



**Minutes of the 89th CCM meeting**  
**February 9, 2018**  
**Ministry of Labor, Health and Social Affairs of Georgia**

**Participants:**

#	CCM members/alternates	
1	David Sergeenko	CCM Chair, Minister of Labor, Health and Social Affairs
2	Tamar Gabunia	CCM Vice-Chair URC LLC
3	Amiran Gamkrelidze	NCDC&PH, General Director PR of GFATM grants
4	Tengiz Tsertsvadze	Infectious Diseases, AIDS and Clinical Immunology Research Center  General Director  SR of HIV grant
5	Zaza Avaliani	Director of National Center of Tuberculosis and Lung Diseases  SR of TB grant
6	Khatuna Todadze	Center for Mental Health and Prevention of Addiction
7	Kakha Khandolishvili	Ministry of Education and Science, Head of the Strategic Planning and International Relations Department
8	Irine Javakhadze	Ministry of Finance, Budget department/State and consolidated Budget Formulation Division, Chief Specialist
9	Tamta Demurishvili	Ministry of Corrections  Head of Medical Department
10	Rusudan Klimiashvili	WHO Georgia, Public Health Officer
11	Zurab Vadachkoria	Rector of Tbilisi State Medical University
12	Lasha Abesadze	Alternate member to Mr. Konstantine Labarkava, GenPUD, NGO New Vector, KAP IDU SR of HIV grant
13	Izoleta Bodokia	NGO HIV/AIDS Patients Support Foundation. KAP HIV

		SR of HIV grant
14	Gocha Gabodze	Alternate Member to Mr. David Kakhberi, “Equality Movement” HIV/AIDS Prevention National Program Coordinator. KAP MSM SR of HIV grant
15	Kakha Kvashilava	NGO GHRN, Board Chairman SR of HIV grant
16	Tamar Borstvadze	NGO Mdm, Senior Advocacy Officer Chair of OC
17	Lela Tsakadze	NGO Winners Club, TB KAP
18	Nikoloz Mirzashvili	Patients’ Union, Former TB Patient, member of OC
	Guests/Observers/Invitees	
19	Nana Nabakhetveli	LFA
20	Irma Khonelidze	NCDCPH, Deputy Director General, GFATM PIU, Director
21	Tamar Zurashvili	PAS
22	Ketevan Stvilia	NCDCPH, GFATM PIU, HIV program manager
23	Giorgi Kutchukhidze	NCDCPH, GFATM PIU, TB program manager
24	Konstantine Rukhadze	Non-CCM member, CBO New Vector
25	Akaki Abutidze	Non-CCM member, Infectious Diseases, AIDS and Clinical Immunology Research Center
26	Nestan Tukvadze	Non-CCM member, National Center of Tuberculosis and Lung Diseases
	<b>Secretariat</b>	
27	Irina Grdzeldze	Executive Secretary
28	Natia Khonelidze	Administrative Assistant

### Agenda

15:00 – 15:05	<b>Opening speech /remarks/ endorsement of the agenda/ endorsement of the minutes of the 88th CCM meeting</b>  Mr. David Sergeenko – CCM Chair, Minister of Labor, Health and Social Affairs of Georgia
15:05 – 15:10	<b>Addressing the members with the request to declare the presence of the Conflict of Interest</b> Secretariat
15:10 – 15:20	<b>Voting for new CCM member Mr. Kakha Khandolishvili, Ministry of Education and Science, Head of the Strategic Planning and International Relations Department</b> Secretariat

15:20 -15:35	<b>HIV and TB grants implementation status/ The process of preparation of funding requests</b>  <b>Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU, Project Director</b>
15:35-15:55	<b>Savings under current programs/Reprogramming proposals (Infectious Diseases,</b>  <b>AIDS and Clinical Immunology Research Center, Center for Mental Health and Prevention of Addiction, GHRN, National Center of Tuberculosis and Lung Diseases)</b>
15:55-16:10	<b>Report of the Oversight Committee</b>  Ms. Tamar Bortsvadze – Chair of the Oversight Committee
16:10 - 16:30	<b>AOB/announcements</b>
16:30	<b>Closure of the meeting</b>

**David Sergeenko** – greeted the participants and thanked them for coming. Mr. Sergeenko asked the members with the request to raise any other topics beyond the agenda items if any. The Chairperson addressed the members with the request to declare the presence of the Conflict of Interest if any and to fill out the CoI forms.

*The agenda of the 88th CCM meeting was endorsed; the minutes of the 89<sup>th</sup> CCM meeting were approved. The CoI forms were signed and kept in the CCM office.*

**David Sergeenko** – raised the issue of admittance of Mr. Kakha Khandolishvili, Ministry of Education and Science, Head of the Strategic Planning and International Relations Department to the CCM membership and asked the nominee to present himself before the voting.

**Kakha Khandolishvili** – greeted the participants and briefly presented himself.

*The issue of admittance of Mr. Kakha Khandolishvili was put to the vote. Mr. Khandolishvili was unanimously admitted to the membership by all members presented at the meeting.*

**David Sergeenko** – congratulated Mr. Khandolishvili, wished him all the success in this hard task of being the part of the CCM and expressed his hope that his involvement will contribute to the CCM performance. The Chairperson gave the floor to Ms. Khonelidze.

**Irma Khonelidze** – stated that by February 28, 2018 the annual report will be completed and all data validated. Thus, at the next meeting more comprehensive overview can be presented. As for now there are

no major issues with regard to grant implementation and reaching the indicators set. Ms. Khonelidze announced the tender procedure for procurement of audit services is on-going. The audit report to be submitted to the Global Fund by March 31, 2018. Afterwards, Ms. Khonelidze referred to the issue of programs continuation request preparation which was discussed in details at the previous CCM meeting. She focused on the issue of HIV NSP (covers the period of 2016-2018) and TB NSP (covers the period of 2016-2020). Ms. Khonelidze added that continuation requests for both TB and HIV programs to be submitted to the Global Fund through window 6 (August 6, 2018) should be based on updated priorities in line with the renewed national strategies for 2019-2022 for HIV and 2021-2022 for TB. Terms of Reference for Development of National HIV Strategic Plan for 2019 - 2022 was shared with the CCM and widely distributed among relevant stakeholders. The market research was conducted. The Global Fund has approved the ToR. The procurement procedure for consultancy will be undertaken shortly. The same process will be done in terms of TB NSP. Afterwards, Ms. Khonelidze focused on the recommendation of the Global Fund on the HIV service delivery model. As per agreement with the FPM the Global Fund will advise the country on an expert with corresponding expertise to facilitate the process. This consultancy will focus on exploring the possibilities for integration of TB and HIV service into primary care. Georgia has already initiated work in Samegrelo region for integrated TB, HIV and Hep C screening by primary care providers. Experience from this pilot to some extent will help to formulate the integrate service delivery concept for further roll out in the country. However, considering international experience is important. Consultations are being held with the Global Fund on possible consultancy to articulate the most appropriate modalities for continued service delivery after transition from the Global Fund.

**Amiran Gamkelidze** – referred to the issue of service integration and stated the WHO and other international organizations recommend gradual integration of vertical services into universal program. Prof. Gamkrelidze stated that the idea of pilot Samegrelo Project was based on this approach.

**Irma Khonelidze** – focused on the savings under current HIV program and reprogramming issue discussed at the previous CCM meeting. The information on savings and the call to present reprogramming proposals were shared with the CCM. She thanked all institutions for submitting the proposals. The first one received was a very important proposal from AIDS Center. Ms. Khonelidze presented the following timeline of next steps: the proposals will be submitted to the Global Fund next week, after receiving the principal approval with involvement of LFA detailed budget will be elaborated, the proposals ideally will be integrated into the PUDR or submitted to the Global Fund early March.

**David Sergeenko** – open the floor for presenting reprogramming proposals.

**Tengiz Tsertsvadze** – presented to the audiences the priorities of the reprogramming proposal. Prof. Tsertsvadze referred to the initiative entitled “*end AIDS epidemic in Georgia*” which was presented in details at the previous CCM meeting. The initiative was widely supported and it was reflected in the Declaration. The main axis of the initiative is achieving UNAIDS 90-90-90 targets by 2020. The country has good results in terms of achieving the 2nd and 3<sup>rd</sup> targets, though the first target is significantly underachieved and diagnosis rate is equal to 42%. Thus the proposal encompasses targeting the saving towards intensification of the detection. AIDS Center has already started implementation of the activities towards this direction and as a result the detection rate has been increased by approximately 25% comparing with the data of January 2017. The three possible interventions were considered: expansion of the detection among risk-groups (1); HIV testing of the patients undergoing Hep C screening (2) and introducing HIV testing in PHC for ambulatory patients (3). The model 3 envisaging testing of 80,000 patents in ambulatory system in Tbilisi was selected. The detailed financial calculations were conducted. Afterwards, Prof. Tsertsvadze presented rationales behind this deliberation. While speaking of expansion of HIV testing among high risk groups it was stated that this intervention is already well funded and

mobilization of further resources will not significantly contribute to increased detection rate. The consultations with various NGOs confirmed this notion. While speaking on option 2 envisaging HIV testing for those undergoing Hep C testing Prof. Tsertsvadze underlined the paramount importance of this approach and of integration of Hep C and HIV for ending AIDS epidemic though noted that taking into account that it is currently being implemented in some extent with NCDC initiative and MoLHSA support, targeting of saved amount towards this direction was not given the priority at this stage. Afterwards, Prof. Tsertsvadze focused on option 3. He stated that this component is not covered at all. He noted that AIDS Center has conducted two pilot research (one is currently on-going). The first research was undertaken in Gudushauri clinic and the result showed approximately 0,4% detection among 3,000 tested patients. The second study is being conducted on the basis of the National Family Medicine Training Center, Georgian Family Medicine Association. AIDS Center donated to the Center test-systems and material for screening of the patients referring to the Center procured with its own resources. The Center from its end has been providing services on a voluntary basis. Prof. Tsertsvadze underlined the importance to pilot this approach with current savings with possible further expansion in the future likewise Hep C program. Implementation of this activity will allow detection of additional approximately 200 HIV-infected persons which is a very serious breakthrough in terms of intensification of detection. In addition the proposed initiative directly leads to achieving 90-90-90 strategy which is not the case while expansion of HIV testing among high risk groups. The detailed financial calculations including the cost of ARV for detected people (apx 24,000 GEL) was done, minimum administrative costs are requested.

**David Sergeenko** – opened the floor for discussion. He himself stated that it seems to be logical to direct the saved amount into the directions it was saved. The Chairperson underlined the importance for estimations targeting the saved amount for maximizing the impact and effectiveness and submission to the Global Fund of well-grounded proposal.

**Irma Khonelidze** – seconded this notion. She referred to the visit of Global Fund Regional Manager to the country and stated that support of the initiatives directed towards intensification of the detection rate was expressed.

**David Sergeenko** – referred again to the issue of HIV related stigma and noted that versus significant progress achieved in Hep C where the fighting with stigma is the component of the strategy this issue still requires special addressing in the field of HIV. The considerations towards mobilizing financial resources required (e.g. media campaigns) should be made.

**Amiran Gamkrelidze** – supported the idea of intensification of detection. While speaking on detection in PHC settings among ambulatory patients, Prof Gamkrelidze referred to the pilot program in Samegrelo-Zemo Svaneti and stated that the intensification of detection in PHC can become one of the main directions. He emphasized the idea of piloting the project envisaging HIV testing in PHC. Prof. Gamkrelidze noted that the SPECTRUM formula might be the subject of future discussion; SPECTRUM analysis should be done with broader participation and experts' consensus should be in place. He asked Prof. Tengiz Terstvadze to meet and discuss this particular topic.

**David Sergeenko** – summarized the discussion and stated that the CCM has agreed on the main outline and gave the floor for presenting other proposals.

**Khatuna Todadze**- stated that Center for Mental Health and Prevention of Addiction has two proposals and both concern substitution therapy. Ms. Todadze noted that substitution therapy programs are functioning in 10 towns of Georgia, Out of 18 programs, 2 programs (long detox) are implemented in penitentiary system. She stated that two barriers in terms of substitution therapy program have been identified: the financial barrier and geographic accessibility. The financial barrier was removed starting from July 1, 2017. Such significant support of the Government of the harm reduction program resulted in

significant increase of beneficiaries (by 32%). Ms. Todadze stated that improved geographic accessibility will significantly contribute to increased coverage. Thus relatively innovative for Georgia initiative is proposed which envisages putting in place mobile OST services in the region which can provide Harm Reduction Services combined with other services such as HIV and Hep C services and even needle and syringe exchange provided that the agreement of inclusion the latter service is reached. The main aim though still remains to implement OST. The following arrangements are proposed. Each mobile ambulatory will be linked with in-patient center where medical committee will provide primary diagnosis, selection of dosages. The physicians from the center will consult the patient in mobile ambulatories on a weekly basis. The two routes were proposed. Though depending on availability of resources only one route can be selected.

- 1) Region of Kakheti. The most problematic region due to availability of only one center in Telavi. The detailed route elaborated based on the estimated number of the patients was presented (170 km in total).
- 2) Kvemo Kartli. Opening of the Center in Rustavi which will be linked to Gardabani is proposed. The detailed route was presented. Based on the needs some more locations can be added. In addition to methadone it was considered optimal to provide HIV, Hep C and Hep B screening, needle and syringe exchange. Though the latter can be removed. Provided that only one route can be implemented the priority is given to the first one (Kakheti). The second proposal envisages introducing methadone substitution therapy similar to those in the civil sector to one of the penitentiary establishments. The communication with the authorities from penitentiary system regarding selection of the institution is on-going.

**David Sergeenko** – opened the floor for discussion.

**Lasha Abesadze** – raised the question regarding expansion of subutex program.

**Khatuna Todadze** – doubted the appropriateness of such expansion at current stage.

**Konstantine Rukhadze** – highly emphasized the abolishment of co-funding requirements for beneficiaries of methadone program.

**Iza bodokia** – raised an issue regarding security of mobile ambulatories.

**Tengiz Tsertsvadze** – raised the question on the cost of both proposed routes. He got interested if mobile ambulatories will be travelling on a daily basis.

**Khatuna Todadze** – responded that it will be done on a daily basis unless the regulations are revisited. Kakheti route will cost appx 350,000 Gel annually and Kvemo Kartli route – 220,000 Gel annually.

**David Sergeenko** – responded that revisiting of the regulations on take away dosages is not planned at this stage.

**Amiran Gamkrelidze** – expressed the support to the initiative aimed at increase of geographical accessibility. Afterwards he asked for data regarding number of patients from methadone program screened for Hep C and enrolled in treatment.

**Khatuna Todadze** – responded that the data will be provided approximately in one week.

**Tengiz Tserstvadze** - raised an issue of long-term benefits of the proposed initiative and asked if establishment of the additional in-patient centers in the region can be more beneficial versus introducing mobile ambulatories.

**Khatuna Todadze** – responded that proposed initiative is innovative for Georgia though it has been already successfully implemented in number of other countries.

**David Sergeenko** – stated that proposal is interesting and innovative. Despite the fact that the project will be implemented with Global Fund resources and based on the CCM decision the overall responsibility lies on the MoLHSA thus it requires expertise assessment from MoLHSA and Government Administration. The main components to be studied are the security, possible reaction from the society, patients' rights.

**Tamar Bortsvadze** – highly welcomed the proposed initiative. She referred to the OC field visit to Batumi methadone substitution program and presented to the members some observations mainly: infrastructural problems, the queues of the patients due to increased referral, insufficient human resources, and underlined the importance of sustainability of the quality.

**Khatuna Todadze** – responded that the methadone site has been renovated with the GF resources though due to climate peculiarities of the region (high humidity) the frequent renovation is needed.

**David Sergeenko** – agreed with the importance of having in place proper infrastructure. Though the Chairperson noted that it has not been any infrastructure for providing the services earlier. The first steps are undertaken and further improvements will be done.

*It was agreed that more detailed outline of the proposed initiative will be presented to the MoLHSA for studying the components of this innovative proposal.*

**Kakha Kvashilava** – stated that geographical accessibility is one of the acute problems raised by the beneficiaries and highly welcomed the steps to be undertaken in this direction and allotting the savings for this purpose.

**David Sergeenko** – expressed his high respect toward Harm Reduction Network and highly emphasized the importance of the collaboration and asked for more constructive approach towards solving the problems versus mere declaration of the existing challenges. Everything is done for increased coverage of beneficiaries and expansion of the services so the processes should be seen in dynamics.

**David Sergeenko** – gave the floor to **Mr. Zaza Avaliani**.

**Zaza Avaliani** – expressed his deep gratitude for such attention to TB control activities in the country. The number of the patients has significantly decreased. Due to unavailability of required for enrolment in the clinical study (endTB) patients TB Center has to refuse from participation. Prof. Avaliani focused on development of technologies and services. Speaking on reprogramming Mr. Avaliani highlighted the need observed in field of development of network components namely development of dispensaries and expressed an idea of targeting the savings in this direction for ensuring financial sustainability and progress achieved. Prof. Avaliani stressed the positive outcomes of introducing VOT, highly emphasizing the importance of putting in place innovative technologies. Afterwards, the rapporteur stressed a paramount importance of ECHO project. He noted good functioning of mobile ambulatory though with farther expansion of VOT their need can be questioned. Prof. Avaliani focused on the acuteness of the problem related with expiration of the liabilities of private healthcare providers in the regions in terms of provision of TB services. He asked for further work in this direction for solving this issue. It can be the social packages of liabilities or other mechanism. The frequent use of unreliable test systems emerged as

a problem. This issue was widely discussed at the meeting with TB coordinators. Introduction the proper regulations envisaging prohibition of such tests should be considered. He focused on the recent case of kindergarten and stated that the negotiations with kindergarten agencies are ongoing regarding TB screening for the staff. Mr. Avaliani addressed Mr. David Sergeenko and Mr. Amiran Gamkrelidze with the request to patronage the upcoming International regional TB conference scheduled for September 24-25. A lot of international partners have already expressed their willingness to participate. Public Health School of Emory University has already expressed their readiness to be actively involved and present their projects.

**David Sergeenko** – highly emphasized successful cooperation of TB Center with international partners and wished them further success. The Chairperson referred to the issue of infrastructural problems in the regions raised by Mr Avaliani, stated that he will be personally involved and asked to present the detailed register for examining the issue.

**Zaza Avaliani** – thanked Mr Sergeenko and stated that the work is on-going in close collaboration with NCDC and the information will be presented. Afterwards he stated that from 2017 the regulation on involuntary isolation came into force and noted that the issue of the infrastructure for execution of the regulation needs to be solved.

**David Sergeenko** – stated that this issue will be further considered.

**Amiran Gamkrelidze** – stated that upcoming UN summit will be focused on TB issued and the country should present comprehensive information on the progress made in the country.

**Zaza Avaliani** – added that comprehensive material on our best practices is anticipated.

**Irma Khonelidze** – focused on zero TB initiatives in Adjara region and collaboration with the Ministry of Health of Adjara. The certain funds were allotted for financing these initiatives. The negotiations on adding HIV response initiatives are on-going.

**Amiran Gamkrelidze** – referred to the pilot program in Samegrelo-Zemo Svaneti region. Prof. Gamkrelidze referred to cooperation with Adjara local authorities in terms of Zero TB initiative activities. The communication regarding allocation of some resources for HIV initiatives is on-going. There is a plan to conduct activities of World TB Day in Batumi.

**Irma Khonelidze** – referred to the reprogramming issue and introduced an additional component for discussion, namely related to quality improvement of public health laboratories and announced that preliminary consultations with the Global fund has been conducted.

*The CCM generally agreed with the main components of the reprogramming proposals presented at the meeting. The reprogramming proposal on introduction of OST mobile ambulatories to be assessed by the relevant governmental institutions.*

**Tamar Gabunia** – thanked everyone and gave the floor to Ms. **Tamar Bortsvadze**.

**Tamar Bortsvadze** – presented to the audience the main activities undertaken by the OC in current quarter. She stated that mainly there is no issue with regard to achievement of programmatic indicators. She noted that relatively low number of cases with resistant TB that began second-line treatment revealed in the 3<sup>rd</sup> quarter of 2017 requires some interventions. Ms. Bortsvadze referred back to the initiative presented by Ms. Todadze regarding introduction of the mobile ambulatories and highly welcomed this initiative. Afterwards, the Chair of OC presented to the audience outcomes of the field visit to Batumi conducted on January 25-26, 2018. While speaking on the visit to Batumi Center for Mental Health and Prevention of Addiction she communicated to the audience the concern of the staff that the devise for



optimization of issue of methadone procured within the Global Fund program is currently out of order. Thus the process has been significantly prolonged.

**Khatuna Todadze** – responded that significantly increased number of the beneficiaries accordingly increased the costs of the program. Thus the procurement of a new device at this stage does not look feasible.

**Tamar Bortsvadze** – stressed that currently only one woman is enrolled in methadone substitution program and expressed an opinion on introduction of women-oriented services. While speaking on the visit to GHRN service center Imedi Ms. Bortsvadze noted mobile ambulatory for Hep C screening does not have an access to Stop Hep C data base. Ms. Bortsvadze highly emphasized the initiatives targeting MSM and sex-workers which resulted in increased coverage. During the interview with the beneficiaries the cases of violence against sex-workers were mentioned. It was also mentioned that sex-workers refrain to refer to law-enforcement authorities with such cases. Afterwards she focused on the problem connected with take away dosages of ARV sufficient for those who have to stay in Turkey for several months raised at the meeting with the staff of Infectious Diseases, AIDS and TB Regional Centre and stated that it would be desirable to consider introduction of the mechanisms allowing several months take away dosages for such patients. During the meeting with staff of Infectious Diseases, AIDS and TB Regional Centre it was noted that the MDR TB in-patient ward has been renovated with assistance of MSF though improper infrastructure of in-patient ward for sensitive TB patients still remains a challenge. The Center is willing to renovate the mentioned premises (first floor) using its own resources (dividends) and asked the OC to raise this issue before the CCM.

**Irma Khonelidze** – explained that this issue should be raised before the Adjara Ministry of Health. She added that currently the efforts are done towards introducing ambulatory model of treatment of TB patients versus in-patient treatment especially for patients with drug sensitive TB.

**Tamar Gabunia** – thanked Ms. Bortsvadze for such comprehensive review.

**Tamar Borstvadze** – announced that she is leaving Mdm and thus she will be leaving the CCM and OC shortly. She wished further success to the CCM and to all its members.

*Everyone expressed their deep gratitude towards Ms. Bortsvadze for her great support and contribution and expressed their regret due to her planned leave from the CCM.*

**Tamar Gabunia** – opened the floor for announcements.

**Irina Grdzeliidze** – reminded to the audience on the specifications of Governance Manual in terms of composition, selection and duration of the services of the CCM members. The CCM will have to undergo a renewal. The detailed procedure will be shared with the CCM by the Secretariat.

**Amiran Gamkrelidze** – announced that on March 7, March 9 the 5<sup>th</sup> National Workshop on Hepatitis C will be convened at NCDC. The representatives of CDC will be participating. The two main topics will be discussed: the importance of decentralization in the process of Hep C elimination and the role of Harm Reduction Network in the process of Hep C elimination. The detailed program of the event will be sent out.

**Irina Grdzeliidze** – announced that CCM Civil Society forum will be convened on February 20, 2018.

**Tamar Gabunia**- thanked the attendees and announced the meeting as closed.

**Decisions:**

- To admit to CCM membership Mr. Kakha Khandolishvili, Ministry of Education and Science, Head of the Strategic Planning and International Relations Department

David Sergeenko

CCM Chair

Natia Khonelidze

CCM Administrative Assistant