



**Minutes of the 85th CCM meeting  
December 29, 2016  
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  CCM Vice-Chair
3	Amiran Gamkrelidze	NCDC&PH, General Director  PR of GFATM grants
4	David Vardiashvili	Deputy Minister of Internal Affairs of Georgia
5	Akaki Zoidze	Chairman of the Healthcare and Social Issues Committee of the Parliament of Georgia
6	Nino Badridze	On behalf of Mr. Tengiz Tsertsvadze - General Director, Infectious Diseases, AIDS and Clinical Immunology Research Center  SR
7	Nino Lomtadze	Alternate CCM member – on behalf of Mr. Zaza Avaliani - Director National Center of Tuberculosis and Lung Diseases Director, SR
8	Khatuna Todadze	Center for Mental Health and Prevention of Addiction, GFATM funded methadone substitution therapy program, SR
9	Tamaz Marsagishvili	Deputy Minister of Education and Science of Georgia
10	Irine Javakhadze	Ministry of Finance, Chief Specialist of Budget Department/State and Consolidated Budget Formulation Division
11	Tamta Demurishvili	Ministry of Corrections, Head of Medical Department
12	Rusudan Klimiashvili	Representative of WHO Georgia Country Office, OC member

13	Zurab Vadachkoria	Rector of Tbilisi State Medical University
14	Elguja Meladze	Employers' Association of Georgia, President
15	Lasha Abesadze	Alternate member, on behalf of Konstantine Labartkava NGO New Vector , Board Chairman, SSR
16	Izoleta Bodokia	NGO HIV/AIDS Patients Support Foundation, Director, SR
17	Paata Sabelashvili	Representative of MSM Constituency
18	Madlena Khutsishvili	CBO PAPA
19	Maia Butsashvili	NGO HRU, Director, OC member
20	Kakha Kvashilava	NGO GHRN, Board Chairman, SR
22	Nikoloz Mirzashvili	Former TB Patient, Patients' Union, Board Member, OC member
23	Nino Osepaishvili	Alternate member, on behalf of Natia Loladze, NGO Georgia Red Cross Society, President
Guests/invitees		
24	Irakli Katsitadze	LFA, team leader
25	Irma Khonelidze	NCDC&PH, Deputy General Director GFATM PIU, Director
26	Tamar Zurashvili	Policy and Advocacy Specialist
27	Mzia Tabatadze	Curatio International Foundation, Consultant
28	Ivdity Chikovani	Curatio International Foundation , Research Unit Director
29	Tea Jibuti	Curatio International Foundation, Consultant
Secretariat		
30	Irina Grdzelidze	Executive Secretary
31	Natia Khonelidze	Administrative Assistant

## Agenda

15:00 – 15:10	<p><b>Opening speech /remarks/ endorsement of the agenda/ endorsement of the minutes of the 84th CCM meeting</b></p> <p>Mr. David Sergeenko - CCM Chair, Minister of Labor, Health and Social Affairs of Georgia</p>
15:10 – 15:15	<p><b>Addressing the members with the request to declare the presence of the Conflict of Interest</b></p> <p>Secretariat</p>
15:15-15:20	<p><b>Voting for new CCM members from Government sector – Mr. Akaki Zoidze, Chairman of the Healthcare and Social Issues Committee of the Parliament of Georgia; Mr. David Vardiashvili, Deputy Minister of Internal Affairs of Georgia</b></p> <p>Secretariat</p>
15:20 – 15:35	<p><b>Introduction of TSP</b></p> <p>Ms. Tamar Gabunia – CCM Vice-Chair</p> <p>Ms. Mzia Tabatadze – Curatio International Foundation, Consultant</p>
15:35 – 15:50	<p><b>Discussion</b></p>
15:50 – 16:10	<ul style="list-style-type: none"> <li>• <b>Summary overview of the HIV and TB grants implementation (Period: January – December 2016)</b></li> <li>• <b>Introduction of the Global Fund Allocation Letter</b></li> </ul> <p>Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director</p>
16:10– 16:20	<p><b>Overview of the CCM activities for the year of 2016</b></p> <p>Ms. Tamar Gabunia – CCM Vice-Chair</p>
16:20– 16:30	<p><b>CCM’s role during the transition period and beyond-Proposals and discussion</b></p>
16:30– 16:40	<p><b>Status update on Regional EECA TB-REP HSS National Group Mechanism</b></p> <p>Mr. Amiran Gamkrelidze - NCDCPH Director</p>
16:40– 16:50	<p><b>Status update on the on-going and planned TB clinical studies</b></p> <p>Ms. Nino Lomtadze - Head of Surveillance and Strategic Planning Department</p> <p>Coordinator of the Global Fund TB Program in Georgia</p>
16:50– 17:00	<p><b>Advocacy Strategy for TB Outpatient Care Model within the framework of TB REP project</b></p> <p>Ms. Tamar Gabunia – CCM Vice-Chair</p> <p>Mr. Nikoloz Mirzashvili – Georgia Patients Union, Board Member</p>
17:00– 17:15	<p><b>Barriers and facilitators of adherence to TB treatment – presentation the results of the</b></p>

	<p><b>study</b></p> <p>Ms. Ivdity Chikovani, Research Unit Director, CIF</p> <p><b>Civil Society engagement in TB response - presentation the results of the study</b></p> <p>Ms. Mzia Tabatadze - CIF, consultant</p>
17:15- 17:25	<b>AOB/announcements</b>
17:25	<b>Closure of the meeting</b>

### **List of abbreviations**

AIDS - Acquired Immune Deficiency Syndrome

CBO – Community Based Organization

CCM – Country Coordinating Mechanism

CSO – Civil Society Organization

CIF – Curatio International Foundation

CoI – Conflict of Interest

DR – Drug Resistance

EECA – Eastern Europe and Central Asia

FPM - Fund Portfolio Manager

GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria

GHRN \_ Georgia Harm Reduction Network

GoG – Government of Georgia

GRCS – Georgia Red Cross Society

HIV - Human Immunodeficiency Virus

HRU – Health Research Union

HSS – Heath System Strengthening

HMS - Harvard Medical School

IRD – Interactive Research&Development

ITM - Institute of Tropical Medicine

KAP – Key Affected Population

LFA – Local Fund Agent

MDR - Multi-Drug Resistance

M&E - Monitoring and Evaluation

MoLHSA – Ministry of Labor, Health and Social Affairs

MSM - Men who have Sex with Men

MSF - Médecins Sans Frontières

NCDC&PH – National Center for Disease Control and Public Health

NFM – New Funding Model

NGO - Non-Governmental Organization

NCTLD – National Center for Tuberculosis and Lung Diseases

OC – Oversight Committee

PAAC - Policy and Advocacy Advisory Committee

PAPA - Positive Attitude Positive Action

PAS – Center for Health Policies and Studies

PIH - Partners in Health

PIU - Project Implementation Union

PR – Principal Recipient

PWID – People who Inject Drugs

RSSH - Resilient and Sustainable Systems for Health

SR - Sub-recipient

SSR – Sub-sub-recipient

STREAM – Standard Treatment Regimen of Anti-tuberculosis drugs for patients with MDR-TB

TB - Tuberculosis

TSP – Transition and Sustainability Plan

URC – University Research Corporation

WHO - World Health Organization

**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, to fill out the CoI forms and to raise any comments/objections with regard to the agenda items of the 85th CCM meeting if any.

*The agenda of the 85th CCM meeting was endorsed; The minutes of the 84<sup>th</sup> CCM meeting were approved.*

**David Sergeenko** – gave the floor to Ms. Gabunia.

**Tamar Gabunia** – noted that the final version of TSP, included monitoring and evaluation framework and costing has been shared with the PAAC and CCM for review (attached). Afterwards, she briefly outlined the main directions and objectives of the TSP, its timeline and presented to the audience the stages of the TSP development and final steps towards its formalization. The Vice-Chair noted that the final technical product developed by CIF has been received and reviewed. The Vice-Chair highly emphasized the quality of the deliverables and the work undertaken by CIF. The technical deliverable will serve as a basis for continued consultations and decision-making on its final approval. The necessary procedural steps towards final formalization of the TSP on the governmental level will be undertaken. The consultations with the PAAC, MoLHSA and other relevant stakeholders will be continued. The process is open and all CCM members are welcomed to provide their further comments if any. The TSP will be approved through e-mail voting or at the next CCM meeting. The MoLHSA will work on formalization of the document necessary for submission to the Cabinet of Ministers. There is good experience of governmental consultations prior to endorsement of the TB and HIV strategic plans. The strategies had been approved by the CCM and, then through the consultative process were adjusted based on the State Chancellery's comments and requirements before the GoG approval. Similar steps will be undertaken towards formal approval of the transition plan by the GoG. Ms. Gabunia asked members to audience to address the representatives of Curatio technical team presenting at the meeting with any questions.

**David Sergeenko** – noted that in terms of recent adoption of the law on budget the close consultations with the Healthcare Department and Finance Department of MoLHSA are needed to ensure the financial feasibility of the document.

**The CCM agreed on the following:**

*To accept the technical deliverables of Curatio International Foundation under the phase 3 of the agreement between the CIF and NCDCPH. The consultations with PAAC and other relevant stakeholders will be continued. The plan will be approved by the CCM either through e-voting or at the nearest CCM meeting. . Further work on formalization of TSP in line with the relevant requirements necessary for submission of the document to the Cabinet of Ministers will be done using positive experience of consultations, submission and endorsement of national TB and HIV strategic plans after CCM approval. The close consultation with relevant structures of MoLHSA (Healthcare and Finance Departments) and other relevant governmental agencies are required at the stages of formalization of the document.*

**David Sergeenko** - introduced the candidacies for CCM membership addressed the audience with the request to raise the questions towards the candidates if any and put to the vote the issue of admission to the CCM membership of the following representatives from Governmental sector: Mr. Akaki Zoidze - Chairman of the Healthcare and Social Issues Committee of the Parliament of Georgia; Mr. David Vardiashvili - Deputy Minister of Internal Affairs of Georgia.

*Mr. Akaki Zoidze and Mr. David Vardiashvili were unanimously admitted to the CCM membership by all members presented at the meeting. The terms of service of Mr. Archil Talakvadze, former Deputy Minister of Internal Affairs, Mr. Giorgi Khechinashvili – former member of the Healthcare and Social Issues Committee of the Parliament of Georgia have been ended. Mr. Dimiti Khundadze ,*

*Deputy Chairman of the Healthcare and Social Issues Committee of the Parliament of Georgia will continue as an Alternate member.*

**David Sergeenko** – congratulated newly elected CCM members and wished them productive work. Afterwards, the Chairperson gave the floor to Ms. Irma Khonelidze.

**Irma Khonelidze** – stated that HIV and TB dashboards covering period July 1 – September 30, 2016 were shared with the CCM. Taking into account the density of the agenda Ms. Khonelidze offered to discuss detailed summary report at the next CCM altogether along with the dashboards. Afterwards she focused on the current status of grants implementation and stated that all activities are on-going in accordance with the plan. Ms Khonelidze reminded to the audience that NFM GEO-T-NCDC grant has been approved by the Government of Georgia and signed by all sides. The contract extension with the National Center of Tuberculosis and Lung Diseases will be signed on December 30. The grant will start on January 1, 2017. Afterwards, Ms Khonelidze referred to the issue of establishment of two TB ambulatories which had been discussed in details at the previous CCM meeting and stated that all necessary procedures for one site have been successfully implemented. Albeit, the contract with the selected company ends on April 2017, there is an anticipation that the work will be completed by March 24, World TB Day. As for the second site due to some problematic issues the procedures took longer than planned. The Global Fund added the sum to the new TB grant and thus the sum will be utilized for establishment of TB ambulatory under NFM TB grant. The work is anticipated to be completed by the middle of the next year. The implementation of NFM GEO-H-NCDC grant started on July 1, 2016 and all activities are on-going smoothly according to the plan set. Afterwards, Ms Khonelidze reviewed in details the Global Fund Allocation letter received by the CCM on December 15, 2016 with special focus on country specific recommendations. The following issues were underlined:

- Allocation amount;
- Program split. Ms. Khonelidze noted that the program split reflected in the Allocation Letter is of a indicative character; She also indicated that properly documented decision on program split should be sent to the Global Fund prior or at the very latest at the same time as the submission of funding request;
- Timing for submission (January 2018);
- Allocation utilization period which is July 2019 – June 2022 for HIV program and January 2020-December 2022 for TB program;
- Opportunity to receive transitional funding before shifting to domestic funding;
- Co-financing requirements which means that 25% of the Global Fund allocation is conditional on increases in co-financing contributions targeting disease programs and/or RSSH contributions;
- Targeting of co-financing investments. A minimum of 50% of co-financing investment must be investing in interventions targeting key vulnerable populations;
- Sustainability and Transition. Georgia is strongly encouraged to incorporate transition preparedness considerations into the funding requests for both programs and co-financing commitments;
- Previous co-financing commitments. The country is requested to submit to the Global Fund evidence of realization of previous commitments prior to or along with its funding request. The failure in realization of the previous commitment may result in reduction of funds from existing grants and/or the 2017-2019 allocation;
- Sub-objectives of RSSH;
- Application approaches. Georgia is invited to submit a simplified application for programs continuation;
- CCM eligibility and performance assessment. The additional round of CCM self-assessment may be required. The communication from the Global Fund will follow.

- In case of willingness to change the currency from USD to EURO the FPM should be informed by February 15, 2017.
- Timing and use of the funds under existing grants. Any remaining funds from an existing grant, unused by the start of allocation utilization period will not be added to the allocation amount. Any extension of the existing grant will be accounted for as part of the subsequent allocation utilization period;
- Prioritized above allocation request. The applicants are encouraged to submit a prioritized above allocation request.

Ms. Khonelidze noted that all issues concerning allocation letter will be further specified with the FPM.

*Following this presentation by Ms. Khonelidze the following issues were brought under the special focus*

- Co-financing requirements. It was noted that the co-financing requirements cover the period starting from 2019. This issue requires close consideration with the Ministry of Finance, Healthcare and Social Issues Parliamentary Committee, MoLHSA in order to be ready to present to the Global Fund the commitment of the country towards increased financing by the end of 2017. The representative of the Ministry of Finance explained to the members the MTEF and annual country law on budget requirements.
- Currency of the grant. It was noted that the Ministry of Finance had recommended to denominate country's allocation amount under NFM current grants in US dollars and currently there is no basis for reconsidering this recommendation. The fixed exchange rate can be discussed with the Global Fund.
- The timeline and milestones of the process. It was noted that the process for preparation of submission should start no later than February, 2017.

**Tamar Gabunia** – presented to the members summary of the CCM activities covering period March – December 2016 and the plans set for January and February 2017 (presentation attached). The following topics were covered:

- CCM renewal. As a result: the CSO representatives of the CCM are elected by their own constituencies through a transparent and documented process; the representation of TB CSO has been strengthened.
- CCM meetings. Four meetings have been conducted. Two more CCM meetings will be conducted in January and February 2017.
- Structure of the CCM and its sub-committees.
- Transparency of the CCM work and effective info-sharing according to the developed communication strategy.
- OC renewal. Main activities performed and planned for January – February 2017.
- Close involvement of CSO in the work of the CCM. Adequate, balanced and proportional representation of CSOs in the CCM. The consultations with the CSO representatives on the concept of CSO forum planned for February 2017 has started.
- Main activities of TB research coordination Group (to be presented later on at the CCM meeting).
- Main activities of TB-REP HSS National Group Mechanism (to be presented later on at the CCM meeting).
- Main activities of the PAAC. It was noted that the work on TSP project has been completed. The plan on its formalization should be elaborated in consultation with the MoLHSA. The CCM



budget envisages the sum for external review of the plan. The concrete timeline and objectives of the review to be defined in accordance with the stages of formalization.

**Tamar Gabunia** – gave the floor to **Mr. Amiran Gamkrelidze**.

**Amiran Gamkrelidze** - stated that more initiatives and greater attention to issues concerning TB globally is anticipated due to the fact that the United Nations High Level Summit in 2018 will be dedicated to TB. Afterwards Dr. Gamkrelidze presented to the audience the main directions of Regional EECA TB-REP HSS project. The project has been initiated by the Global Fund, WHO Europe and PAS and implemented in 11 countries. It envisages provision of technical assistance for HSS to fight TB. The project is financed by the Global Fund. Dr. Gamkrelidze expressed his gratitude toward Ms. Tamar Gabunia for taking active participation in the international meetings held within the framework of the projects. The participant countries are called to create National Group Mechanisms. Thus such group has been established in Georgia under the auspices of the Country Coordinating Mechanism. The group is led by Ms. Nino Berdzuli, Deputy Minister of Labor, Health and Social Affairs. It unites the representatives of Government Sector, Civil Society, International Organizations. There is a plan to further expand its representation. Afterwards, Dr Gamkrelidze presented to the audience the main outcomes of the meeting of the Group held on December 20, 2016. The Group comprehensively discussed and prioritized the following topics: integration of TB services in primary health care; the application of novel approaches e.g. ECHO project; better coordination between TB and hepatitis C initiatives. The Group also discussed the topic of expanding CCM scope by adding Hep C in its mandate. This issue will be further discussed with the MoLHSA and presented to the CCM later on.

**Tamar Gabunia** – stated that Georgia establishment of the National Group Mechanism for supporting the implementation of the TB-REP activities is a very important development that has not yet happen in many participating countries. The Vice-Chair focused on the membership of the Group stating that the Group is established under the auspices of the Country Coordinating Mechanism along with the Policy and Advocacy Advisory Council. The focuses of the TB WG and PAAC are maintained. There are a lot of cross-cutting issues within the mandate of both groups. Afterwards, the Vice-Chair asked the permission to present to the audience the Advocacy Strategy for TB Outpatient Care Model within the framework of TB REP project developed by the Georgia Family Medicine Association in close collaboration with TB Coalition and Patients Union. During her presentation Ms. Gabunia focused on the following (presentation attached): The importance of the strategy; people-oriented approach as a recent priority; main challenges reflected in the strategy. The high burden of MDR TB has been highlighted; guiding principles of the strategy; aim; concrete objectives; the importance of involvement of Civil Society was underlined; implementation framework; estimated outcomes; activities under each objectives; risks.

**Nikoloz Mirzashvili** – continued the presentation and being himself a former TB patient outlined the patient's views regarding preference of ambulatory model. Mr. Mirzashvili presented the TB patient's pictures reflecting the patient's perception of TB treatment both in hospital and through ambulatory.

**Tamar Gabunia** – emphasized the importance of involvement of Patients' Union and patients themselves in the development of the strategy, presented to the audience the timelines of the implementation of the strategy and funding sources. Ms. Gabunia stated that blueprint on the people-centered model to be implemented on national levels is being developed under the coordination of WHO Europe and is anticipated to be ready early 2017.

**Irma Khonelidze** – highlighted the paramount importance of involvement of Patients' Union, TB patients, community organizations in development of adherence services. The previous consultations have started and in January the volume of the assistance will be defined and the services will be provided. Ms. Khonelidze underlined the importance of Psychologists' services as highlighted by the patients themselves. At the end she also underlined the importance of ambulatory services.

**Tamar Gabunia** – referred back to the notion expressed by Mr. Tsertsvadze at the previous meeting regarding lack of technical discussions observed at the CCM meeting. She noted that this comment has been taken into consideration. The Vice-Chair gave the floor to Ms Ivdity Chikovani for presenting the finding of the recent survey on barriers to MDR TB case management in Georgia.

**Ivdity Chikovani** – presented to the audience the results of the qualitative study Barriers and facilitators of adherence to TB treatment conducted by CIF (presentation attached). During the presentation the following topics were covered: epidemiological situation in Georgia; DR TB statistics for 2005-2015; percentage of DR TB among new and previously treated cases in the region (2015); percentage of successful treatment among DR patients in the region (2015); M/XDR TB treatment outcomes in the cohort of 2011-2013; donor of the study (TDR (Special Programme for Research and Training in Tropical Diseases)); population; implementation sites (Tbilisi, Adjara, Samegrelo); conceptual framework; finding of the study (facilitators: free of charge treatment; monetary incentives; attentive medical staff; smooth implementation of the program; sharing of personal experience; barriers: difficulties of DOT regimen; side effects and shortcoming in their management; organization of TB services – role of the family doctor; geographical accessibility; infrastructural problems; low remuneration; difficulties in tracking lost patients; risks in providing services ); structural and individual barriers for TB adherence among DR patients; indirect systematic factors influencing adherence to treatment; recommendations (improved accessibility to effective management of side effects; strengthened adherence services, inclusion of psychologist; increase in follow-up of lost patients; involvement of the patients for sharing experience; finding and testing effective mechanisms for simplification of DOT regimen; increased motivation for service providers by introducing result tailored remuneration mechanism; reduction/abolishment of financial barriers in post-graduate education for physiatrists/pulmonologists.

**Rusudan Klimiashvili** – raised the question regarding the findings in comparison with other countries.

**Ivdity Chikovani** – responded that this issue might be covered in the policy brief document.

**Tamar Gabunia** – responded that all barriers identified are pretty much similar for the countries of the region. She noted that the results of the study one more time confirmed the utmost importance of the activities of the Global Fund TB project. Afterwards, the Vice-Chair one more time briefly outlined the main scope of activities of the TB Research Coordination Group. She gave the floor to Ms. Nino Lomtadze and asked her to present the current status of TB clinical studies which is especially interesting in light of introduction of recent WHO recommendation on short treatment regimen.

**Nino Lomtadze** – provided the audience with status update on the on-going and planned TB clinical studies (presentation attached). The main topics covered: **Information on STREAM study** financed by USAID: aim, design, stages, participant countries, detailed information on stage 2, inclusion criteria, exclusion criteria, B,C and D regimens, timelines of the study, current status of launching study in Georgia ( Georgia participates in stage 2, site - NCTLD, study is in preparatory process, the documentation for submission to the Regulation Agency for Medical Activities of MolHSA is ready, the registration is anticipated by January 6, 2017, the training on laboratory component is planned by January 16); the inclusion of the 1<sup>st</sup> patient is planned by March, 2017. The presenter underlined that only oral

drugs will be used. **Information on endTB project:** donors (UNITAID); implementing partners: PIH, MSF, IRD, MSF's epicenter, HMS, ITM; components of the project (endTB study represents the 2<sup>nd</sup> component of the project); selected sites; experimental regimens, design, aims, inclusion and exclusion criteria, updated information (the training for personnel was conducted, the initiation visit was conducted, the inclusion of the first patient is anticipated by January, 2017); current status (endTB project tripartite MoU was signed, the contract with the personnel was signed; patients screening/inclusion - January 2017). Currently the process of medicines delivery is on-going. Meanwhile in coordination with the GF the drugs from the Global fund project will be used and afterwards they will be got back to the program.

**Information on STAND study:** treatment regimens, revised timeline. The study is currently resumed.

**Information on NIX-TB Trial:** aim; donor (Global Alliance for TB Drug Development); design; current status ( the documentation was reviewed and approved by local Ethics Committee, the documentation was submitted to the Regulation Agency for Medical Activities of MoHSA, in case of Ministry's' approval the initiation visit is planned to be conducted by February 2017. The presenter noted that XDR patents can be enrolled in the study.

**Khatuna Todadze** – raised a question regarding the smart pillboxes.

**Nino Lomtadze** – responded that such study is not planned for Georgia. Though in Tbilisi video DOT has been introduced.

**Tamar Gabunia** – gave the floor to **Ms. Mzia Tabatadze**.

**Mzia Tabatadze** –presented the main components of the project financed by Stop TB Partnership and implemented by Curatio International Foundation. The project is aimed at strengthening of TB CSOs, and enhancing their involvement in national TB response. Within the first phase baseline assessment of CSOs and community system engagement in the national TB response was conducted. 28 organizations working in TB field were identified. Out of this 10 organizations are representing GHRN and their involvement is limited to providing only TB screening and referrals for KAPs under the Global Fund funded HIV grant in Georgia The activation of TB CSOs was observed during the implementation of the USAID Georgia TPP. Ms. Tabatadze highly emphasized the importance of the Patients' Union and GRCS. She also noted that TB Coalition established in 2014 has united 18 TB CSOs. Currently there are only 4 grants implemented in Georgia that are focused on TB issues. As for geographical distribution only GRCS and GHRN organizations implementing the Global Fund project activities are working in the regions. Mainly the work is focused in the capital city. The following challenges were specified: full dependence on donors' support, weak organizational, administrative, finance capacities of newly established organizations. Out of 28 organizations 6 are expressing only institutional interest and have never implemented any TB grants. 2nd phase of the project envisages conducting training for TB CSOs for building their capacities. Ms. Tabatadze underlined that close and active involvement of TB CSOs is required to accelerate community driven TB response for switching from inpatient-based TB care to patient-centered community care response.

**Tamar Gabunia** – raised a question regarding plans on institutional format of Georgia TB Coalition.

**Nino Osepaishvili** - stated the decision to register TB Coalition as a legal entity has been made and will be executed in January, 2017.

**Irina Grdzeldze** – raised an issue regarding the timeline for additional technical assistance on CCM evolution to be conducted by Euro Health Group.

*It was agreed that the most suitable timeline for technical assistance will be the period of June-, September, 2017.*

**Tamar Gabunia – thanked everyone for having attended, extended to the audience best New Year wishes and announced the meeting as closed.**

***Decisions:***

- 1) To accept the technical deliverables of Curatio International Foundation under the phase 3 of the agreement between the CIF and NCDCPH. The consultations with PAAC and other relevant stakeholders will be continued. The plan will be approved by the CCM either through e-voting or at the nearest CCM meeting. Further work on formalization of TSP in line with the relevant requirements necessary for submission of the document to the Cabinet of Ministers will be done using positive experience of consultations, submission and endorsement of national TB and HIV strategic plans after CCM approval. The close consultation with relevant structures of MoLHSA (Healthcare and Finance Departments) and other relevant governmental agencies are required at the stages of formalization of the document.**
- 2) Mr. David Vardiashvili, Deputy Minister of Internal Affairs of Georgia to be admitted to CCM membership; Mr. Akaki Zoidze, Chairman of the Healthcare and Social Issues Committee of the Parliament of Georgia to be admitted to CCM membership;**
- 3) End CCM membership term for Mr. Archil Talakvadze, former Deputy Minister of Internal Affairs of Georgia, for Mr. Giorgi Khechinashvili, former member of the Healthcare and Social Issues Committee of the Parliament of Georgia; Mr. Dimitri Khundadze, Deputy Chairman of the Healthcare and Social Issues Committee of the Parliament of Georgia will continue serve at the CCM as an alternate member of Mr. Akaki Zoidze;**
- 4) To start consultations for preparation of funding requests no later than February, 2017**

**David Sergeenko**

**Natia Khonelidze**

CCM Chair

CCM Administrative Assistant

***Annexes:***

1. Transitional Plan
2. Presentation on CCM Action Plan;
3. Presentation on Advocacy Strategy for TB Outpatient Care Model;
4. Presentation on the results of the study - Barriers and facilitators of adherence to TB treatment.
5. Presentation on TB clinical research

