



**Minutes of the 91st CCM meeting
July 20, 2018**

**Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health
and
Social Affairs of Georgia**

Participants

#	CCM Members/Alternates	
1	David Sergeenko	CCM Chair, Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
2	Tamar Gabunia	URC LLC CCM Vice-Chair
3	Amiran Gamkrelidze	NCDC&PH, General Director PR of the GF grants
4	Tengiz Tsertsvadze	Infectious Diseases, AIDS and Clinical Immunology Research Center General Director SR of HIV grant
5	Zaza Avaliani	National Center of Tuberculosis and Lung Diseases Director 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	Guram Amiridze	On behalf of Mr Levan Kakava, Deputy Minister of Internal Affairs
9	Tamar Sirbiladze	USAID, Health and Social Development Office, Director
10	Rusudan Klimiashvili	WHO Georgia Country Office Public Health Officer OC member
11	Tsisana Shartava	Alternate member to Archimandrite Adam – Vakhtang Akhaladze, Head of Public Health Department, Patriarchate of Georgia

12	Zurab Vadachkoria	Rector of Tbilisi State Medical University
13	Elguja Meladze	Employers' Association of Georgia, President
14	Konstantine Labartkava	NGO New Vector Board Chairman SR of HIV grant
15	Izoleta Bodokia	NGO HIV/AIDS Patients Support Foundation SR of HIV grant
16	Davit Kakhaberi	Equality Movement KAP MSM Community SR of HIV grant
17	Lasha Tvaliashvili	CBO Real Vision Real People PLHIV community
18	Zaza Kartchkhadze	NGO New Way SR of HIV grant
19	Nino Qajaia	Alternate member to Ms. Lela Tsakadze NGO Winners Club, Founder
20	Nikoloz Mirzashvili	Former TB Patient, Patients Union, OC member
21	Natia Loladze	NGO Georgia Red Cross Society
#	Gustes/Observers	
22	Tamar Zurashvili	Policy and Advocacy Specialist

23	Nana Nabakhteveli	LFA
24	Gocha Gabodze	CBO “Ponegranate”, KAP MSM
25	Nino Bolkvadze	CBO “Women for Freedom”, KAP
26	Irma Khonelidze	NCDCPH, Deputy Director General, GFATM PIU, Director
27	Nino Tsereteli	NGO “TANADGOMA”
28	Konstantine Rukhadze	CBO “New Vector” GENPUD, KAP IDU
29	Nino Osepaishvili	NGO Georgia Red Cross Society, Secretary General
30	Giorgi Magradze	NGO Georgian Health Promotion and Education Foundation
31	Ketevan Stvilia	NCDCPH, GFATM PIU, HIV Program Manager
32	Giorgi Kutchukhidze	NCDCPH, GFATM PIU, TB Program Manager
33	Nana Rukhadze	NGO HIV/AIDS Patients Support Foundation, PLHIV Community
34	Nikoloz Ckhartishvili	Infectious Diseases, AIDS and Clinical Immunology Research Center
35	Akaki Abutidze	Infectious Diseases, AIDS and Clinical Immunology Research Center
36	Ketevan Ckhatarashvili	Consultant
#	Secretariat	
37	Irina Grdzeldze	Executive Secretary
38	Natia Khonelidze	Administrative Assistant

Agenda

15:00 – 15:05	Opening speech /remarks/ endorsement of the agenda/ endorsement of the minutes of the 90th CCM meeting Mr. David Sergeenko - CCM Chair, Minister of Labor, Health and Social Affairs of Georgia
15:05 – 15:10	Addressing the members with the request to declare the presence of the Conflict of Interest Secretariat
15:10 – 15:30	HIV/AIDS National Strategic Plan 2019-2022 <ul style="list-style-type: none">• 15:10 – 15:20 - Presentation Ms. Ketevan Chkhatarashvili – Consultant <ul style="list-style-type: none">• 15:20 – 15:30 - Discussion/making of decision/endorsement
15:30 – 15:50	TB National Strategic Plan 2019-2022 <ul style="list-style-type: none">• 15:30 – 15:40 - Presentation Ms. Tamar Gabunia– University Research Co.• 15:40 – 15:50 Discussion/making of decision/endorsement
15:50 – 16:10	HIV and TB Programs Split <ul style="list-style-type: none">• 15:50 – 16:00 - Presentation/Justification Ms. Tamar Gabunia – University Research Co. <ul style="list-style-type: none">• 16:00– 16:10 - Discussion/Making of decision/endorsement
16:10 – 16:30	HIV program continuation request <ul style="list-style-type: none">• 16:10 – 16:20 - Presentation Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director Ms. Ketevan Stvilia – NCDCPH, GFATM PIU, HIV Program Manager

	<ul style="list-style-type: none"> • 16:20 – 16:30 - Discussion/making of decision/approval
16:30 – 16:50	TB program continuation request <ul style="list-style-type: none"> • 16:30 – 16:40- Presentation Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director Mr. Giorgi Kutchukhidze – NCDCPH, GFATM PIU, TB Program Manager • 16:40 -16:50 - Discussion/making of decision/approval
16:50 – 17:00	Admission to CCM membership - Mr. Giorgi Magradze, Georgian Health Promotion and Education Foundation Introduction/Discussion/Voting Ms. Irina Grdzeldze - CCM, Executive Secretary
17:00– 17:05	AOB/announcements
17:05	Closure of the meeting

List of acronyms

AIDS - Acquired Immune Deficiency Syndrome

CBO - Community Based Organization

CCM - Country Coordinating Mechanism

COI - Conflict of Interest

CSO - Civil Society Organization

EMTCT - Elimination of Mother to Child Transmission

HCV - Hepatitis C virus

HIV - Human Immunodeficiency Virus

IDU – Injecting Drug User

KAP – Key Affected Population

MSM – Men who have sex with men

NCDCPH – National Center for Disease Control and Public Health

NSP – National Strategic Plan

OC – Oversight Committee

PAAC - Policy and Advocacy Advisory Committee

PIU - Project Implementation Union

PLHIV - People living with HIV

PR – Principal Recipient

RSSH – Resilient and Sustainable Systems for Health

SR – Sub-recipient

TB – Tuberculosis

TGF - Global Fund to Fight AIDS, Tuberculosis and Malaria

UNAIDS – The Joint United Nations Programme on HIV/AIDS

USAID - United States Agency for International Development

VCT - voluntary counselling and testing

WHO - World Health Organization

David Sergeenko – greeted the participants and thanked them for coming. The Chairperson addressed the members with the request make any announcements or raise topics for discussions beyond the agenda. Afterwards Dr Sergeenko asked members to declare the presence of the Conflict of Interest if any, fill out the CoI forms. The Chairperson gave the floor to **Ms. Ketevan Chkhatarashvili**.

The CoI was declared by Ms. Tamar Gabunia in connection with decision on TB NSP endorsement since the document was developed with URC assistance.

Ketevan Chkhatarashvili - presented to the audience the final version of HIV/AIDS National Strategic Plan. The strategy document was widely and multiple times distributed and discussed within the PAAC, the CCM and all stakeholders, including those representing CSOs/CBOs, KAPs at all stages of its development. Ms. Chkhatarashvili focused on the major comments received from local and international colleagues, TGF, WHO. The set of comments concerns the format changes in order to proper reflect the achievements. The strategies of Hepatitis C,

EMTCT, Safe Blood are now presented in the Strategy in more details. Following the comment from local colleagues concerning the need of supporting young generation and of comprehensive information gathering on the size and the problems of the transgender population, the relevant amendment was integrated into the Strategy. Following the comment received both from the GF and WHO the timeline for achieving 90-90-90 strategy targets was shifted from 2022 to 2020. In response to WHO comments regarding the reduction of the HIV prevention program targets in comparison with the previous NSP targets, Dr. Chkatarashvili indicated that in the previous NSP the targets were higher but they were cumulative targets and not annual, thus the new strategy in fact sets higher annual targets which will be automatically leading to much higher cumulative 3 year results. She also mentioned that in accordance with UNAIDS renewed indicator list, the annual coverage indicator allowing quarterly reporting was added to the NSP M&E framework.

It was underlined that expansion of provider-initiated testing does not represent an alteration of existing strategic direction since the piloting within current GF grant is already in place. The GF has recently approved reprogramming activities under existing grants.

The set of comments was received from local partners concerning grouping of youth and transgender population in separate risk groups. During the working process it was agreed that youth will not constitute a separate group and their needs will be given due considerations as sub-groups in all risk groups recognized in the country. It was noted that, regretfully, comments on transgender population was received after the timeline set for the comments at the very last stage of NSP development. As there is no size estimation of this group and there is lack of knowledge on the mapping and the needs of TGs, it was decided that the transgender population will be still grouped with MSM with emphasize on special attention to transgender populations needs during the programs implementation.

David Sergeenko – thanked the rapporteur and opened the floor for discussion.

At the discussion the main focus was directed towards the alignment with 90-90-90 strategy, coverage indicators, means for achievement of 90-90-90 strategy, and HIV and Hep C testing integration. Prof. Tengiz Tsertsvadze, expressed the concern that HIV testing targets for KAPs is below 90%. Dr. Chkatarashvili responded that the targets are much higher than the baseline for 2017 and it will be very difficult to reach them, targeting 90% of KAPs with HIV VCT will be impossible, especially if the country will not be able to change its narco-policy and considerably reduce LGBT related stigma. Dr. Ketevan Stvilia, added that introduction of integrated HIV/HCV screening of large number of population at hospitals and ambulatory clinics will balance the lower than 90% targets set for KAP HIV testing as the population tested at medical facilities will include KAP representatives also.

The CCM agreed with the NSP targets and amendments made in accordance with the comments.

David Kakhaberi – thanked Ms. Chkatarashvili for taking into consideration the comments in the extent possible. Though taking into consideration that NSP does not envisage BSS study,

study on size estimation among transgender population, the acute problems faced by this population and taking into consideration the death of HIV infected transgender person happened just yesterday the moral responsibility of the community does not allow them to support the NSP in current edition.

Konstantine Labartkava – underlined the importance of reaching PWID who are at high risk of HIV and hepatitis infections.

David Sergeenko - gave the floor to **Ms. Tamar Gabunia**.

Tamar Gabunia (remotely) - presented to the audience the final version of Tuberculosis National Strategic Plan. The strategy document was widely and multiple times distributed and discussed within the PAAC, the CCM and all stakeholders, including those representing CSOs/CBOs, KAPs, patients at all stages of its development. Ms Gabunia mainly concentrated on the WHO comments and corresponding changes in the document.

The 2015 major baseline indicators were reflected in the Strategy to make more visible progress towards goals of the Global END TB strategy targets. The financial gap was revisited to make realistic estimates for desired salary level for health care workers at TB laboratories and health facilities. Considering the current average salary level (that was estimated at 507 Gel on average in 2017) and average salary level in health care sector, 45% salary increase compared to 2014 baseline was proposed for TB facility staff and 30% increase for laboratory staff. Total funding need for the NSP is estimated at 47.2 million USD, out of which 13% is a gap that should be covered from domestic sources.

The discussion followed was mainly focused around the salary for phthisiologists, aging of HR in TB field. It was noted that the comprehensive study on age/gender gradation of licensed physicians in Georgia did not reveal the phthisiologists as the most aged specialists in the country. Though this is still a problem. The remuneration of the phthisiologists is not the lowest as well. It was clearly noted that the salary increase is an important component for the further development of the field. Provided that this component is the part of the Strategy it should also be noted that the significant portion of service providers are representing private sector and they themselves define salary policy.

Tamar Sirbiladze – added to the TB specialists salary increase objective that it is important as the phthisiology is one of the small number of medical specialties that is under the big risk due to aging of specialists. During implementation of USAID TB project few years ago she has seen many phthisiologists and all of them were above 60 years old. She said that salary increase would support young MD's interest in this specialty.

Zaza Avaliani – added that salary issue concerns phthisiologists from the regions representing the personnel of private providers, thus the state does not have the mechanism for their salary increase. It is also important that jointly with NCDC the TB National Center has started residency program of TB and Lung Diseases Specialists in which 14 young MDs are already admitted, the number will be farther increased for the academic year 2018-2019.

David Sergeenko - gave the floor to **Ms. Tamar Gabunia** for presentation of program split justification.

Tamar Gabunia – presented to the audience the process of program split discussions which included broad consultations with the HIV and TB Civil Sector including CBOs, key and vulnerable populations and final agreement with PAAC. Dr Gabunia presented to the audience GF indicative Program Split. Afterwards the justification of the Program Split was presented.

The following aspects were presented and analyzed: GF funding absorption, capacity and trends of key actors and national TB and HIV programs within the previous and ongoing grants; co-financing requirements for the Government of Georgia and expected state contributions for 2019-2022; estimated financial needs for HIV and TB Programs for 2019-2022, GF HIV and TB Program utilization rates.

Based on the detailed assessment and analysis of funding needs for both programs, the aspects presented above, the consultations and final agreement with Policy and Advocacy Advisory Committee and Civil Society constituencies, including KAP community members the following program split was proposed.

Initial Program Split		Revised Program Split	Amount to be relocated from TB to HIV Program
HIV	\$8,412,986.00	\$9,348,442.47	
Tuberculosis	\$7,175,076.00	\$6,239,619.53	\$935,456.47
	\$15,588,062.00		
HIV	54%	HIV	60%
TB	46%	TB	40%

David Sergeenko – opened floor for discussion

No additional comments/objections with regard to proposed Program split were expressed.

David Sergeenko – gave the floor to **Ms. Irma Khonelidze** for presentation of country self-assessment for continuation of GF HIV and TB programs.

Irma Khonelidze – Presented to the audience the main aspects of the allocation letter, previously multiple times discussed at the CCM and with all stakeholders. The structure of the Program Continuation Request, the content of the HIV self-assess to inform program continuation, the content of the annex 1 were presented.

The HIV PCR document was separately thoroughly discussed with HIV CSO community, including key and vulnerable population, shared with them electronically with the purpose to solicit inputs if any, presented and agreed at the expanded PAAC meeting with broad representation of the HIV CSO, shared with the WHO experts and the CCM. Ms.Khonelidze addressed the members with the request to provide comments if any.

Dr. Stvilia – referred to Mr. David Kahaberi and has indicated that NSP working group has taken into consideration the concerns of LGBT CBO and study of TG size estimation and BSS is budgeted within the NSP.

No comments/objections were expressed.

David Sergeenko – gave the floor to Ms. Khonelidze.

Irma Khonelidze – stated that exactly the same procedure was applied in case of TB PCR as stated above. She reminded to the audience that the deadline for submission is August 6, 2018. The program continuation request should be accompanied with HIV and TB NSPs.

No comments/objections were expressed.

David Sergeenko – gave the floor to Ms. Irina Grdzeldze for introduction of new candidate for CCM membership.

Irina Grdzeldze – stated that in response to CCM announcement on receiving applications for TB NGO membership the TB coalition presented the candidacy of Mr. Giorgi Magradze, Georgian Health Promotion and Education Foundation. The full package of application including check-list were shared with the CCM. She invited Mr Magradze to present himself to the CCM members.

Giorgi Magradze – presented his professional background and experience, his interest to take part in the CCM operations and activities of Health Promotion and Education Foundation. .

Mr. Giorgi Magradze, Georgian Health Promotion and Education Foundation was unanimously admitted to the CCM membership.

The Chairperson addressed the members with the request to come up with the decision regarding important topics of the agenda and vote with regard of the following documents:

- *2019-2022 HIV NSP was endorsed by the CCM by absolute majority of votes (one vote – David Kakhaberi - against);*
- *2019-2022 TB NSP was unanimously endorsed by the CCM;*
- *Proposed revised Program Split for 2017-2019 Allocation Period was unanimously endorsed by the CCM;*
- *The CCM agreed on the content of HIV and TB PCRs.*

Irina Grdzeldze – announced that the CCM Civil Sector discussed and agreed on the following signatories for the documents to be submitted to the Global Fund:

HIV PCR: Representative of Civil Society at the CCM – Mr. Zaza Kartchkhadze, Representative of Key Populations at the CCM – Mr. Davit Kakhaberi.

TB PCR: Representative of Civil Society at the CCM – Ms. Natia Loladze, Representative of Key Populations at the CCM – Mr. Nikoloz Mirzashvili.

The letter on proposed change on program split – Mr. Lasha Tvaliashvili.

Ms. Grdzeldze announced that due to recent reorganization at the cabinet of ministers Ms. Sophio Morgoshia’s mandate as of advisor to Ministry of Corrections has been ended thus her CCM membership was terminated. According to the procedure, the Minister of Justice will be approached with the request to nominate a candidate for CCM membership.

David Sergeenko - thanked the attendees and announced the meeting as closed.

Decisions:

- To admit to CCM membership Mr. Giorgi Magradze, Health Promotion and Education Foundation;
- To endorse 2019-2022 HIV NSP;
- To endorse 2019-2022 TB NSP;
- To endorse 2019-2022 revised Proposed Program Split for 2017-2019 Allocation Period;
- To agree on the content of HIV and TB PCRs.

David Sergeenko

Natia Khonelidze

CCM Chair

CCM Administrative Assistant

