



**Minutes of the 90th CCM meeting
May 18, 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	Irma Khonelidze	NCDCPH, Deputy Director General, GFATM PIU, Director
4	Tengiz Tsertsvadze	Infectious Diseases, AIDS and Clinical Immunology Research Center, General Director SR of HIV grant
5	Nino Lomtadze	NCTLD, Alternate member to Mr. 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	Tamar Sirbiladze	USAID, Health and Social Development Office, Director
10	Rusudan Klimiashvili	WHO Georgia, Public Health Officer
11	Lela Bakradze	UNFPA, Assistant Representative
12	Tsisana Shartava	Patriarchate of Georgia, Public Health Department, Alternate member to Archimandrite Adam – Vakhtang Akhaladze, Head of Public Health Department
13	Zurab Vadachkoria	Rector of Tbilisi State Medical University
14	Elguja Meladze	Employers' Association of Georgia, President
15	Konstantine Labarkava	GenPUD, NGO New Vector, KAP IDU SR of HIV grant

16	Izoleta Bodokia	NGO HIV/AIDS Patients Support Foundation. KAP HIV SR of HIV grant
17	David Kakhaberi	“Equality Movement” HIV/AIDS Prevention National Program Coordinator. KAP MSM SR of HIV grant
18	Kakha Kvashilava	NGO GHRN, Board Chairman SR of HIV grant
19	Giorgi Soselia	NGO MdM, Senior Advocacy Officer
20	Maia Butsashvili	NGO HRU, Director
21	Lela Tsakadze	NGO Winners Club, TB KAP
22	Nikoloz Mirzashvili	Patients’ Union, Former TB Patient
23	Nino Osepashvili	Georgia Red Cross Society, Alternate member to Ms. Natia Loladze, GRCS, President
	Guests/Observers/Invitees	
24	Maia Lagvilava	Deputy Minister of Labor, Health and Social Affairs, PAAC Chair
25	Nana Nabakhetevili	LFA
26	Tamar Zurashvili	PAS
27	Sofio Morgoshia	Ministry of Correction, Advisor
28	Zurab Uzunashvili	Ministry of Internal Affairs
29	Irakli Gogiberidze	State Minister of Georgia for Reconciliation and Civic Equality
30	Nikoloz Chkhartishvili	Infectious Diseases, AIDS and Clinical Immunology Research Center, Deputy Director
31	Akaki Abutidze	Non-CCM member, Infectious Diseases, AIDS and Clinical Immunology Research Center
32	Konstantin Rukhadze	Non-CCM member, CBO New Vector
33	Mzia Tabatadze	NGO Alternative Georgia
34	Zaza Kartchkhadze	NGO New Way
35	Giorgi Kordzaia	NGO Open Society Georgia Foundation
36	Natalia Kopalani	Women for freedom, KAP FSW
37	Lasha Tvaliashvili	CBO Real People Real Vision
38	Besik Kazarashvili	CBO PAPA
39	Gocha Gabodze	KAP MSM
40	David Ananiashvili	PLHIV, Georgia Plus Group
41	Ketevan Chkhatarashvili	Consultant
42	David Jikia	STREAM, CAB coordinator
43	Natalia Zakareishvili	UNFPA, programs analyst
	Secretariat	
43	Irina Grdzeldze	Executive Secretary
44	Natia Khonelidze	Administrative Assistant

Agenda:

17:00 – 17:10	Opening speech /remarks/ endorsement of the agenda/ endorsement of the minutes of
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	<p>the 89th CCM meeting</p> <p>Mr. David Sergeenko - CCM Chair, Minister of Labor, Health and Social Affairs of Georgia</p>
17:10 – 17:15	<p>Addressing the members with the request to declare the presence of the Conflict of Interest Secretariat</p>
17:15 – 17:30	<p>Presenting the draft HIV/AIDS National Strategic Plan</p> <p>Ms. Ketevan Chkhatarashvili – consultant</p>
17:30 – 17:50	<p>Discussion</p>
17:50 – 18:05	<p>Presenting draft TB National Strategic Plan</p> <p>Ms. Tamar Gabunia– University Research Co.</p>
18:05– 18:25	<p>Discussion</p>
18:25 – 18:35	<p>HIV and TB grants implementation status</p> <p>Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director</p>
18:35 – 18:40	<p>Meeting on HIV in the WHO European Region in the era of the SDGs: Operationalizing goals and achieving targets. Berlin, Germany, 23-25 April 2018</p> <p>Mr. Tengiz Tsertsvadze - Infectious Diseases, AIDS and Clinical Immunology Research Center, General Director</p>
18:40 – 18:55	<ul style="list-style-type: none"> • CCM membership renewal /applications’ review • Discussion/Questions&Answers/final agreement on the procedure <p>Ms. Irina Grdzeldze - CCM Executive Secretary</p>
18:55– 19:00	<p>Voting</p>
19:00- 19:05	<p>AOB/announcements</p>
19:05	<p>Closure of the meeting</p>

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 make any announcements beyond the topics of the agenda.

Tamar Gabunia – declared that due to the new job assignment with URC Philippines she will be moving to the Philippines early June. Therefore URC Georgia will no longer be able to continue its membership term. CCM will announce the call to express its interest for CCM membership for one TB NGO. Besides, the CCM should proceed with selection of a new Vice-Chair. Dr. Gabunia thanked CCM Chairperson and all CCM members for effective cooperation and wished the CCM further progress in fighting of AIDS and Tuberculosis. Ms. Gabunia announced that she will continue support of the CCM in the capacity of Vice-Chair remotely until the election of a new Vice-Chair to ensure the continuity and smooth implementation of all activities.

David Sergeenko – expressed his deep and sincere gratitude to Ms. Gabunia for such excellent cooperation and commitment. Mr. Sergeenko expressed his strong believe that new endeavor of Ms. Gabunia will be a great success.

The audience applauded.

The current CCM members/alternates representing the members applying for CCM membership for another term declared the presence of the Conflict of Interest.

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

The agenda of the 90th CCM meeting was approved. The minutes of the 89th CCM meeting were approved.

David Sergeenko – gave the floor to **Ms. Ketevan Chkhatarashvili**.

Ketevan Chkhatarashvili – presented to the audience the draft HIV/AIDS National Strategic Plan (presentation attached). *Comment: the draft document was discussed at PAAC and shared with the CCM in advance of the meeting.* At the beginning Ms. Chkhatarashvili outlined the phases underwent so far in the process of the development of NSP such as elaboration of agreed with the CCM framework and assessment of the implementation of the current strategy and activities envisaged by the TSP due to the current period. During her presentation Ms. Chkhatarashvili focused on new activities proposed by the Strategy.

Key points:

Main achievements:

- Hepatitis C State program;
- PrEP provision by CBO's;
- Substantial decrease of vertical transmission cases;

- OST program is fully funded by state and co-financing requirement removed;
- Coverage with ART reaches 81% among people who were diagnosed;
- Viral suppression is achieved in 89% of cases;

Remaining Challenges:

- Necessary legal changes to ensure access to services for KP's. The process is on-going;
- Early detection and timely inclusion in treatment programs. Low detection rate represents a big challenge;
- Knowledge of KP's regarding risk behavior;
- Care of patients (adherence, home-based palliative care, peer assistance services) are fully funded by donors;
- Infrastructure of AIDS center. The decision is made and is in the process of execution;
- Majority of preventive services are donor funded;
- Decision regarding procurement function placement of medical supplies required for HIV/AIDS program is still pending. In case this function is placed within Social Service Agency the capacity building activities and technical assistance for the staff will be required. The relevant assistance, sustainability of knowledge and capacities will be required even if the function will still be utilized by NCDC as the procurement currently is done by PIU;
- IBBS, PSE and some other operational surveys necessary to evaluate effectiveness and achievements of national response are fully donor funded.

The main directions and standard activities of the NSP 2019-2022 will remain the same: Prevention; Treatment and Care; Governance and Policy Development. Dr Chkhatarashvili underlined that the main directions and activities of the strategy are in line with the 3rd SDG of and 90-90-90 strategy.

New activities proposed in the strategy. The challenge with regard of meeting target 1 of 90-90-90 was underlined. It was noted that significant underachievement in this target can jeopardize the two other targets of 90-90-90 strategy.

- Expansion of self-testing;
- Integration of HIV and Hep C screening programs; while speaking of this component Ms. Chkhatarashvili stated that it might not be seen as problematic. The details on the format of the integration should be discussed and agreed. Some preliminary consultations have been conducted. Some difficulties with regard to obtaining patients informed consent can be seen. There are the models and suggestions that will make reaching this target feasible;
- Adding vaccination/treatment of Hep C/B to HIV case management protocol;

- Adding reproductive health services to CS and female IDU package. Especially concerns FSW and female IDUs;

Ms. Chkhatrashvili specially underlined that in compound to new activities the substantial number of TSP activities will be incorporated into the new Strategy and thus the country will have one consolidated strategic document.

David Sergeenko – thanked Ms. Chkhatrashvili and opened the floor for discussion.

Konstantine Labartkava – raised the question regarding Needle and Syringe exchange program and naloxone program. Afterwards he focused on and highly emphasized the amendment made to an order of 2000 by the Minister of Health. The amendment envisages exemption of the ambulance staff and medical experts from obligation to inform law enforcement agencies on the cases of drug overdose.

Tengiz Tsertsvadze – agreed with the main directions and activities presented and highlighted the importance of inclusion into the NSP the clear mechanisms for achieving the goals set. Prof. Tsertsvadze highly emphasized the importance of alignment with 90 – 90 – 90 Strategy. He specified the details of the strategy and named it as a main prerequisite for ending epidemic. Afterwards, Prof. Tsertsvadze focused on early detection which still remains a huge challenge and underlined a paramount importance of its increase. While speaking on integration of HIV and Hep C screening programs Mr. Tsertsvadze stressed the importance of the following activities which should be highlighted by the Strategy: HIV screening in emergency units (already done in Hep C program) (1); HIV screening in in-patient settings (already done in Hep C program) (2) and HIV screening in out-patient settings (3). Prof. Tsertsvadze stated that without putting in place these three components reaching of significant increase in detection is not feasible. While speaking on financial implications of the interventions mentioned above, Prof. Tsertsvadze stated that Hep C program gives an opportunity of substantial decrease of financial costs and expressed a notion of its cost-effectiveness assessed against the potential financial loss associated with tendency of growing number of new cases. Prof. Tsertsvadze stated that in his opinion such comparative financial analysis can also be presented in the Strategy. Mr. Tsertsvadze noted that Hep C/B integration included into the new proposed activities is already being introduced.

David Sergeenko – brought to the attention of the audience the following topics:

- 1) Placement of procurement function of medical supplies into Social Service Agency and creation of corresponding skills. Mr. Sergeenko stated that SSA has been successfully implementing procurements of medicines, supply and services under all state programs. Thus the necessary capabilities are already in place. Additional knowledge is always useful but it can not be seen as a challenge. In compound of afore-mentioned according to the agreement with the Global Fund the access to the same quality medicine and material with the same price will be ensured after the Global Fund's phase out of the country.
- 2) Non-sufficient clarity of the mechanisms for State Programs to take over the financing of the activities funded by the Global Fund. Mr. Sergeenko referred to the detailed

document, namely Transition Plan, endorsed by the CCM describing the peculiarities of the transitional period.

- 3) Integration of Hepatitis C and HIV screening. The Chairperson stated that MoLHSA fully recognizes priority of screening/early detection. Thus there is no need to provide additional justifications and rationale for such approach. Mr. Sergeenko referred to Hep C program and stated that expansion of screening represents strategy direction. The Minister provided the audience with the details of such expansion. He reconfirmed MoLHSA's commitment to increase HIV screening in parallel. HIV related stigma was identified as a main challenge in introducing of HIV screening in medical facilities versus financial barriers. Mr. Sergeenko called upon the support of the audience, especially patients' unions, professional unions in terms of overcoming this challenge which has been successfully managed for Hepatitis C program. Mr. Sergeenko summarized and stated: expansion of screening is the part of the plan and such plan is in place in terms of Hep C program; it is quite logical, cost-effective and appropriate to integrate HIV screening. Versus sporadic nature of integration process in the past this approach has been systematized. HIV/HepC/TB pilot program in Samegrelo – Zemo Svaneti Region and planned activities in Adjara Region give an example of integration of three diseases. Thus the integration is current, on-going process. Introducing of regulation on mandatory HIV screening in medical settings can cause a big resistance due to HIV-related stigma. The support is needed in terms of overcoming HIV-related stigma versus providing economic justifications of the processes which are already on-going.
- 4) Needle and syringe exchange program/legal barriers. Mr. Sergeenko expressed his willingness to discuss this issue with MoLHSA Healthcare Department in working meeting to overcome the difficulties which should not be of insurmountable nature.
- 5) Naloxone program. The Chairperson extended the gratitude for implementation of this program, distribution of dosages (12,000 a year) and providing the beneficiaries with appropriate trainings (the latter has a paramount importance). As shown by experience of other countries and other evidences withdrawal of naloxone from the list of prescription drugs does not represent the solution of the problem. The solution can be seen in strengthening of the program, increased resources, providing trainings and enriching the beneficiaries with appropriate knowledge on proper use of naloxone. The Minister expressed his readiness to continue discussion in working format. He reiterated the readiness for assistance, motivation and willingness to achieve better outcomes.

Tengiz Tsertsvadze referred back to the issue of HIV screening and reiterated that this component including its justifications and financial estimates should be reflected and highlighted in the NSP. He also declared that once the decision on massive HIV screening is financially ensured (similar to Hep C program) the vast majority of the patients (where offered in an appropriate way) will highly welcome the offer to go through HIV screening.

David Sergeenko – stated that the notion expressed by him represents the official attitude of MoLHSA. As for the content of the NSP he himself is not revisiting its future content and is expressing his notion as a CCM member. The Chairperson thanked everyone and gave the floor to Ms. **Tamar Gabunia**.

Tamar Gabunia – presented to the audience draft TB NSP (presentation attached). *Comment: the draft document was discussed at PAAC and shared with the CCM in advance of the meeting.* At the beginning of the presentation Dr Gabunia outlined the basis for 2019-2022 NSP. Ms. Gabunia underlined that programs continuation requests to be submitted to the Global Fund on August 6 should be based on updated priorities in line with the renewed national strategies. Ms. Gabunia emphasized the fact that the existing strategy is in line with the global strategies and targets for TB prevention, management and control. She noted that the process of developing the document is ongoing with active involvement of all stakeholders, including those representing Civil Society.

Main focus:

- Decrease in TB cases;
- The current progress/status in regard with the 2016-2020 targets: decrease in TB mortality (data of 2014 - 2016) which can be explained with introduction of new drugs which started in 2013 with assistance of MSF and later of USAID. Decrease of TB incidence. The problem related with MDR TB (2014-2016 data): the proportion of MDR TB among new cases remains high; the rate of MDR TB among previously treated cases (the target for 2022 can be below 35%); high detection rate of MDR TB is associated with wide introduction of GeneXpert; the rate of successful treatment among MDR cases are still low, the ambitious target set for 2020 (75%) can still be set as the target of 2022.
- Priority directions for TB service delivery model - people-oriented model. Utilization of hospital services and data of hospital stays. Newly adopted guidelines that include hospitalization and discharge criteria will help with remodeling;
- Human resources in TB field: personnel age, low motivation, and low salaries;
- Delays in implementation of TB Electronic Module developed with the support of USAID;
- Rapid molecular diagnostics . Preliminary data shows low utilization rate of GeneXpert at district level. The considerations towards utilization and distribution of GeneXpert are required (FAST strategy).
- The goal and targets of the strategy.

Goal - to decrease the burden of tuberculosis and its impact over the overall social and economic development in the country, by ensuring universal access to timely and quality diagnosis and treatment of all forms of TB, which will decrease illness and deaths and prevent further development of drug resistance.

Targets (2022) set in comparison with 2016 basic indicators:

TB mortality rate is reduced by at least 25%;

TB incidence rate is reduced by at least 15%;

The proportion of MDR-TB among new cases is under 12% and among previously treated TB cases – under 35%;

Universal access to diagnosis and treatment of all forms of TB, including M/XDR-TB, is ensured, so that:

At least 90% of estimated MDR-TB cases are diagnosed;

At least 75% of all notified MDR-TB cases are successfully treated

- The framework of the Strategy:

Objective 1: Case detection and diagnosis

Objective 2: Treatment and patients' support

Objective 3: supportive environment and systems

Strategic interventions for each objective were presented.

- Major TSP activities will be incorporated in the TB strategy document: financing, human resources, service delivery model (funding model of hospital sector needs revisiting to avoid prolonged hospital stay), information systems, procurement and supply chain, governance.
- Financial resources envisaged by 2016-2018 Strategy.
- Preliminary financial estimates of 2019-2022 Strategy. According to preliminary estimates there is a room for optimization of financial resources.
- Analysis of funding resources in terms of gradual take over from Global Fund financing and growing tendency of state support.

- Summary of key issues:
- Optimization of financing of hospital sector, optimal utilization of GeneXpert, strengthen NTP governance and management, implementation of TB Electronic Module, support of adherence interventions (especially ongoing with involvement of Civil Society).

- Areas of current work:
Budget adjustment; analysis of financing according to the source; guidelines for implementation of people-oriented service delivery model (roadmap), program split considerations, completion of development of draft strategy and distribution among stakeholders for further consultations by May 31.

David Sergeenko – thanked Ms. Gabunia and opened the floor for discussion.

David Sergeenko – referred to the issue of mechanism of financing of hospital sector. Ministry is currently working on introducing payment mechanisms related to Diagnosis Related Groups (DRG). Currently all efforts are done to closely monitor utilization of hospital capacity to avoid irrational use of resources. Afterwards, the Chairperson referred to the issue of aging of phtisiologists. The Chairperson stated that precise and comprehensive analysis of aging among different medical specializations was conducted. The phtisiologists did not appear in the first five positions versus family doctors. The brochure named age/gender gradation of licensed physicians in Georgia was published and will be available electronically soon. The copy of the brochure was handed to the CCM.

Tamar Sirbiladze – referred to the issue of TB electronic module developed within the USAID funded project, emphasized its high importance and expressed her regret with regard to pending in its implementation. Another module developed with USAID assistance became the basis for electronic module of universal program.

David Sergeenko – confirmed the importance of electronic modules. The minister explained the reasons of the delay and stated that the work aimed at its implementation is on-going. A wide-scale implementation of the electronic systems including TB module is anticipated in 2019. The Chairperson thanked attendees for expressing their views and gave the floor to **Ms. Khonelidze**.

Irma Khonelidze – stated that implementation of HIV and TB programs is on-going smoothly. PUDRs for both grants submitted to the Global Fund were sent to the CCM Secretariat and will be shared with all CCM. The verified documents will also be shared with the CCM. The documents include the information for dashboard of the 4th quarter. Nevertheless, the PR will prepare the dashboards for Q4 and Q1 for OC and then CCM review. The annual audit for HIV and TB grants were conducted and submitted to GF within the deadlines, final documents will be shared with the CCM. The priority objective is completion of the reprogramming of HIV grant. One of the prioritized components of reprogramming activities is strengthening of the campaign aimed at fighting with HIV-related stigma and discrimination. The NSP development and preparation of programs continuation request to be submitted to the Global Fund on August 6 represent the top priority and is on-going according to the plan. Finally Ms. Khonelidze one more time shared with the audience the information on upcoming visit of the German Parliamentarians, the purpose of the visit and planned meeting with CCM and its sub-committees scheduled for May 31. Ms. Khonelidze thanked the audience for attention and asked the attendees to raise any comments/questions.

Tamar Gabunia – thanked Ms. Khonelidze and gave the floor to **Mr. Tsertsvadze**.

Tengiz Tsertsvadze – shared with the audience the brief update on Meeting on HIV in the WHO European Region in the era of the SDGs held in Germany on 23-25 April, 2018 (presentation attached). He highlighted the importance of the meeting and focused on the acute for the country issues presented and discussed in Germany. Low detection rate is fixed in Georgia (the last but one place in EECA region). Thus there is a significant underachievement in terms of target 1 of 90-90-90 strategy. Prof. Tsertsvadze ranked this situation as alarming, requiring addressing and reiterated his notion to clearly reflect it into NSP. The proper justification and mechanism of achievement of the activities aimed at increased detection rate should be integrated in the document. Despite the significant achievements in treatment (Georgia is one of the first countries providing universal access to treatment to all detected HIV persons regardless of CD4 cell count), such a big percentage of undiagnosed persons represent a threat for spreading infection and creates a significant barrier for ending the epidemic. Afterwards the dynamic of detection rate in Georgia in the period of 2015-2017 was presented. Within the framework of the meeting Prof. Kazatchkine, Special Advisor to UNAIDS for Eastern Europe and Central Asia announced that the special ministerial for the countries with high rate of new infections will be convened during the AIDS congress to be held in Amsterdam in July. Unfortunately, Georgia is among those countries. While only 5-6 years ago Georgia was considered as one of the successful countries in terms of HIV epidemiological situation and in the fight against HIV/AIDS. The

statistics reflecting the current and retrospective situation on new HIV cases and examples of other countries were presented. The target 2 (on treatment) and target 3 (virally suppressed) of the 90-90-90 strategy are overachieved among women and is accounted as 93% and 91% respectively.

Tamar Gabunia – thanked Mr. Tsertsvadze and gave the floor to **Ms. Grdzelidze**.

Irina Grdzelidze – one more time presented to the audience the procedures and the process of the membership renewal. The application material was shared with the CCM in advance of the meeting.

The following candidates from the government sector were presented:

Mr. Levan Kakava – Deputy Minister of Internal Affairs, Mr. Lasha Darsalia – Deputy State Minister for Reintegration and Civil Equity, Ms. Sofio Morgoshia – Ministry of Corrections, Advisor, Ms. Irine Javakhadze - Ministry of Finance, budget department/State and consolidated Budget Formulation Division, Chief Specialist, current CCM member.

All afore mentioned individuals were unanimously admitted to the CCM membership.

The following candidates for CCM membership from Academic institutions, Private Sector and FBO constituencies were presented.

Mr. Zurab Vadachkoria, rector of Tbilisi State Medical University, current CCM member, Mr. Elguja Meladze, President of Employers' Association of Georgia, current CCM member, Archimandrite Adam/Vakhtang Akhaladze, Head of Medical Department of Patriarchate of Georgia, current CCM member.

All afore-mentioned persons were admitted to CCM membership for another 2 year term.

The following 3 HIV NGOs (nominated by PTF)- candidates for CCM membership were presented.

Alternative Georgia (Ms. Mzia Tabatadze), Open Society Georgia Foundation (Ms. Mari Chokheli), New Way (Mr. Zaza Kartchkadze).

The representatives of the organizations briefly presented their organizations, their concept as of CCM members and main principles of accountability towards their constituencies. It was noted that one of the organizations - New Way represents the GF SR and thus has a conflict of interest.

The following TB NGO (nominated by TB Coalition) was presented as a candidate for CCM membership for another term.

Georgia Red Cross Society. Ms Natia Loladze, president, current CCM member.

The following HIV KAP (IDU) was presented as a candidate for CCM membership for another term.

Mr. Konstantine Labartkava, GenPUD, New Vector, current CCM member.

The following applicants who expressed the interest to represent HIV KAP (other) Constituency at the CCM were presented.

Ms Iza Bodokia – HIV/AIDS Patients Support Foundation and Ms. Natalia Kopaliani - Women for Freedom (FSW Constituency).

It was noted again that CCM has to select only one CCM member out of two applicants.

Both candidates briefly presented their organizations/constituencies, beneficiaries and their vision of the role of the CCM member for advocating and serving the best interests of the group they aspire to represent at the CCM. Ms. Iza Bodokia additionally shared with the audience her experience as of CCM member and the significant role of the CCM for solving the problems faced by the patients and other KAPs.

Mr. Konstantine Labartkava presented the mission of the organizations, implemented and planned activities.

The following applicants who expressed the interest to represent PLHIV community in the CCM were presented.

Mr. Lasha Tvaliahvili – Real People– Real Vision nominated and supported by the board of RPRV and leadership of NGO KAP Consortium (Georgia Plus Group/PLHIV, New Vector PWID; Women for Freedom SW), Mr. Besik Kazarashvili (Nominated and supported by PAPA and HERA XXI).

It was noted again that CCM has to select only one CCM member out of two applicants.

The candidates presented to the audience their respective constituencies, vision and planned activities in the capacity of CCM member.

The following TB KAP (nominated by TB Coalition) was presented as a candidate for CCM membership for another term.

Winners' Club, Ms. Lela Tsakadze, current CCM member.

The candidate of Mr. Nikoloz Mirzashvili, former TB patient, current CCM member was presented for CCM membership for another term.

Afterwards, Ms. Grdzeldze thanked again the applicants for their interest and asked them to leave the conference room during the discussion and making the final decision. Two representatives of CS were asked to stay in the meeting room to observe the process.

Irina Grdzeldze - one more time reviewed the applications and asked for making a decision.

3 HIV NGOs - Alternative Georgia (Ms. Mzia Tabatadze), Open Society Georgia Foundation (Ms. Mari Chokheli), New Way (Mr. Zaza Kartchkadze) – were unanimously admitted to CCM membership.

TB NGO - Georgia Red Cross Society. Ms Natia Loladze – was unanimously admitted to CCM for another term.

HIV KAP (IDU) - Mr. Konstantine Labartkava, GenPUD, New Vector - was unanimously admitted to CCM for another term.

TB KAP - Ms. Lela Tsakadze, Winners' Club - was unanimously admitted to CCM for another term.

Former TB patient - Mr. Nikoloz Mirzashvili - was unanimously admitted to CCM for another term.

While discussing the membership applications for HIV KAP (other) and a representative of PLHIV it was agreed to vote through a secret ballot. The bulletins were handed to the members. LFA and two representatives of the Civil Society were asked to observe the process of calculating the votes done by the Secretariat. 16 members participated in the voting. The filled out bulletins are kept in the CCM office. The distribution of votes was as follows:

HIV KAP other

Iza Bodokia – 12 votes

Natalia Kopaliani – 4 votes

PLHIV Community

Lasha Tvaliashvili – 12 votes

Besik Kazarashvili – 4 votes

The Secretariat announced the results of the voting. Ms. Tamar Gabunia emphasized the importance of sustaining inclusiveness and transparent nature of CCM functioning and expressed the notion to offer all applicants participation in CCM activities.

The applicants were called back to the conference room.

Tamar Gabunia – announced the results of voting. She one more time thanked the applicants. The Vice-Chair underlined the importance of inclusiveness and broad representation of SC especially those representing the KAPs. Ms. Gabunia extended special thanks to Ms. Kopaliani and Mr. Kazarashvili and asked them to attend CCM meetings and participate in the CCM activities. Ms. Gabunia reiterated that she will continue to serve as a Vice-Chair remotely until the moment of selection of a new Vice-Chair. Afterwards she stated that due to expiration of the first two year term of service and following the CCM renewal the OC composition is subject to renewal by July.

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

Decisions:

1. Mr. Levan Kakava – Deputy Minister of Internal Affairs to be admitted to CCM membership;

2. Mr. Lasha Darsalia – Deputy State Minister for Reintegration and Civil Equity to be admitted to CCM membership;
3. Ms. Sofio Morgoshia – Ministry of Corrections, Advisor to be admitted to CCM membership;
4. Ms. Irine Javakhadze - Ministry of Finance, budget department/State and consolidated Budget Formulation Division, Chief Specialist to be admitted to CCM membership for another term.
5. To end CCM membership for Ms. Tamta Demurishvili – MoC, Head of Medical Department.
6. Mr. Zurab Vadachkoria, rector of Tbilisi State Medical University to be admitted to CCM membership for another term.
7. Mr. Elguja Meladze, President of Employers’ Association to be admitted to CCM membership for another term.
8. Archimandrite Adam/Vakhtang Akhaladze, Head of Medical Department of Patriarchate of Georgia to be admitted to CCM membership for another term.
9. Ms. Mzia Tabatadze, HIV NGO Alternative Georgia to be admitted to CCM membership.
10. Mr. Zaza Kartchkhadze, HIV NGO New Way to be admitted to CCM membership.
11. Ms. Mari Chokheli, HIV NGO Open Society Georgia Foundation to be admitted to CCM membership.
12. To end CCM membership for following NGOs: GHRN (Mr. Kakha Kvashilava), HRU (Ms. Maya Butsashvili), MdM (Giorgi Soselia).
13. Ms, Natia Loladze, TB NGO Georgia Red Cross Society to be admitted to CCM membership for another term.
14. Mr. Konstantine Labartkava, GenPUD, New Vector HIV KAP (IDU) - to be admitted to CCM membership for another term.
15. Ms. Iza Bodokia, HIV/AIDS Patients Support Foundation, HIV KAP (other) to be admitted to CCM membership for another term.
16. Ms. Lela Tsakadze, Winners’ Club, TB KAP to be admitted to CCM membership for another term.
17. Mr. Lasha Tvaliashvili, RPRV, PLHIV community to be admitted to CCM membership.
18. Mr. Nikoloz Mirzashvili, Patients’ Union, former TB patient to be admitted to CCM membership for another term.
19. To continue working on elaboration of HIV and TB Strategies in line with presented outline and proposed goal and objectives .

David Sergeenko

Natia Khonelidze

CCM Chair

CCM Administrative Assistant

Attachments

- Presentation on draft HIV/AIDS National Strategic Plan 2019-2022 (English translation);
- Presentation on draft TB National Strategic Plan 2019-2022 (Georgian version);
- Presentation on Meeting on HIV in the WHO European Region in the era of the SDGs: Operationalizing goals and achieving targets. Berlin, Germany, 23-25 April 2018 (English translation);