p>
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14:10 – 14:15	Addressing the members with the request to declare the presence of the Conflict of Interest Secretariat
14:15 – 14:25	CCM membership renewal /applications’ review Ms. Irina Grdzelidze - CCM Executive Secretary
14:25 - 15:00	Discussion/Questions&Answers/final agreement on the procedure
15:00 – 15:10	Voting
15:10 – 15:30	Results of the Study on programmatic and financial sustainability planning in EECA Ms. Ketevan Chkhatarashvili - Curatio International Foundation, President
15:30 – 15:50	Dashboard for Period 6/Introducing of the Oversight Committee recommendations/ report on the OC activities Mr. Alexander Asatiani – NCDCPH, GFATM HIV M&E Specialist Mr. Giorgi Kuchukhidze – NCDCPH, GFATM TB M&E Officer Mr. David Ananiashvili – Chair of the Oversight Committee
15:50 – 16:05	HIV and TB grants implementation status Ms. Ketevan Stvilia - NCDCPH, GFATM HIV program manager
16:05– 16:10	Announcement of the results of voting
16:10- 16:20	AOB/announcements
16:20	Closure of the meeting

List of Abbreviations

AIDS - acquired immune deficiency syndrome

CBO – Community Based Organization

CCM – Country Coordinating Mechanism

CIF – Curatio International Foundations

CSO – Civil Society Organization

EECA - Eastern Europe and Central Asia

FBO – Faith Based Organization

FSW – Female Sex Worker

GAVI - Global Alliance for Vaccines and Immunization

GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria

GENPUD – Georgian Network of People Using Drugs

GHRN – Georgia Harm Reduction Network

HIV – Human Immunodeficiency Virus

HRU – Health Research Union

IDA – International Development Association

IDU – Injecting Drug User

KAP – Key Affected Population

LFA – Local Fund Agent

MARP - Most at Risk Population

M&E - Monitoring and Evaluation

MdM - Médecins du Monde

MSM – Men having sex with men

NGO – Non-governmental organization

NCDCPH - National Center for Disease Control and Public Health

NCTLD - National Center for Tuberculosis and Lung Diseases

OC – Oversight Committee

PLHIV – People living with HIV

P&AAC - Policy and Advocacy Advisory Council

TB - Tuberculosis

TPP –Tuberculosis Prevention Project

UNAIDS - Joint United Nations Programme on HIV/AIDS

UNFPA – United Nations Population Fund

URC - University Research Corporation

USAID - U.S. Agency for International Development

WHO – World Health Organization

X/MDR-TB – Extensively/Multidrug-resistant tuberculosis

David Sergeenko – greeted the participants and thanked them for coming. The Chairperson overviewed an agenda and addressed the members with the request to declare the presence of the Conflict of Interest if any, fill out the CoI forms and raise any comments/objections with regard to the agenda items of the 81st CCM meeting if any.

The following members declared the presence of the Conflict of Interest:

Mr. Konstantine Labartkava – in connection with the voting on election of the CCM member representing HIV KAP IDU.

Mr. Vakhtang Akhaladze – in connection with the voting on election of the CCM member representing FBO.

The filled out Conflict of Interest Disclosure forms are kept in the CCM Office.

The agenda of the 81st CCM meeting was approved.

David Sergeenko – gave the floor to **Ms. Irina Grdzeldze**.

Irina Grdzeldze – outlined the steps of the renewal process (presentation attached). Ms. Grdzeldze underlined that the consultations with the Civil Sector including non-CCM members was an important component of the process and all endeavors aimed at observing transparency and inclusiveness at every stage of the process were done. Afterwards Ms. Grdzeldze reviewed the applications received in response to the CCM call for renewal as well as applications for representing academic institutions and faith based organizations. The whole packages of the applications, including the material on selection and other requested documentation was shared with the CCM well in advance of the meeting for review. Finally, Ms. Grdzeldze addressed the applicants invited to the meeting with the request to share with the CCM any additional views and/or suggestions and the CCM members to ask any question to the applicants. Afterwards, Ms. Grdzeldze thanked the applicants for their interest, for having attended and announced that they will be notified on the results of the voting in writing within two working days.

The CCM members discussed the applications received in response to the CCM announcement for the candidacy to represent People living with HIV/AIDS (1 member). As it was stated by Ms. Grdzeldze the candidate A is not representing a particular organization and as per documents presented had been nominated by 96 HIV-positive people. Candidate B had been nominated by community “PAPA”, by 6 HIV positive individuals as per documents presented. Afterwards the discussion was structured among the issue of the disclosure of the HIV status and the patient’s rights on confidentiality. The discussion was triggered by the fact that the applicants did not agree to disclose their status publically. Ms. Grdzeldze presented to the members the results of the consultations held and the applicants’ vision. Mr. David Sergeenko raised an issue of acuteness of taking proactive steps aimed at fighting HIV-related stigma and discrimination and asked the members to share their views on the topic. The Hepatitis C elimination program was presented as a good example. The methodology used in afore-mentioned program can be adapted and integrated into the efforts for reducing and eliminating HIV stigma and discrimination. The consultations with relevant structures of the MoLHSA will be conducted. The members agreed on necessity to scale-up the response to HIV-related stigma and discrimination. Mr. David Ananiashvili shared with the audience his own experience of being CCM member, representing HIV positive community for 12 years. Throughout all this period his status has been publically disclosed with his informed consent. Ms. Izoleta Bodokia presented some facts of changing attitude towards HIV-positive people after disclosure of HIV status and inconveniences these people had experienced from then. After thorough and lengthy discussion the following was agreed by all members presented at the meeting. ***Taking into consideration an open and transparent format of the Georgia CCM operations it is not feasible to represent the constituency “people living with HIV” without having the status disclosed publically and the CCM can not guarantee the confidentiality (1); taking into account the necessity for taking more proactive actions against stigma and discrimination aimed at its ultimate elimination, the CCM member representing HIV/AIDS community should act as an activist in this fight, advocating and representing the interests of PLHIV people and being as vocal as possible. Thus the public disclosure of his/her status will become inevitable. Moreover this fact of non-disclosure of HIV status by the CCM member representing HIV Community even increases stigma discrimination factor. (2). It was voted and unanimously decided to re-announce call for attracting HIV positive persons for CCM membership. The call will emphasize the importance of active participation of the new CCM member in public forums and discussions on behalf of HIV positive community. Since the interests for the positions of HIV KAP (MSM), HIV KAP (other), one TB NGO had not been expressed an addition call will also concern these positions.*** Afterwards the attendees discussed some procedural issues. Due for CoI declared in relation to the discussed topics, Mr Vakhtang Akhaladze/Archimandrite Adam and Mr. Konstantine Labarkava left the room. The CCM agreed on the format of open vote. ***Ms. Irina Grdzeldze put to the vote the issue of admittance to the CCM membership of following individuals:***

HIV NGOs

- Ms. Maia Butsashvili – Health Research Union, Director
- Ms. Tamar Germanashvili – Georgia Harm reduction Network, Executive Director
- Ms. Tamar Bortsvadze – Médecins du Monde, Senior Advocacy Officer

All applicants are nominated by Prevention Task Force (PTF is a big forum of non-governmental organizations active in HIV field).

HIV KAP (IDU)

- Konstantine Labartkava – New Vector, Board Chairman

An applicant is nominated by Georgian Network of People Using Drugs (GENPUD.)

TB NGO

- Ms. Natia Loladze - Georgia, Red Cross Society, President

An Applicant is nominated by Georgia TB Coalition- a network of 18 local NGOs active in the field of Tuberculosis.

TB KAP

- Ms. Lela Tsakadze – “Winners’ Club”, Founder

An Applicant is nominated by Georgia TB Coalition.

People living or previously living with TB

- Mr. Nikoloz Mirzasvili- former TB patient.

An Applicant is nominated by Georgia Patients’ Union, a local NGO composed of current and former TB patients and their caregivers

Academic institutions

- Mr. Zurab Vadachkoria. Rector of Tbilisi State Medical University

An Applicant is nominated by Tbilisi State Medical University that is the largest academic institution in Georgia in medicine.

Faith Based Organizations

- Mr. Vakhtang Akhaladze/Archimandrite Adam. Patriarchate of Georgia, Head of Public Health Department.

An Applicant is nominated by Patriarchate of Georgia.

All individuals listed above were unanimously admitted to CCM membership by all members presented at the meeting.

Tamar Gabunia – thanked the attendees and congratulated newly elected members. Afterwards the Chairperson gave the floor to **Ms. Ketevan Chkhatarashvili**.

Ketevan Chkhatarashvili – presented to the attendees the results of the study on programmatic and financial sustainability planning in EECA (presentation attached). The research project was financed by GFATM and its main goal was identifying the issues related to transition and sustainability of GFATM funded programs in EECA region. The rapporteur presented to the audience the GFATM transition framework chart providing overall view of transition. Ms. Chkhatarashvili underlined that all countries in transition will require support during the transitional period and for the transition planning. Currently the Global fund in collaboration with other donors such as GAVI, UNAIDS is inspecting the different elements of the transition. CIF under its contractual agreement studied the aspects of programmatic sustainability. Ms. Chkhatarashvili presented the methodology of the study, explaining the two important factors influencing programs implementation defined as external and internal environments. All components of the mentioned environments were thoroughly studied and ultimately constituted the basis for assessment tool. The main feature distinguishing the assessment tool of this particular study from various other tools is that not only disease related components but health system in general has been studied. While speaking of transition risk assessment criteria the rapporteur underlined that all efforts were aimed at transforming qualitative data into quantitative data for issuing the recommendations and conclusions based on and directly related to quantitative data analysis. According to the results, Georgia is under middle to high risk (37, 49%). Bulgaria has been identified as having the lowest and Ukraine – the highest risk. Afterwards, Ms. Chkhatarashvili presented to the audience the most important findings and recommendations derived from the study. The recommendations are structured among two main areas: the recommendations which are common for all 20 countries and country-specific recommendations.

Common recommendations:

The intensive discussion on the transition period is ongoing and the governments have already started financing of some components. Though the following is needed: conceptualization of the process and development of a detailed transitional plan, with timelines, legal power, monitoring indicators, provision of adequate finance and human resources (1); the transitional period goes more smoothly and there is more guarantee in terms of sustainability of the programs when the GFATM funding is less than 25% out of overall national response. Taking over the procurement responsibilities is of utmost importance for Georgia (2); legal mechanisms to sub-contract services to CSOs. The existing Georgian legal framework in general allows contracting of CSOs. The detailed procedures envisaging technical specifications, assessment criteria, monitoring of implementation, performance assessment should be developed and piloted during the period of

GFATM funding (3); maintenance of the coordination function performed by the CCMs is of a paramount importance. The countries are required to make timely decisions on the structure and modalities for continuation of the functions performed by the CCMs. The rapporteur noted that a great importance for sustaining the CCMs after the Global Fund's cease was underlined by all respondents. The examples of the countries where CCMs successfully continue its existence after phase out of the Global Fund were presented (4); transparency and accountability during the transition period and afterwards which includes availability of both epidemiological and financial data for all interested stakeholder with the purpose of due monitoring and planning (5); Human Resources – quantities and adequate allocation especially for TB Program (6).

Georgia-specific recommendations were presented as follows:

#1. *Strengthening of managerial and governing functions of HIV and TB Programs* including coordination; program management, partnership between governmental and non-governmental sectors and capacity building for CBOs, legal framework (especially in terms of execution of existing legal base); revised guidelines; accountability (especially availability of information on M&E and healthcare expenditures).

#2. *Increased efficiency of existing allocation, identification of additional sources of financing.*

Reflection of adequate financing for TB and HIV programs in state budgets, especially for low threshold programs and allocation of the funds in the state budget based on existing epidemiological data; costing of prevention (low-threshold) programs; increased funding for epidemiologically prioritized groups;

#3. *Improved provision of HIV/AIDS and TB services based on WHO recommendations.*

Searching the mechanisms for adequate response to low detection rate of new cases in both programs; integration of HIV/AIDS and TB programs into the primary healthcare system (especially in remote areas);

4. *Provision of adequate human resources, motivation and trainings.*

Integration of GFATM funded educational programs into national curriculum.

5. *Improvements of prognosis, procurement and supply chain management systems.*

Building capacities of Social Service Agency for development of technical specifications for HIV and TB related procurements, which is especially important for prioritizing the quality versus price in tender procedures; strengthening of Human Resources in terms of warehouse maintenance and inventory at central and regional levels for avoiding gaps in drug supply, simplification of administrative regulations for allowing redistribution of drugs among medical facilities, building analytical capacities of the NCDCPH with the purpose of having solid and

timely evidences for effective decision-making, building analytical capacities of the HIV and TB programs with the purpose of effective program designing and budget planning.

6. Strengthening of epidemiological surveillance by means of strengthened capabilities for data collection and analysis.

Conducting Bio-behavioral surveillance surveys on regular basis. Identification of necessary financial resources either through state budget or alternative sources of funding.

Tamar Gabunia - thanked Ms. Chkatarashvili for the work undertaken. The Vice-Chair underlined the importance of transitional planning and stated that a special “Policy and Advocacy Advisory Council (P&AAC) under CCM will be established by the end of 2015 to provide essential guidance and govern the process.

Finally, Ms. Chkatarashvili explained that the results of the study will become publically available soon. The study will be translated into Georgian language and distributed among the stakeholders.

Tamar Gabunia – gave the floor to Mr. **David Ananiashvili**.

David Ananiashvili – presented to the members the report of the Oversight Committee covering the period September – November 2015. The report on the oversight activities of the earlier period had been shared with the CCM by e-mail. On September 22, 2015 the site visit to the TANADGOMA office in Telavi was conducted. The objectives of the visit were: assessment of the current status of implementation of GFATM funded HIV program; the study of the issue of coverage beneficiaries with prevention package; the review of new approaches, strategies, community mobilization with the purpose of improvement of the indicator; discussing the mechanisms of improvement of coverage indicator among MSMs and FSWs. The team met and discussed existing challenges and ways for improvement with project implementation staff and project beneficiaries.

The minutes of the meeting including conclusions of the OC derived from the visit were shared among the CCM. Mr. Ananiashvili further explained that the coverage of FSW reached through HIV prevention programs was 79% in P4, the SR has demonstrated relatively improved performance in P5 - 82%, the performance was further improved and the indicator reached 105% in P6. The coverage of MSM was 68% in P4, 73% in P5 and 106% in P6. Thus improved performance for both indicators was achieved. Dashboards for P6 were analyzed by the OC on October 16, 2015.

The OC conducted the meeting dedicated to discussion of dashboards for P6 on November 25, 2015. The P6 dashboards were submitted to the CCM and the recommendations would be presented at the meeting later on. Afterwards, the Chair of OC presented to the members for endorsement the following initiative of the PR that had been agreed with OC: following current

arrangements, dashboards for both grants are produced and reported on a quarterly basis. Having semi-annual targets officially approved by the GFATM under respective grant agreements derives quarterly targets in a dashboard data entry sheet. In order to enhance tracking and visualization of programmatic progress as well as achieve full compliance with core documents such as Performance Framework and PU/DR, it is proposed to switch to the semi-annually cumulative reporting principle. Namely, while maintaining dashboard reporting quarterly cycle, targets in Q2 and Q4 of the calendar year will be set in accordance with the Performance Framework's semi-annual values and achievements will be reported respectively - replicating values reported in a PU form routinely delivered to the GFATM every six months after validation procedures. Based on dashboard rating calculation scheme, still, Q1 and Q3 periods will reflect quarterly achievements in comparison with halved semi-annual targets. Thus the dashboard will illustrate validated and the most recent programmatic cumulative data available in correlation with approved targets under the grant agreement. Other conditions and principles concerning program management, finance and procurement sections of the dashboard will remain the same.

The new reporting arrangements were agreed by all CCM members presented at the meeting.

Alexander Asatiani –presented to the members the financial, management and programmatic data of the HIV dashboard for P6 (q3 of 2015). While speaking on fund disbursements Mr. Asatiani noted that the funds during the reporting period were directly disbursed by the Global Fund to the PPM Agent, as for funds disbursement cycle from PR to SR it happened as planned. The slight variance between budget and actual expenditures (F2) is mainly due to currency exchange rate fluctuation. The vast majority of CPs and TBA are fulfilled (M1). Following the full implementation of Objective 1 all 12 SRs are identified and contracted (M3). While speaking on Budget and Procurement of health products, health equipment, medicines and pharmaceuticals (M5) the rapporteur underlined that there is an improvement in this direction, as for variances reflected in the dashboard it is due to currency exchange rate variance and the savings of the program. Mr. Asatiani underlined that procedures related to procurement of methadone of 2016 stock are in ongoing state including discussions concerning the quota; as for stock of 1 ml syringes, to avoid anticipated stock out 10% of the total IDA order was delivered by air shipment throughout reporting period. Remaining 90% will be delivered in the beginning of P7 (M6). While speaking on programmatic indicators Mr. Asatiani focused on P1 Number of MARPs (IDUs, MSM and FSWs) covered with HIV testing and counselling (including provision of results) with some underachievement reflected in the dashboard – 86%.

David Ananiashvili – presented the recommendation of the OC to conduct field visits to Zugdidi and Batumi and study the case on site.

The recommendation was agreed by the CCM.

Konstantine Labartkava – expressed some doubts with regard to the quality of 1ml syringes and asked the PR to provide more clarifications on the procurement-related processes.

Alexander Asatiani – explained that the procurement was done through PPM. IDA, the international procurement agency chosen by the GF PPM, is known to have precise, sophisticated mechanisms for quality control. In addition, 20% of the specific 1ml syringes needed will be procured through the tender procedures and PR will make sure that the quality of the product satisfies the PWID clients. Mr. Asatiani noted that, in the future, the communication with IDA regarding quality of the product will continue and SRs and SSRs will be included into the communication.

David Ananiashvili - expressed the readiness to be involved.

Giorgi Kuchukhidze - presented to the members the financial, management and programmatic data of TB dashboard for P6 (q3 of 2015). Mr. Kuchukhidze stated that there are no significant developments for reporting in terms of financial data. The procurement of 2nd line anti-TB drugs will occur in Quarter 4. As for excessive quantity of Clofazimine, the expiration date of the drug is March 2019 and the usage is expected to be increased. Thus it will be duly utilized. Slight underachievement in relations with following indicators is most probably relates to the actual (decreased) number of TB patients in the country:

Number of notified cases of all forms of TB - (i.e. bacteriologically confirmed +clinically diagnosed) (new and relapse) – 69%.

Number of bacteriologically confirmed TB cases in a specified period who subsequently were successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") – 68%.

Number of TB patients enrolled on standardized 1st line treatment in the specified calendar year – 67%.

Laboratory-confirmed X/MDR-TB patients enrolled on second line anti-TB treatment in the specified calendar year – 82%.

David Ananiashvili – announced that analyses of cash incentive scheme was undertaken by the PR and highly emphasized its importance. He brought the attention of the attendees on the relatively low indicator related to the actual (decreased) number of TB patients in the country and presented to the audience the recommendation to conduct a thorough research aimed at identification for the reasons. The planning to be conducted in close collaboration with NCDCPH and NCTLD.

Zaza Avaliani – confirmed his readiness. Mr. Avaliani stated that the study protocol that will try to identify the TB case detection rate in the country had been already developed by NCTLD and will be implemented jointly with NCDCPH. Mr. Avaliani shared with the audience some

preliminary results of the evaluation of cash incentive scheme, namely high rate of lost patients who received cash incentives from MSF. Finally, Mr. Avaliani stated that Georgia has been removed from the list of high burden TB countries.

Tamar Gabunia – referred to the issue of detection of new TB cases and stated that the decrease of actual number of patients has been reported in several countries. In Georgia, it is unlikely that this decrease is attributed to the worsening in case detection, in opposite the National TB Program has recently intensified case detection efforts and access to rapid TB diagnostic test has also improved significantly. Ms. Gabunia expressed her gratitude to Mr. Vakhtang Akhaladze – Archimandrite Adam personally and to the Patriarchate of Georgia for close collaboration and involvement in active case finding in Church community, in Monasteries and nunneries. The Vice-Chair thanked GHRN for the intensive work aimed at improving TB detection and organizing timely referral from harm reduction to TB services.

The recommendation was agreed by the CCM.

David Ananiashvili – thanked attendees for attention and addressed the audience with request to come up with any questions and suggestions.

Tamar Gabunia – announced that the first round of CCM renewal has been conducted successfully and raised the issues of planning for the second round for CCM agreement. The Vice-Chair expressed a deep gratitude to Ms. Tamar Natriashvili for representing the interests of TB patients in the CCM and announced her terms as ended. While speaking on the representation of TB component in the CCM Ms. Gabunia announced that URC' mandate in TB will expire by the end of March 2016. Ms. Gabunia expressed her readiness to stay in the CCM until the end of the mandate of the URC. Meanwhile a representative of the second TB NGO will be identified.

The CCM members agreed.

Tamar Gabunia – thanked Lasha Tvaliashvili, Real People-Real Vision, the member representing PTF until now for serving in the CCM and for his great contribution and announced his membership as closed. The Vice-Chair thanked Ms. Mariam Velijanashvili, Secretary General of Georgia National Association for Palliative Care for her commitment an active participation in all CCM activities and announced her membership as closed.

Ms. Gabunia put for an agreement a temporary continuation of the membership for the following members with the purpose to sustain representative and inclusive character of CCM composition:

David Mikheil Shubladze - LGBT Georgia, currently represented by **Mariam Kvaratskhelia** Acting Executive Director due to Shubladze's non-availability in the country - until election of the member who will represent MSM community.

Izoleta Bodokia – HIV/AIDS Patient Support foundation - until election of the CCM member representing HIV KAP.

David Ananiashvili - PLHIV, OC Chair - until election of PLHIV and election of a new OC Chair.

The temporary continuation of the membership of the individuals listed above was agreed by the CCM.

The Vice-Chair brought to the attention of the audience the issue of the composition of the Oversight Committee. Ms. Gabunia stated that Mr. Archil Talakvadze, Deputy Minister of Internal Affairs, Global Fund Board member from EECA Constituency has announced his step down from the position of OC member due to his extremely overloaded schedule. The Vice-Chair referred to the terms of office of the OC and stated that Committee members serve a maximum term of 2 years. The CCM may reelect or reappoint oversight committee members up to 2 times. Thus the OC membership needs also to be renewed. The renewal of the OC to coincide with the CCM renewal to ensure proper representation in the committee. Finally, the Vice-Chair gave the floor to **Ms. Ketevan Stvilia**.

Ketevan Stvilia – briefed the audience on the details of the 6-months no-cost extension for the current GEO-H-NCDC grant. The grant during extension period will be implemented with the savings done by the PR and continued implementation of the program will be ensured. The details had been shared with the CCM earlier by e-mail. Six tenders will be opened on December 9. The GFATM management letter is anticipated shortly. HIV and TB drugs quality control study has been conducted by the laboratory “Global Test” which had been identified by the tender and had undergone pre-qualification by the GFATM. All drugs are satisfactory in terms of the quality. Ms. Stvilia has announced that the CCM support can be required for increasing methadone quota. Finally, Ms. Stvilia invited all attendees to the conference dedicated to the World AIDS day.

Giorgi Kuchukhidze – announced that jointly with SR the calculation for the need of 2nd line TB drugs was undertaken, the proposal for submission to GDF has been developed. Currently an intensive work in coordination with SR related to HIV testing is on-going.

Lela Bakradze – on behalf of UN HIV/AIDS Thematic Group invited the attendees to the information and education campaign dedicated to World AIDS Day scheduled for December 1.

Zaza Avaliani – announced that NCTLD is planning to conduct an event dedicated to the anniversary of the establishment of the first TB institution in the country in December 25, 2015. Mr. Avaliani addressed the CCM with the request to explore the possibilities for simplification of procurement procedures.

Tamar Gabunia – noted that the issues should be discussed with the management of NCDCPH.

The Vice-Chair thanked everyone for having attended, expressed her deep gratitude to the former members again and announced the meeting as closed.

Decisions:

1. To admit to CCM membership:

- Ms. Maia Butsashvili – Health Research Union, Director
- Ms. Tamar Germanashvili – Georgia Harm reduction Network, Executive Director
- Ms. Tamar Bortsvadze – MDM, Senior Advocacy Officer
- Mr. Konstantine Labartkava – New Vector, Board Chairman
- Ms. Natia Loladze - Georgia, Red Cross Society, President
- Ms. Lela Tsakadze – “Winners’ Club”, Founder
- Mr. Nikoloz Mirzasvili- former TB patient.
- Mr. Zurab Vadachkoria - Rector of Tbilisi State Medical University
- Mr. Vakhtang Akhaladze/Archimandrite Adam. Patriarchate of Georgia, Head of Public Health Department.

2. To temporarily extend the CCM membership until identification of alternative candidates for:

- David Mikheil Shubladze, LGBT Georgia, currently represented by Mariam Kvaratskhelia Acting Executive director.
- Izoleta Bodokia – HIV/AIDS Patient Support foundation, representing other HIV community
- David Ananiashvili- Georgia Plus Group, Director, PLHIV, OC Chair
- Tamar Gabunia – USAID Funded Georgia TPP, Chief of Party, CCM Vice Chair

3. To end the CCM membership terms of office for:

- Lasha Tvaliashvili – Real People, Real Vision, Executive Director
- Mariam Velijanashvili – Georgian National Association for Palliative Care, Secretary General
- Tamar Natriashvili – former TB patient

4. To announce the call for submission of applications for the following positions:

- HIV KAP (MSM -1 member)
- HIV KAP (Other – 1 member)
- PLHIV (1 member)
- NGO active in TB field either international or national - 1 member

5. To change dashboard reporting arrangements as described above.

Annexes:

1. Presentation on CCM renewal;

2. Presentation on the sustainability study in EECA Region;
3. HIV dashboard for Period 6;
4. TB dashboard for Period 6.

David Sergeenko

Natia Khonelidze

CCM Chair

CCM Administrative Assistant