



Minutes of the 86th CCM meeting
April 10, 2017
Ministry of Labor, Health and Social Affairs of Georgia

Participants:

#	CCM members/alternates	
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	Merab Gotsiridze	Alternate member, Ministry of Internal Affairs of Georgia, Head of Medical Department
5	Tengiz Tsertsvadze	General Director, Infectious Diseases, AIDS and Clinical Immunology Research Center SR
6	Zaza Avaliani	National Center of Tuberculosis and Lung Diseases Director SR
7	Khatuna Todadze	Center for Mental Health and Prevention of Addiction, GFATM funded methadone substitution therapy program, SR
8	Tamaz Marsagishvili	Deputy Minister of Education and Science of Georgia
9	Rusudan Klimiashvili	WHO Georgia Country Office, Public Officer, OC member
'10	Tamar Sirbiladze	USAID, Health and Social Development Office, Director

11	Lela Bakradze	UNFPA, Assistant Representative
12	Zurab Vadachkoria	Rector of Tbilisi State Medical University
13	Elguja Meladze	Employers' Association of Georgia, President
14	Lasha Abesadze	Alternate member, NGO New Vector , Board Chairman, SSR
15	Izoleta Bodokia	NGO HIV/AIDS Patients Support Foundation, Director, SR
16	David Kakhaberi	Alternate Member, MSM Constituency
17	Maia Butsashvili	NGO HRU, Director, OC member
18	Maka Gogia	Alternate member, NGO GHRN, SR
19	Tamar Bortsvadze	NGO MdM, Senior Advocacy Officer, Chair of OC
20	Nino Kajaya	Alternate Member, NGO Winners Club
21	Nikoloz Mirzashvili	Former TB Patient, Patients' Union, Board Member, OC member
22	Nino Osepaishvili	Alternate member NGO Georgia Red Cross Society
Guests/invitees		
23	Irakli Katsitadze	LFA, team leader
24	Irma Khonelidze	NCDC&PH, Deputy General Director GFATM PIU, Director
25	Mzia Tabatadze	EHRN, Consultant
26	Giorgi Tabagari	NGO Equality Movement, Project Manager
27	David Ananiashvili	NGO Georgia + Group, Director

28	Natalya Zakareishvili	UNFPA, Program Analyst
29	Ketevan Stvilia	GFATM PIU, HIV Program Manager
Secretariat		
30	Irina Grdzeldze	Executive Secretary
31	Natia Khonelidze	Administrative Assistant

Agenda

15:00 – 15:10	Opening speech /remarks/ endorsement of the agenda/ endorsement of the minutes of the 85th CCM meeting Mr. David Sergeenko - CCM Chair, Minister of Labor, Health and Social Affairs of Georgia
15:10 – 15:15	Addressing the members with the request to declare the presence of the Conflict of Interest Secretariat
15:15 – 15:30	HIV and TB grants implementation status Ms. Irma Khonelidze – NCD/CPH Deputy Director, GFATM PIU, Project Director
15:30-15:45	Report of the Oversight Committee Ms. Tamar Bortsvadze – Chair of the Oversight Committee
15:45- 16:00	EHRN Initiative/Establishment of community-level M&E for NSP and OST in Georgia/Discussion Ms. Mzia Tabatadze – EHRN Consultant
16:00 – 16:05	Information on The Global Fund Regional Program "Community Actions to Increase Access of MSM and TG People to HIV Services in Eastern Europe and Central Asia" Mr. Giorgi Tabagari - Equality Movement, Project Manager
16:05 – 16:15	Outcomes of the meetings of community organizations aimed at better engagement in the processes of development of funding request Mr. David Ananiashvili – Georgia Plus Group, Director
16:15 – 16:20	Information on the opening of Pediatric TB Department Mr. Zaza Avaliani - National Center for Tuberculosis and Lung Diseases, Director

16:20 - 16:30	AOB/announcements
16:30	Closure of the meeting

List of abbreviations

AIDS - Acquired Immune Deficiency Syndrome

CBO – Community Based Organization

CCM – Country Coordinating Mechanism

CoI – Conflict of Interest

CSO – Civil Society Organization

DR – Drug Resistance

ECUO – East Europe & Central Asia Union of People Living with HIV

EHRN - Eurasian Harm Reduction Network

FPM - Fund Portfolio Manager

GA – General Assembly

GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria

GHRN _ Georgia Harm Reduction Network

HIV - Human Immunodeficiency Virus

HRU – Health Research Union

IDU – Injecting Drug User

LFA – Local Fund Agent

M&E - Monitoring and Evaluation

MdM - Médecins du Monde

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
NSP – Needle and Syringe Program
OC – Oversight Committee
OST – Opioid Substitution Therapy
PIU - Project Implementation Union
PR – Principal Recipient
PUDR – Progress Update and Disbursement Request
PWID – People who Inject Drugs
SR - Sub-recipient
SSR – Sub-sub-recipient
STI – Sexually Transmitted Infections
SW – Sex Worker
TB – Tuberculosis
TG – Transgender
UNFPA – United Nations Population Fund
URC – University Research Corporation
USAID - United States Agency for International Development
WHO - World Health Organization

Tamar Gabunia - greeted the participants and thanked them for coming. The Vice-Chair announced that Mr. David Sergeenko will join the meeting later on. Ms. Gabunia 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 86th CCM meeting if any.

The agenda of the 86th CCM meeting was endorsed; The minutes of the 85th CCM meeting were approved. The presence of the COI in connection with agenda items was not declared.

Tamar Gabunia - gave the floor to **Ms. Khonelidze**.

Irma Khonelidze – announced that the PUDRs reporting principles have been changed from semi-annual to annual. The PR submitted to the GFATM PUDRS within the new deadline set and once the validation process is completed the documents will be shared with the CCM. The dashboards for both grants covering period October-December 2016 were shared with the CCM.

The OC will discuss and present the recommendations to the CCM within the next few weeks. The audits of HIV and TB grants including the close out audit for TB grant are ongoing and will be completed by May, 2017.

David Sergeenko – greeted the participants, apologized for late coming and wished the audience fruitful discussions.

Irma Khonelidze - presented to the audience the following update on grants implementation status.

HIV grant

The program is ongoing smoothly, without any disruptions. The mechanisms for conducting HIV programs assessment are being considered. The notion to conduct mentioned assessment was expressed by Ms. Tsovinar Sakanyan, FPM during her visit to Georgia in February, 2017. A lot of procurement is planned to be executed in 2017. In this regard procurement of 1 ml syringes represent a problematic issue due to procurement process. Despite all efforts during three months period the agreement has not been signed yet. Ms. Khonelidze expressed her hope that the issue will be resolved and stocks will not be depleted.

TB Program

All activities under close out are on-going according to the plan set. The components of new TB grant under NFM are executed as planned. The comprehensive details were presented during the conference dedicated to World TB Day. Currently there are no signals of any shortcomings. Ms. Khonelidze expressed her hope that the grant implementation will result in significant improvements in treatment adherence and outcomes.

Tamar Gabunia – addressed the attendees with the request to raise any questions to the PR and afterwards gave the floor to **Ms. Tamar Bortsvadze**.

Tamar Bortsvadze – presented to the members the oversight activities performed by the OC during the period covering January – March, 2017. Two field visits were conducted during the reporting period (Gori and Batumi). The purposes of both visits were to discuss the current status of the implementation of GFATM funded programmes and to identify challenges that impede their operations. An additional goal was to meet the beneficiaries of those programmes to gain first-hand information about their satisfaction or dissatisfaction and needs in terms of service provision. Sites visited:

Gori: Centre for Mental Health and Prevention of Addiction - Gori Branch, TB Centre (Gorimed), Step to the Future (Harm Reduction Center);

Batumi: Infectious Diseases, AIDS and TB Regional Centre, GHRN/Imedi, Tanadgoma, HIV/AIDS Patients Support Foundation, Batumi branch

The following findings/observations were presented to the attention of the attendees.

HIV program. It was noted that ***no issues regarding management, timely disbursement of funds, supply of medicines and material*** were identified. There was not any problem with

regard to reporting as well. As for changes *in beneficiary registration system* it was easily adopted in Gori sites, though further training and capacity building was requested by Imedi staff in Batumi. The concerns regarding *high level of STIs* especially syphilis had been expressed by Imedi staff in Batumi. The negotiations with Batumi Maritime Hospital had been on-going in order to develop a mechanism for referrals under which the beneficiaries would receive necessary treatment (anticipated timeline – March 2017). The positive steps towards expansion of outreach activities were undertaken by the organization Step to the Future (Gori). The organization had conducted outreach and PWID – community mobilization activities beyond Shida Kartli and Kakheti regions towards Samtskhe- Javakheti area. *As for OST program* visited in Gori it was noted that there were no issues regarding general management of the programme and the provision of financial resources and stock of medicines. However the limited space availability was identified as one of the impediments to beneficiaries receiving adequate consultations. As for *HIV treatment* it was noted that due to heavy snow in Ajara Region on-site/in-house distribution of medicines had been impeded by 4-5 days. The participants of the meeting in Batumi AIDS Center expressed dissatisfaction regarding the decision of the new management to cut the additional income received through the state funded HIV programme for those staff members who were employed in both the Global Fund-funded programme and the state-funded programme. Albeit, afore-mentioned did not affect the implementation of the programme. Some concerns were expressed by Tanadgoma staff regarding reaching the target to cover 1,100 MSM beneficiaries due to high level of migration of MSMs between Batumi and Tbilisi. The beneficiaries expressed desire for the distribution of wet-wipes together with condoms and lubricants and for MSM-specialised psychological counselling services. Tanadgoma Batumi staff expressed desire of having more specialized interventions for truck drivers passing through the Sarphi customs border, who frequently use sex worker services.

TB Program. No issues regarding management, timely disbursement of funds, supply of medicines and material were identified. A poor infrastructural environment (mainly related to the building that requires renovations) was identified as one of the most acute problems for TB patients by Dr. Tsetskhladze, Head of TB department of Infectious Diseases, AIDS and TB Regional Centre in Batumi . Although with the help of MSF some renovations started, these are not sufficient to guarantee a better treatment environment for patients. Some challenges in terms of transferring left-over stock (where necessary) from one site to another were discussed during the visit to TB Center in Gori. This could be related to some malfunctioning of financial procedures or the delivery mechanism, which would need to be studied and addressed accordingly. As it is known some steps are being undertaken to resolve this issue. Afterwards, Ms. Bortsvadze presented to the audience details of the site visit to Moldova held within the Global Fund Regional Program – Harm Reduction Works – Fund it! She outlined the main components and directions of the program, the activities performed by Georgia especially in terms of sustainability of harm reduction services. Ms. Bortsvadze noted that EHRN Initiative on establishment of community-level M&E for NSP and OST would be presented by Ms. Mzia Tabatadze later on and expressed her notion on collaboration between the OC and the program. Finally, Ms. Bortsvadze noted that the dashboards had been shared with the CCM and the recommendations derived would be presented to the CCM in on-line format.

Izoleta Bodokia – raised an issue regarding space availability in Batumi AIDS Center where three physicians share one room. This creates an inconvenient environment for beneficiaries and violates their right for confidentiality. Ms. Bodokia noted that a similar problem was successfully

resolved in Zugdidi while it is still unresolved in Batumi and requires proper addressing. Afterwards she referred to the cases of stigma/discrimination in medical facilities which were successfully resolved with her involvement and with the help of CCM.

David Ananiashvili – addressed Ms. Bortsvadze with the question regarding involvement of OC members in oversight activities

Tamar Bortsvadze – responded that more active involvement is desired especially in terms of putting into the committee TB expertise.

Khatuna Todadze – referred to the issue of stigma/discrimination towards PWID. She outlined the issue of the space availability in the Centre for Mental Health and Prevention of Addiction – Gori branch and noted that with involvement of the Ministry of Economics the issue was resolved and adequate space was allotted. Starting from June – July, 2017 the beneficiaries will be served in an adequate environment.

Irma Khonelidze – referred to the issue of transferring goods, namely the recent changes in the Georgian Tax Code which came into force from January 2017. According to these changes all resident companies are required to pay profit tax for transferring of any goods/services or cash to other entities free of charge. Thus the organizations contracted by NCDC under the GFATM programs that receive medicines and medical supplies free of charge from NCDC and re-distribute to other implementers or to patients need to pay profit tax. The afore-mentioned issue was raised in the letter of Ms. Tsovinar Sakanyan of 01.03.2017. NCDC has started the work aimed at resolving this issue. As a temporary solution the mechanism envisaging NCDC to be payable was offered.. The consultations with the MoLHSA, Ministry of Finance, and Healthcare Committee of the Parliament of Georgia to introduce legislative changes for exemption of profit tax are on-going. Ms. Khonelidze addressed the CCM with the request to join NCDC in its advocacy efforts.

Mzia Tabatadze – raised the question regarding high level of syphilis in Ajara region and asked if this might be connected with introducing new rapid tests.

Maka Gogia – responded that new tests have been introduced just recently and the confirmation rate will be known approximately in a year.

Tamar Gabunia – briefly introduced the main components of EHRN initiative and highly emphasized the importance of strengthening community organizations.

Mzia Tabatadze – thanked Ms Gabunia for introduction and presented EHRN initiative to the audience (presentation attached). The following was under focus of the speaker. The initiative of EHRN concerns harm reduction services and envisages institutionalization of community-based M&E for NSP and OST in Georgia. The main components of the Global Fund Regional Program: Harm Reduction Works – Fund it’ and the activities performed by GHRN in Georgia were presented. It was underlined that the CCM and relevant stakeholders are well aware of the program and its activities. It was noted that the program has been extended till December 2017 and establishment of institutional mechanisms for community-based M&E for NSP and OST represents one of the major objectives of the final phase of this regional program. The work undertaken by the consultant within the assignment was presented and gratitude towards stakeholders for involvement was expressed. Afterwards, the five elements (guide) of M&E were presented and discussed in details. The questionnaires to be completed by the beneficiaries were

presented. The initiative is aimed at creation of formal communication channels to ensure that the findings and the results of monitoring are duly considered and taken into account by health officials and policy makers. ***The following model for community-based M&E was proposed:*** to expand the composition of the CCM's Oversight Committee and add one representative of the PWID community who would serve as a liaison between the community and the CCM. The person will be assigned to submit community-based M&E findings and recommendations as well as full database to OC for review (annually or semi-annually). The OC then performs data verification/validation and conducts additional monitoring visits as per decision of the CCM GA. At last, the results of community-based M&E will be presented to the CCM for further actions.

The steps to be undertaken in case of acceptance of proposed model presented by Ms.

Tabatadze: revision of CCM decree to reflect changes in the composition of the OC; define the role and operation of the expanded OC; include a statement in the Harm Reduction service protocols that are currently under development about the community-based monitoring and evaluation mechanism.

The following issues were underlined during the discussion: the standardized nature of the questionnaires and interviews of beneficiaries; need for contracting a person with relevant expertise for processing the data and analyzes; the sustainability of the newly established community-based M&E system; an approximate number of the respondents and the estimated volume of the work, the idea of establishment of specifically community based institution or integration into existing one was expressed; the retrospective of the creation of OC back in 2013 was presented and noted that despite initial high interest of the CSOs lack of interest and involvement was revealed later on; Dr Gamkrelidze emphasized the role which local public health services can play in monitoring and evaluation of community based initiatives. Besides strengthening CSOs capacity for monitoring and evaluation, a partnership model should be established between all community based structures including district public health centers.

The financial and technical sustainability of the integration of community-based M&E into the CCM operation were discussed. Some members suggested that instead of having an additional permanent member to OC, drug users community may assign a dedicated person with relevant technical capacities who will be authorized by the community to present M&E findings and recommendations to OC and subsequently to the CCM.

CCM members explicitly noted that the current mandate and modus operandi of the CCM not only envisages, but also promotes active involvement of CBOs, soliciting input and obtaining feedback from them, in addition during all OC site-visits the beneficiaries of the programs are met to gain first-hand information about their satisfaction/dissatisfaction and needs in terms of service provision. Therefore, CCM and OC will always welcome community groups to participate in the OC monitoring visits, attend any CCM meetings and present any data that community collects and analyses.

Tamar Gabunia – summarized the discussions and noted that introducing a mechanism for strengthening the feedback between the CCM and CBOs can be further considered. The necessity for any changes in CCM governing documents will be further discussed.

Giorgi Tabagari – presented to the audience information on The Global Fund Regional Program "Right to Health", grant recipient - ECOM , sub-contractor - Equality Movement (presentation attached). The rapporteur outlined the goal, objectives, implementing countries, approaches; the context, priorities and activities of the program. Mr. Tabagari noted that the duration of the program is three year, the CCM will be provided with status update on implemented activities and all documents developed within the framework of the project.

Tamar Gabunia – thanked Mr Tabagari for interesting presentation. The Vice-Chair highlighted the importance and innovative nature of planned activities.

Amiran Gamkrelidze – raised the question regarding the number of trans* people in the country and the results of analysis of referral to medical facilities for surgical treatment among the community.

The representatives of MSM community responded that the mapping to be conducted to reveal the number of trans* people in the country.

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

David Ananiashvili –briefed the audience on the two meetings of community organizations aimed at better engagement in the processes of development of strategic plans and funding request (presentation attached). *Meeting held on February 24, 2017* was conducted with financial support of the ECUO project “Regional Platform” and with technical assistance of the CCM Secretariat. The representatives of AIDS Center, NCDC, Global Find Portfolio Manager, CCM members, community organizations participated at the meeting. Mr. David Ananiashvili focused on the challenges highlighted at the meeting and noted that despite having in place high quality treatment there are acute problems faced by HIV positive people. Among them: stigma/discrimination, diagnosis and care of HIV positive children, low level of involvement of HIV positive CBOs in implementation of the Global Fund projects, employment. Access to ambulatory services and health insurance was identified as one of the main problems by the rapporteur. *The audience actively discussed this issue and it was agreed that further study of the problem is required.* Mr. Ananiashvili one more time underlined big zeal and enthusiasm of CBOs to be actively involved in the GFATM projects and lack of relevant knowledge and experience. He highly emphasized anticipated technical assistance from the project “Regional Platform” aimed at CBOs capacity building. *The second meeting was conducted in March 2017.* The representatives of all CBOs including TB patients, HIV positive people, MSMs, trans* people, SWs, IDUs were presented. The decision to establish an association was made at the meeting. The fundraising is on-going. The goal of the association will be better engagement of CBOs in GFATM projects implementation and in strategic planning. Finally, Mr. Ananiashvili specifically underlined the paramount importance of CBOs involvement at the stage of strategic planning.

Amiran Gamkrelidze – referred back to the issue of accessibility to ambulatory services within the state insurance program and stated that this should be urgently discussed with the healthcare department of MoLHSA.

Tamar Gabunia – stated that the consultations will be held with the department of health of MoLHSA and the outcomes will be presented to the CCM. The Vice-Chair thanked Mr. Ananiashvili and gave the floor to **Mr. Zaza Avalaini**.

Zaza Avalaini – briefly outlined the poor infrastructure environment of the old building of Pediatric Tuberculosis Ward. The new building of TB Pediatric Department was opened on March 24, 2017. It has been named after Dr. Tengiz Gvasalia by official order. The new building is in line with modern medical standards with strictly observed Infection Control requirements and high-tech equipment. It has a capacity for 22 beds and best tailored to the needs of beneficiaries. Mr. Avalaini provided detailed description of the facilities. Currently 12 patients are under the treatment, 2 of them have DR TB. Deep gratitude towards MoLHSA for initiating and financing construction in unprecedentedly short period of time was expressed.

Tamar Gabunia – shared with the audience the findings of TB HR assessment conducted by Dr. Mosneaga jointly with TB Center team. The critical situation with regard to ageing of TB staff was identified. The Vice-Chair noted that the issue should be raised at the nearest meeting of TB Coordination Council. The Healthcare Department of MoLHSA will be approached with the request to assist in conducting the meeting as soon as possible.

Amiran Gamkrelidze – seconded this idea and stated that the representatives of Regulatory Agency and the authorities dealing with licensing of medical personnel should be presented.

Tamar Gabunia – announced that NCDC intends to elaborate the proposal to be submitted in response to the call for proposals “Strengthening high-quality health systems accessible for all” Reference: AP-5PC-2017-01 / Health System Strengthening at all levels (local community to national) (HSS). The proposal will mainly focus on addressing issues related to human resource generation to ensure sustainability of TB services. ***It was agreed that the CCM will be supporting the application.*** Afterwards, Ms Gabunia announced that MSM constituency has proposed a new candidacy for CCM membership due to change of Mr. Paata Sabelashvili’s work position. The application material was received and shared with the CCM for review shortly before the CCM meeting. ***It was agreed that the CCM will review the application material and will proceed with admission of a new member according to standard procedures at the next CCM meeting.***

Tamar Gabunia – thanked everyone for having attended and announced the meeting as closed.

Tamar Gabunia

Natia Khonelidze

CCM Vice-Chair

CCM Administrative Assistant

Annexes:

1. Presentation on EHRN Initiative/Establishment of community-level M&E for NSP and OST in Georgia
2. Presentation on the project "Right to Health" ;
3. Presentation on the outcomes of the meetings of community organizations