



**Minutes of the 93rd CCM meeting
June 4, 2019**

**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	Amiran Gamkrelidze	NCDC&PH, General Director PR of the GF grants
3	Tengiz Tsertsvadze	General Director, Infectious Diseases, AIDS and Clinical Immunology Research Center SR of HIV grant
4	Zaza Avaliani	National Center of Tuberculosis and Lung Diseases, Director SR of TB grant
5	Khatuna Todadze	Center for Mental Health and Prevention of Addiction
6	Guram Amiridze	Alternate member of Mr Levan Kakava, Deputy Minister

		of Internal Affairs
7	Irine Javakhadze	Ministry of Finance, Budget department/State and consolidated Budget Formulation Division, Chief Specialist
8	Tamta Demurishvili	Ministry of Justice of Georgia Head of Medical Department of Special Penitentiary Service
9	Nino Kochishvili	EU, Alternate member to Mr. Carl Hartzell , Ambassador, Head of EU Delegation to Georgia
10	Nino Mamulashvili	Alternate member to Mr. Silviu Domente WHO Representative /Head of WHO Country Office in Georgia
11	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	Lasha Abesadze	On behalf of Konstantine Labartkava, CBO New Vector, KAP IDU Board Chairman SR of HIV grant
15	Gocha Gabodze	Alternate members of Mr. Davit Kakhaberi, Equality Movement KAP MSM Community

		SR of HIV grant
16	Lasha Tvaliashvili	CBO Real People Real Vision, HIV positive community, OC member
17	Mzia Tabatadze	NGO Alternative Georgia, OC member
18	Zaza Kartchkhadze	NGO New Way SR of HIV grant
19	Irma Khabazi	Alternate member, on behalf of Mari Chokheli NGO OSGF
20	Lela Tsakadze	NGO Winners Club, Founder, TB KAP
21	Nikoloz Mirzashvili	Former TB Patient, Patients Union
22	Giorgi Magradze	Georgian Health Promotion and Education Foundation, TB NGO
#	Guests/Observers/speakers	
23	Tamar Gabunia	Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
24	Irma Khonelidze	NCDCPH, Deputy Director General, GFATM PIU, Director
25	Ketevan Stvilia	NCDCPH, PIU, GFATM HIV Program Manager
26	Maka Danelia	NCDCPH, PIU, TB Program Manager
27	Nikoloz Chkhartishvili	Infectious Diseases, AIDS and Clinical Immunology Research Center, Deputy Director
28	Akaki Abutidze	Infectious Diseases, AIDS and Clinical Immunology

		Research Center
29	Konstantine Rukhadze	CBO New Vector, GenPUD, IDU community
30	Nana Nabakhteveli	LFA, UNOPS, Finance Expert
31	Tamar Zurashvili	Policy and Advocacy Specialist
#	Secretariat	
32	Irina Grdzeldze	Executive Secretary
33	Natia Khonelidze	Administrative Assistant

Agenda

15:00 – 15:10	<p>Opening speech /remarks/ endorsement of the agenda/ endorsement of the minutes of the 92nd CCM meeting Mr. David Sergeenko - CCM Chair, Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia</p>
15:10 – 15:15	<p>Addressing the members with the request to declare the presence of the Conflict of Interest Secretariat</p>
15:15-15:20	<p>Nomination of Ms. Tamar Gabunia, Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia as PAAC Chair/endorsement Ms. Irina Grdzeldze – CCM Executive Secretary</p>
15:20 – 15:35	<p>HIV and TB grants implementation status/Elaboration of service procurement and reimbursement schemes for the transition of Global Fund AIDS Program to Performance-Based Financing Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director</p>
15:35-15:45	<p>Information on the meeting EECA Constituency/Global Fund 41st Board Meeting Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director</p>
15:45 – 15:55	<p>Information on PAAC meeting Ms Tamar Gabunia - Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia</p>
15:55 – 16:10	<p>Optimization of the HIV/AIDS patients treatment and care services Mr Tengiz Tsertsvadze - Infectious Diseases, AIDS and Clinical Immunology Research Center, General Director</p>

16:10 – 16:20	Report on Oversight activities Ms Irina Grdzelidze – CCM Executive Secretary Ms. Mzia Tabatadze – Oversight Committee
16:20 – 16:30	Information on United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration Ms Nino Mamulashvili - WHO Country Office Georgia, Program Coordinator
16:30 - 16:40	AOB/announcements
16:40	Closure of the meeting

List of acronyms

AIDS - Acquired Immune Deficiency Syndrome

ARV - Antiretroviral

AP - Action Plan

CBO - Community Based Organization

CCM - Country Coordinating Mechanism

COI - Conflict of Interest

CSO - Civil Society Organization

EECA - Eastern Europe and Central Asia

FAST - Finding, Actively, Separating, and Treating

GHRN – Georgia Harm Reduction Network

GP - General Practitioner

HCV - Hepatitis C virus

HIV - Human Immunodeficiency Virus

IDP – Internally Displaced Person

IDU – Injecting Drug User

KAP – Key Affected Population

M&E – Monitoring and Evaluation

MDR TB - multidrug-resistant tuberculosis

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

PHC - Primary Healthcare

PIU - Project Implementation Union

PLHIV - People living with HIV

PMTCT – Prevention of Mother to Child Transmission

PR – Principal Recipient

PreP - Pre-Exposure Prophylaxis

SR – Sub-recipient

TB – Tuberculosis

UN – United Nations

UNAIDS – The Joint United Nations Programme on HIV/AIDS

USAID - United States Agency for International Development

WHO - World Health Organization

David Sergeenko – greeted the participants and thanked them for coming. The Chairperson requested if there are any topics to be additionally included into the agenda, and asked the audience to make any announcements and to raise topics for discussions beyond the agenda if any. Dr Sergeenko asked members to declare the presence of the Conflict of Interest if any, fill out the CoI forms.

The agenda of the 93rd CCM meeting was endorsed. The minutes of the 92nd CCM meeting was endorsed. The COI with regard to agenda items was not declared by any members present at the meeting. The COI forms were filled out and kept at the CCM Office.

David Sergeenko - gave the floor to **Ms. Irina Grdzeldze**.

Irina Grdzeliidze – reminded to the audience the procedure of selecting PAAC Chair and stated that on May 20th, 2019 at the 18th meeting Ms. Tamar Gabunia, was nominated as a candidate for the position of PAAC Chair. Ms Grdzeliidze put the issue of endorsement of the candidacy of Ms. Tamar Gabunia, Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia to the position of PAAC Chair.

The candidacy of Ms. Tamar Gabunia, Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia was endorsed to the position of PAAC Chair.

David Sergeenko – congratulated Ms. Gabunia and expressed his strong believe in future successful coordinated activities.

David Sergeenko – gave the floor to Ms. Irma Khonelidze.

Irma Khonelidze – focused on the topic of transition to Global Fund AIDS Program to output based financing. The issue was thoroughly discussed at the PAAC meeting held on May 20, 2019. The mechanism for transition to a new model should be elaborated with involvement of and in coordination with all stakeholders by time of starting grant implementation under the Program Continuation Request. The services provided by AIDS Center are not subject to new regulations and will be continued in existing mode. As for other services it is planned to go through the extension of current contracts (for two months) until new mechanism is put in place. The urgent need for timely development of new payment mechanisms for funding of HIV preventive services was highlighted. Ms. Khonelidze focused on the issue of mobilization of technical assistance and on-going communication with the Global Fund as it appeared that terms of references of this technical assistance is not fully addressing the primary needs. The feedback from the Global Fund is anticipated. The rapporteur highly emphasized the importance of active involvement of NGO sector and community organizations. She stated that GHRN has pledged the support in terms of mobilizing needed technical assistance within the GF Regional Program and expressed special gratitude to Ms. Maka Gogia. Afterwards, Ms. Khonelidze focused on the experience of other countries which is still very limited and on-going communication with other countries teams. All efforts are done in order to ensure meeting the tough deadlines and ensuring smooth continuation of activities.

The formalization process of signing a new HIV agreement is on-going and planned to be completed next week. The procedure from our side implies the governmental resolution authorizing signing of the document. All procedures were undertaken with the Global Fund and currently the receipt of the agreement for signing is anticipated. Two important developments of the current grant were highlighted: 1) Procurement of equipment for development of laboratory capacity within the quality assurance component of Safe Blood Program. The long-lasting process is coming to a successful completion. The equipment will contribute to the program and safe blood strategic objective of Hepatitis C Elimination Strategy as well; 2) Beneficiaries dissatisfaction with quality of 1 ml syringes was finally addressed. The syringes will be procured through consolidated state procurement. The contract with the current supplier was terminated. The samples were sent to the Harm Reduction Network for testing and the beneficiaries expressed satisfaction with regard to 1ml syringes to be delivered under the new contract. The problem

emerged with regard to delivery of the products to the country since the supplier just recently informed that they will be able to deliver the products no earlier than July 8. Considering the end date of the current HIV grant (June 30) the communication with the Global Fund regarding putting in place the mechanism for receipt of the syringes to be undertaken.

Afterwards, Ms Irma Khonelidze provided the audience with the detailed information on the EECA Constituency modus operandi, the main directions of the work especially with regard to raising and advocating before the Global Fund Board the needs and interests of the region. In May 2018 Georgia nominated two candidates for EECA membership. Ms. Maka Gogia attended the EECA meeting held in Montenegro and Ms. Khonelidze was present at the EECA meeting in Dushanbe. Ms Khonelidze presented to the audience the main discussions and decisions made at the 41st Global Fund Board held in Geneva in May 2019 with special focus on allocation methodology for 2022-2024 allocation period, technical parameters, core principles of funding and their implications for the Region. The topic of qualitative adjustment process will be reviewed and approved by the Strategic Committee in July 2019. The amount of total sum available for the Global Fund will be known after the replenishment meeting scheduled for October 2019 in Paris. US\$14 billion is set as a fundraising target. The decision on countries allocation to be made at the 43rd Global Fund Board meeting. It is anticipated that Georgia will receive an allocation letter in December 2019. The growing incidence of HIV and MDR TB burden in the Region was mentioned and discussed. The communication with WHO regional office and UNAIDS with regard to receiving technical assistance to the constituency for more robust advocacy is on-going.

Tamar Gabunia – thanked CCM for endorsement of her candidacy to the position of the PAAC Chair and presented to the members outcomes of the 18th PAAC meeting held on May 20, 2019. It was agreed at the meeting that the group of authors will finalize HIV prevention and Harm Reduction guidelines and submit to the relevant council at the Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs. In parallel, the process of costing development will continue and then move to the program level in order to evaluate the impact on budget and how they will be implemented. The aforementioned also includes the issue of sustainability of the services. The work directed towards ensuring sustainability has been initiated and on-going for a substantial period of time. Thus the current status is as follows: the technical elaboration of the guidelines needs to be completed by the group of authors and submitted to the Ministry. The Ministry from its side is ready to review and go through all necessary procedures. Another topic discussed at the PAAC meeting was the current status of the technical assistance provided by Curatio International Foundation within the project supported by the Global Fund (Technical Assistance to improve TB prevention, case detection and treatment quality by applying modern technologies). Four components of the project were presented: (1) The first component refers to FAST strategy; (2) the second part of the project refers to the development of epidemiological research guidelines for contacts' investigation of TB positive patients; (3) the third component of the project is to create a Registry of the medical personnel to conduct periodic TB investigation in this group, with focus on latent tuberculosis; (4) The fourth component considers introduction of new funding / reimbursement methods with focus on outpatient model and strengthening community services. In June-July 2019 additional round of technical consultations with involvement of all interested parties will be held.

Konstantine Rukhadze – raised the question regarding barriers to access to Hepatitis C elimination program.

Tamar Gabunia – stated that active work aimed at reduction of barriers is on-going. The concrete proposals for expansion of access with the purpose of Hep C elimination are anticipated to be issued shortly. Ms. Gabunia gave the floor to **Prof. Tsertsvadze**.

Tengiz Tsertsvadze –highlighted the main factors which jeopardize the existence and proper functioning of AIDS Service: the AIDS Center does not have its own premises and currently is located at the premises/territory of pharmaceutical company “Aversi”. The AIDS Center is to leave the premises by July 1, 2019 (1); depreciation of technical assets (2). The communication with the Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia and other relevant institutions is on-going. Prof. Tsertsvadze addressed the audience with the request to conduct next or extra-planned outdoor CCM meeting at the premises of current location of AIDS center in order to see the alarming situation on site. Afterwards, the rapporteur focused on the topic of the presentation and the rationale behind its introduction at the CCM meeting. The petition was developed by association “Pomegranate” (“Brotseuli”) and submitted to the Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia and other institutions. The petition was accompanied with two events organized at Tbilisi municipality and in front the building of State Chancellery. The topic of the petition is improved HIV care and treatment. Though the issues raised in the petition deserve due consideration, the way of its issuing/presenting to the institutions and statement on unsuccessful HIV services are not acceptable for AIDS Center. The established way of issuing petitions and preceding steps were not observed. The AIDS Center was not informed about this petition and any actions. Thus, the readiness for cooperation, willingness to undertake joint efforts aimed at addressing the concerns raised in the petitions were not explored.. The response to the petition was issued by the Ministry. Mr. Tsertsvadze one more time outlined devastating results that might happen in case of termination of AIDS services. Starting from 2018, 946 patients (including those with acute infections) have been transferred to other premises due to depreciation of the technical equipment; out of this 22 patients with artificial respiration were transferred by reanobile. While reiterating the commitment to continuous efforts to improved HIV service delivery, he highly emphasized HIV program, ranking it as one of the most successful program in the county and strongly disagreed with the statement of the petition on disadvantages of AIDS services and corresponding high AIDS mortality rate. Prof. Tsertsvadze brought to the attention of the attendees the following factors in justification of existence successful HIV services in the country.

The world HIV/AIDS mortality statistics among HV infected in comparison Georgia statistics (worldwide - 46%, in the USA – 39%, in Georgia – 20%). The figures confirm high standards of HIV services in Georgia.

At the meeting at the Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia in May 2019, Dr. Robert R. Redfield, Director of the US Centers for Disease Control and Prevention highly ranked HIV services of the country. The residents of Abkhazia are travelling to Tbilisi for receiving HIV services. Residents of Georgia are not seeking consultancy abroad. The AIDS Center received the highest WHO award for outstanding contribution in HIV/AIDS treatment. Such highest award has not been received by any country of Eastern Europe.

Georgia is the first and so far the one country in the region which achieved universal access to ART (2004). Georgia is the first country in Europe and one of the first countries worldwide which introduced “Treat All” strategy (2015). After introduction of this strategy first time in the country the number of new infections has started to decrease.

Georgia is in leading positions in the region in terms of treatment which is performed with highest possible standards; high technologies are used to monitor effectiveness of treatment.

Georgia is the first country in Eastern European region which achieved universal access to Hepatitis C treatment for HIV/HCV co-infected persons (2011). The program triggered expansion of accessibility to Hep C treatment and served as a basis for starting Hep C elimination program.

Leading position in the region in terms of virus suppression (89%) and coverage with treatment (84%) was specially underlined as one of the main argument for having in place effective HIV services. All efforts are done to increase the latter indicator and reach 90% target of UNAIDS 90-90-90 strategy.

The mortality rate dramatically decreased (by 5.5 times in comparison with 2004). The high quality of life of HIV positive people is ensured.

UNAIDS country report reads as: “International experts describe the Georgian model of HIV treatment and care delivery as exemplary and regard it as the best among countries of former Soviet Union (FSU) and one of the best, if not the best, among low and middle income countries worldwide“ .

Since 2005, Georgia ensured universal access to PMTCT services. Since 2007, there was no case of mother-to-child transmission of HIV among women who were timely identified and completed the course of prophylaxis. No cases of newborn infection have been reported since 2018.

Georgia is the first country in the region which with Global Fund support introduced a very important innovation, PreP (2017). The program is successfully implemented by AIDS Center and Equality Movement. The rapporteur stated that since PreP is dealing with healthy persons this is the very component where decentralization is needed. The high level of care, and attention to community needs were stressed. Herewith Prof. Tsertsvadze outlined the high level of commitment of medical personal, regularly performed home visits, especially for severely ill and socially vulnerable persons which are especially important in terms of absence of hospice.

As for strategic milestones for 2020 (90-90-90), the rate of viral suppression is 89% and thus the country is very close to achieving the target. The rate of enrolment into the treatment is 84%, and feasible to be achieved by 2020. The low detection rate fixed in Georgia has been repeatedly raised by Prof. Tsertsvadze himself. As for the distribution of detected cases by institutions, approximately 50% of the cases are detected by AIDS center.

In December 2017 the Declaration “End HIV epidemics in Georgia” was adopted. In December 2018 the letter covering comprehensive analysis of epidemiological situation and the measures to be undertaken to achieve the goal “end epidemic” was submitted to the Prime Minister and the Minister of Health (the copies of the letter were distributed among attendees of the meeting). Response actions include strengthening and improvement of HIV detection through integration of HIV testing within the framework of Hep C state elimination program, introducing of routine HIV testing in Primary Health Care and Hospital Sector; expansion of HIV indicator disease and risk behavior guided testing in healthcare and civil society settings, ensuring wild-scale access to self-testing. Prof. Tserstvadze noted that the response letter from the Ministry was not received though a lot of important steps have been undertaken by the Ministry: integrated screening on HIV and Hep C by primary care providers, expansion of HIV indicator disease testing and a lot of other interventions. The programs being implemented in Samegrelo-Zemo Svaneti, Adjara, Kakheti, Imereti regions were presented as an example. Prof. Tsrrtsvadze noted that as recognized by international society joint efforts of the AIDS service and other

governmental, non-governmental and community organizations working in HIV/AIDS field, allowed Georgia to avoid wide-scale HIV epidemic and its serious negative impact.

Late HIV detection in the country (though not mentioned in the petition) was named as a serious challenge (among newly registered cases - 54% of late diagnosis, 33% of advanced stages of disease). The mortality statistics among timely and late diagnosed patients were presented. Mortality rate is 2.25 per 100 person-years among patients who are diagnosed early, while mortality rate reaches 21.72 per 100 person-years in late presenters. Undiagnosed HIV represents the main challenge (the detailed presentation on this topic was done at the 90th CCM meeting). The graphic on HIV detection rate in WHO Europe was shown.

Prof. Tsertsvadze presented the distribution of detected cases (2018 data) by institutions and noted that among 672 detected persons, 321 are detected by AIDS Center and contracting organizations, 185 - by clinics, 70- by other state programs, 96 – by non-governmental organizations.

International practice for implementing decentralization; the examples of other countries (including very successful in terms of HIV such as Denmark) with centralized HIV care provided through specialized clinics were presented (e-mail communication was shown). Prof. Tsertsvadze noted that in all countries of Eastern and Central Europe as well as a number of countries of Western Europe (e.g. UK, Denmark and others) , HIV care is centralized. Though in some countries of Western Europe and the USA the approach is different and decentralized (or mixes of centralized and decentralized care) care is practiced, however in these countries GPs and primary care personnel are equipped with comprehensive knowledge in HIV care. For example, in the USA only those GPs received special HIV module training are providing HIV care. Prof. Tsertsvadze clarified that the decentralization is not explicitly opposed by them. On the contrary, the AIDS Center came up with the initiative of decentralization of very successful Hep C treatment program in 2017 and implemented pilot projects in 4 Primary Health Care Centers. Currently the projects are being implemented in 10 centers under AIDS Center monitoring. Provided that the need and possibility for implementation of HIV services are seen they will support its implementation as well. Currently the possibility of decentralization of the services is not in place. Prof. Tsertsvadze one more time expressed his deep dissatisfaction with regard to the reason for decentralization named in the petition and negligence of the AIDS Center while raising this issue. Afterwards, Prof. Tserstvadze focused on other statements of the petition:

Receiving the treatment in multi-profile clinics and PHC units. To the date there is no possibility of its practical implementation since GPs are not prepared for management of HIV patients. Introduction of this approach at this stage will be resulted in devastating results for HIV patients. If this notion seems doubtful, the research among patients to reveal those willing to receive the services in non-specialized clinics can be conducted and pilot project implemented based on the results.

Receiving services in specialized clinics contributes to breach of confidentiality and stigma. The percentage of HIV patients at Infectious Diseases, AIDS and Clinical Immunology Research Center does not exceed 10%. Thus entering the Center does not directly indicate to HIV status. The physicians of the Center have long experience and strictly adhere to the principles of confidentiality versus physicians of multi-profile clinics who are not very well trained in this aspect. Thus, it is considered that probability of violation of the confidentiality is higher in case of decentralization. AIDS Center conducted a small survey-type questioning among their patients and none of them expressed willingness to receive services

through non-specialist care. The only concern of the patients is inappropriate, non-compliant with human dignity conditions of the infrastructure where they receive treatment.

Three-months supply of ARV drugs (not mentioned in the petition). The one-month supply procedure was established with the purpose of better follow up and correspondingly better adherence. Three month supply does not represent the matter of dispute. It has been decided to have two models in place: one-month and three-months supply. This issue is not connected in any way with decentralization.

Geographic accessibility. It's a very important issue. Currently HIV services are available in 4 cities (versus 3 cities mentioned in the petition). The accessibility should be expanded. Mr. Tsertsvadze addressed Deputy Minister with the request to explore possibilities for establishing specialized Center in Telavi.

Precedent of decentralized Hep C treatment and care services. Decentralization of Hep C services was initiated by the AIDS Center itself. There is incomparable difference between Hep C and HIV. Thus mere copying of Hep C precedent is not acceptable for the best interest of HIV patients. (*Presentation is attached*).

Discussion followed.

Gocha Gabodze – thanked Mr. Tsertsvadze for raising this issue and comprehensive overview. The petition represents community initiative and aimed at presenting joint concerns of various KAPs. The contribution made and progresses achieved are recognized but the problems still exist including treatment interruption rate. He stated that representatives of AIDS Center, Mr. Tsertsvadze personally, CCM members were invited to the events planned within the initiative. The content of the petition should not have been agreed with the AIDS Center. The time when professionals were talking on behalf of patients has come to an end. The time has come when the patients will articulate their own concerns and will raise important for them issues. Despite afore mentioned, the contribution made by the HIV professionals, personally by Prof. Tsertsvadze is not controverted. Despite existing challenges, the patients are constantly taken care by the group of high professionals. The voice of the representatives of the Center was heard at the events as well. There is only one factual error in the petition (Kutaisi Center is missed). The higher mortality rate in other countries does not make our mortality rate less alarming, especially if the improvement of shortcoming of the system can save even one more life. Two main aspects are highlighted in the petition: the right of choice and improved geographic accessibility in the extent possible and with consideration of the specific of the country. He pointed out that the atmosphere of the meeting organized by AIDS Association on the previous day was unfriendly and such way of communication between health professionals and patients' community is unacceptable. Absence of the hospice represents an acute challenge. It is highly welcomed to direct funds towards improved model of care. As for decentralization. Existence of centralized care in more developed countries does not prevent them for seeking a better model. Thus the best model is requested. Stigma associated with service delivery often makes already tested and enrolled in the treatment patients to refuse taking medicines.

Tengiz Tsertsvadze – expressed strong disagreement with the format of raising the issues under discussion and assessed it as a direct attack to the AIDS Service.

Tamar Gabunia – stated that she herself was attending the meeting at the Municipality and it was held in a constructive format. The Ministry has been always open for receiving and giving due consideration to any opinion/wish/concern from beneficiaries and patients end. The decentralization strategy was discussed at the meeting at the municipality. It is generally agreed by all parties that decentralization is a long-term perspective. As for non-willingness of HIV patients to be managed by PHC physicians which is the case, it is even more difficult to find the family doctors having willingness and capacity to manage HIV patient. Currently the basic functions directed among three directions: early child development, immunization, chronic diseases are under portfolio of the family doctors. Adding HIV services at this stage does not seem to be realistic. Though, the work toward this direction should be initiated. The work aimed at expansion of geographic accessibility through specialized services and under centralized system can be undertaken. Decentralization strategy can not be implemented in case of absence of robust central hub which is in this case AIDS Center. The Center will perform technical and methodological guidance over the provider which in long-term perspective can implement this function. The decentralization should not be done on the expense of the quality as agreed with the community. The leading role of the centralized group of professionals has a paramount importance for decentralization process as it happened in Hep C case. Though for HIV it will be much longer process and a lot of barriers will have to be cleared both by medical professionals and community. The Ministry is ready to start considerations jointly with medical professionals and the community in order to have a realistic plan for implementation. Ms Gabunia reiterated the huge contribution of the AIDS center, the remarkable progress achieved by HIV program and Hep C program. Deputy Minister thanked Prof. Tsertsvadze for his outstanding contribution and incomparable dedication and expressed her hope for the support from his side. The consultations will be continued in working format. Ms.Gabunia gave the floor to **Ms Grdzelidze**.

Irina Grdzelidze –shared with the audience the main aspects of the oversight activities of the recent period including the details of the first meeting of the renewed Oversight Committee convened on May 31, 2019. During the meeting OC members nominated Ms. Mzia Tabatadze as a candidate to the position of the OC Chair. Ms. Grdzelidze put the issue of endorsement of nominated candidate.

The candidacy of Ms. Mzia Tabatadze, Alternative Georgia was endorsed to the position of OC Chair.

Mzia Tabatadze – thanked the CCM for trust and presented the details of the OC meeting and summarized the recommendations. During the meeting HIV and TB dashboards for 2018 Q4 and 2019 Q 1 were discussed. No existing or potential challenges were observed in GFATM funded programs implementation. The delay/underachievement in terms of management indicators is not observed. Slight underachievement of some programmatic indicators is going to be addressed. The exchange rate variance greatly contributed to underspending/savings. In TB case genuine reduction in TB incidence is observed. Therefore the targets set in the PUDR should be revised accordingly to be able to measure to what extent the TB grant is achieving intended results. The adoption of WHO updated guidelines is on the way. Through the communication with stakeholders and PLHIV, it was revealed that the AIDS Center under Global Fund HIV grant does not receive condoms for free distribution among PLHIV and their partners. Recently, condoms procured by the HIV grant were delivered to partner NGOs, including HIV/AIDS Patients Support Foundation. It is recommended that NCDC in agreement with Patients Support Foundation ensure delivery of certain amount of condoms to the AIDS Center (*all recommendations are detailed in OC MoM*). Ms Tabatadze shared with the audience the details of the meeting held on the previous day between the staff of the AIDS Center and Civil Society organizations – the signatories of the

Petition prepared by the community-based organization “Brotseuli” (Pomegranate). The CSOs signing the petition noted that the text was not interpreted in a similar way by the NGOs, on one hand, and the AIDS Center, on the other hand. They noted that under no circumstances the signatories intended to underestimate the work of the AIDS Center and question the effectiveness of ARV treatment in the country. Apparently, NGOs signed the petition to support the idea of decentralization of services. The signatories felt uncomfortable because of the awkwardness created by signing the petition, and asked Ms. Mzia Tabatadze to share their concerns with the CCM. During the meeting, it became obvious that Mr. Gabodze was complaining about some aspects of treatment program that are of major concern of the AIDS Center as well. Mr. Gabodze called upon meeting participants to visit the ward to see the infrastructure where patients receive treatment. Visiting facility revealed that the condition of the ward is unacceptable, non-compliant with human dignity, as it has been also described by Prof. Tsertsvadze many times. There are also some other treatment-related problems mentioned in the petition that seem to be easily negotiable with the AIDS Center, and can be solved in a timely manner. Negotiation has been initiated to allow patients to take up to three month or six-month supply of their daily drugs in case of justifiable needs. Ms. Tabatadze believes that the advocacy work will continue among stakeholders in a constructive, working environment.

Tamar Gabunia – welcomed Ms. Tabatadze to OC and gave the floor to Ms. Mamulashvili.

Nino Mamulashvili – shared with the audience information on WHO Publication “United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration”. The paper is signed by the Regional Directors of 15 UN Agencies as well as Stop TB Partnership Executive Director. The publication is prepared by WHO European Regional Office and Issue-based Coalition on Health and Well-being for All at All Ages in Europe and Central Asia, in the framework of the United Nations Sustainable Development Goals. The paper is based on extensive consultations with representatives of UN Agencies, civil society organizations, the general public and other stakeholders. This publication is intended as a resource for relevant stakeholders and development partners in addressing the social, economic and environmental determinants of health of the interrelated epidemics. Undertaking of synergic and coordinated efforts was agreed in order to end the epidemics. Four countries including Georgia were selected for piloting. In May 2019 WHO Europe consultant was visiting Georgia. The number of the consultative meeting was conducted. The mission report reflects country specific recommendations. It is already available and can be shared among CCM altogether with Position Paper. It has been agreed that the Intersectoral Action Plan will be developed. At the meeting with Ms. Tamar Gabunia, Deputy Minister, it was articulated that in order to avoid creation of an additional mechanism/platform, the CCM can be asked to monitor implementation of the Intersectoral AP.

Tamar Gabunia – stated that once the Action Plan is developed and shared with the CCM the decision towards monitoring of the AP solely by the CCM or possible involvement of additional structures will be done.

Amiran Gamkrelidze – added that launching of the UN Common Position took place at the dedicated side event during the United Nations General Assembly high-level meeting on ending TB held in New York, September, 2018. Georgian delegation took active part in the discussions since Georgia has the

longest experience on integrated approach for three diseases. The issue was raised as well during the meeting of Prof Gamkrelidze with Dr Masoud Dara, Coordinator for Communicable Diseases, Joint Tuberculosis, HIV and Viral Hepatitis Programme, WHO Regional Office for Europe, at the sideline of WHA in Geneva, in May 2019. Currently the integrated activities are supported solely by the Global Fund. Some technical assistance and guidance are provided by WHO. It is desirable if all 15 UN agencies will get involved in the processes. Prof. Gamkrelidze addressed Ms Mamulashvili with the request to discuss the practical steps of possible assistance for implementation of the Position Paper with existing in the country UN Agencies. The goal to screen all adult population in the country for three diseases by the end of 2020 is determined and assistance from the UN Agencies in this direction in addition to the Global Fund support is important. Georgia will be the first country where all adult population is screened for three diseases, and by that, early diagnosis will be ensured.

Nino Mamulashvili – responded that UN Joint Theme on HIV/AIDS and UN Country Team can be an appropriate platform for initiating the issue raised by Prof. Gamkrelidze with relevant UN Agencies. The issue will be brought to the attention of a new UN Resident Coordinator, starting her duties from 1 June 2019.

Announcements:

Vakhtang Akhaladze – Archimandrite Adam– referred to the issue of HIV services. He expressed steadfast solidarity and support towards HIV community. The readiness to get involved in the processes was expressed especially taking into consideration the important ethical issues of the topic. The issue will be brought to the attention of national bioethics committee for thorough scientific consideration and analysis. As stated by Archimandrite Adam we are representing one united society and the emotions of both sides are very well understood.

Konstantine Rukhadze – stated that event of May 18, 2019 was the very first precedent of uniting various KAP groups around one problem and jointly performed activity. He expressed the hope that united efforts will be continued and existing barriers will be gradually removed. Afterwards, Mr. Rukhadze raised an issue regarding sanctions established within the OST program in response to violation of the internal code of conduct regulated by the Minister’s order. He stated that duration of rapid detox program is based on unified approach and does not consider individual factors such as dosage taken, duration of enrolment into the program and other factors. This has to be replaced by more individual approach. This topic can be thoroughly discussed at the next CCM meeting. The concrete recent example of the beneficiary suffering due to the established procedure was presented.

Tamar Gabunia – thanked Mr. Rukhadze for raising the issue which will be discussed in the working format and asked the Secretariat to organize the meeting with the purpose of studying the issue in details.

The meeting was announced as closed.

Decisions of the meeting:

- **To endorse the candidacy of Ms. Tamar Gabunia, Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia to the position of PAAC Chair**

- **To endorse the candidacy of Ms. Mzia Tabatadze, Alternative Georgia to the position of OC Chair**

David Sergeenko

Natia Khonelidze

CCM Chair

CCM Administrative Assistant