



**Minutes of the 94th CCM meeting
November 11, 2019**

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

Participants

#	CCM Members/Alternates	
1	Ekaterine Tikaradze	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	Ministry of Internal Affairs of Georgia
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	Archimandrite Adam – Vakhtang Akhaladze	Head of Public Health Department, Patriarchate of Georgia
11	Zurab Vadachkoria	Rector of Tbilisi State Medical University
12	Elguja Meladze	Employers’ Association of Georgia, President
13	Konstantine Labartkava	GenPUD, CBO New Vector, KAP IDU SSR for HIV grant
14	Izoleta Bodokia	NGO HIV/AIDS Patients Support Foundation SR of HIV grant
15	David Kakhabi	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 Chair
18	Zaza Karchkhadze	NGO New Way

		SR of HIV grant
19	Nikoloz Mirzashvili	Former TB Patient, Patients Union OC member
20	Giorgi Magradze	Georgian Health Promotion and Education Foundation, TB NGO
#	Guests/Observers/Speakers	
21	Tamar Gabunia	Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, PAAC Chair
22	Ekaterine Adamia	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, Acting Head of Health Care Policy Division
23	Irma Khonelidze	NCDCPH, Deputy Director General, GFATM PIU, Director
24	Maka Danelia	NCDCPH, PIU, TB Program Manager
25	Irakli Gabisonia	NCDCPH, PIU, TB program specialist
26	Nana Nabakhteveli	LFA, UNOPS, Finance Expert
27	Akaki Abutidze	Infectious Diseases, AIDS and Clinical Immunology Research Center
28	Tornike Khonelidze	Office of the State Minister of Georgia for Reconciliation and Civic Equality
29	Ketevan Gogvadze	Curatio International Foundation, Business Development Director
30	Kakha Kvashilava	GHRN, Executive Director
31	Nikolo Gviniashvili	Equality Movement, HIV Prevention Program Assistant

32	Lasha Abesadze	CBO New Vector, IDU community
33	Konstantine Rukhadze	CBO New Vector, GenPUD, IDU community
34	Tamar Zurashvili	Policy and Advocacy Specialist
#	Secretariat	
35	Irina Grdzeldze	Executive Secretary
36	Natia Khonelidze	Administrative Assistant

Agenda

15:00 – 15:10	<p>Opening speech /remarks/ endorsement of the agenda Ms. Ekaterine Tikaradze - Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, CCM Chairperson</p>
15:10– 15:15	<p>Addressing the members with the request to declare the presence of the Conflict of Interest</p> <p>Secretariat</p>
15:15 – 15:25	<p>HIV and TB grants implementation status/Information on Global Fund Replenishment/New Allocation Period Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director</p>
15:25 – 15:35	<p>Report on Oversight activities Ms. Mzia Tabatadze – Chair of Oversight Committee</p>
15:35 – 15:50	<p>Transition from Global Fund to State Financing Ms. Ekaterine Adamia - Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, Acting Head of Health Care Policy Division</p>
15:50 – 16:05	<p>HIV/AIDS in Georgia: achievements, challenges, prospects</p> <p>Mr. Tengiz Tsertsvadze - Infectious Diseases, AIDS and Clinical Immunology Research Center, General Director</p>
16:05– 16:25	<p>Update on the 50th UNION World Conference on Lung Health</p> <ul style="list-style-type: none"> • Ms. Maia Kipiani - National Center of Tuberculosis and Lung Diseases, Specialist of TB management and Control Service at the National TB Program • Ms. Maka Danelia - NCDCPH, PIU, TB Program Manager <ul style="list-style-type: none"> - Zero TB Initiative in Adjara/ECHO • Mr. Irakli Gabisonia - NCDCPH, PIU, TB program specialist <ul style="list-style-type: none"> - Mobile applications in VOT
16:25 – 16:35	<p>Update on the meetings conducted within 2019 Berlin World Health Summit</p> <p>Mr. Zaza Avaliani - National Center of Tuberculosis and Lung Diseases, Director</p>
16:35– 16:50	<p>New Methodology of TB Hospital Services Funding Ms. Ketevan Gogvadze - Curatio International Foundation, Business Development Director</p>
16:50 – 16:55	<p>TB People- Goals, activities, future plans Mr. Nikoloz Mirzashvili - TB People, Executive Director</p>
16:55-17:05	<p>Sustainability of Services for Key Populations in Easter Europe and Central Asia Region (SoS Project)/ Current Status</p>

	Mr. Kakha Kvashilava – GHRN, Executive Director
17:05- 17:10	AOB/announcements
17:10	Closure of the meeting

List of acronyms

AIDS - Acquired Immune Deficiency Syndrome

AR - Autonomous Republic

ARV - Antiretroviral

CBO - Community Based Organization

CCM - Country Coordinating Mechanism

COI - Conflict of Interest

CSO - Civil Society Organization

DRG - Diagnosis Related Group

GHRN – Georgia Harm Reduction Network

GoG - Government of Georgia

HIV - Human Immunodeficiency Virus

IDP – Internally Displaced Person

IDU – Injecting Drug User

KP – Key Population

LPA - Line Probe Assay

MGIT - Mycobacteria Growth Indicator Tube

MDR TB - multidrug-resistant tuberculosis

MoIDP&LHSA - Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs

MSM – Men who have sex with men

NCDCPH – National Center for Disease Control and Public Health

OC – Oversight Committee
PAAC - Policy and Advocacy Advisory Committee
PCR - Polymerase Chain Reaction
PIU - Project Implementation Union
PLHIV - People living with HIV
PR – Principal Recipient
PreP - Pre-Exposure Prophylaxis
PUDR – Progress Update and Disbursement Request
REAct - Rights + Evidence + ACTION
RBF - Result-based funding
SR – Sub-recipient
SSA - Social Service Agency
STI - Sexually Transmitted Infection
TAG - Technical Advisory Group
TB – Tuberculosis
UN – United Nations
UNAIDS – The Joint United Nations Programme on HIV/AIDS
UNOPS - United Nations Office for Project Services
WHO - World Health Organization

Ekaterine Tikaradze– greeted the participants, thanked them for coming and announced the 94th CCM meeting as opened. Considering the transparent format of the CCM modus operandi, the Chairperson addressed members with the request to announce the topics to be additionally included into the agenda (if any), elaborated based on the consultations and inputs of the CCM members. Ms. Tikaradze asked members to declare the presence of the Conflict of Interest if any with the purpose not to jeopardize upcoming elaborations and discussions.

The agenda of the 94th 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.

Ekaterine Tikaradze – gave the floor to Ms. Irma Khonelidze. The Minister apologized for necessity to leave the meeting after the first presentation and announced that the meeting would be presided by Ms. Tamar Gabunia whereat.

Irma Khonelidze – presented the current status of Global Fund grants, peculiarities of a new allocation period and focused on the following:

HIV grant

New HIV grant covering period of July 1, 2019 – June 30, 2022 has been signed. The shifting to RBF in terms of HIV preventive services was discussed in details. As a result of the preparatory process which envisaged consultations with the Global Fund, case study of the experience and models of other countries, consultancy assistance from the consultant commissioned by the Global Fund, discussions with the Ministry, it had been decided to apply to a systematic approach, encompassing involvement of Primary Healthcare system and other components. Namely, it was decided to elaborate a comprehensive strategic framework and in consultations and in agreement with the Ministry to develop a concrete action plan afterwards. The report of the consultant is anticipated and will be shared with the Ministry. As for the timelines, it is desirable to agree on the model by the end of March, 2020 in order to proceed with the procurement of services through tender and to launch the first pilot under the HIV program by July. The tender for selecting HIV preventive service providers for KAPs for Y 2020 has been announced. The information was shared with the CCM and published on the web-site of the Procurement Agency, also agreed with the Ministry. The rapporteur addressed the audience with request to get familiarized with the announcement and widely distribute information among other stakeholders. Ms. Khonelidze stated that the deadline for submission of the application for the services/goods with amount exceeding 144, 000 Euro had been extended to one month.

Transition of the commitments from Global Fund to the State Programs. Ms. Khonelidze focused and retrospectively overviewed the co-financing requirements in terms of implemented and new grants. The rapporteur overviewed the Sustainability, Transition and Co-financing (STC) policy adopted by the Global Fund Board in 2016 in replacement of the Eligibility and Counterpart Financing Policy. The country has revealed good results in terms of fulfilment of co-financing requirements demonstrating gradual and steady increase of public allocation. The LFA to study the fulfillment of co-financing requirements during the last three-year period. The slight decrease in percentage in terms of procurement of medicines can be explained by exchange rate fluctuation.

The order of ARV medicines is on-going in coordination with the AIDS Center as planned.

TB grant

Global Fund Board approved the grant documents for Georgia TB program for funding up to US\$6,239,620 for the period covering January 1, 2020 – December 31, 2023. The counterpart signing of the document is anticipated before the end of the year. The procedures needed for GoG approval have been already launched. As for the activities envisaged by the current grant, integrated HIV/TB/Hepatitis C program piloted in one region has been extended almost throughout the country with exception of Shida Kartli and Samtskhe-Javakheti. The training components is ongoing in Tbilisi. The integrated services are funded by diversified financial sources, including central budget, local municipalities and the Global Fund. All data

are accumulated at the unified database of the Hepatitis C Elimination program. The growing interest of the WHO and other partners with regard to implementation of integrated services in Georgia is observed. There is anticipation Georgia model to be included into the best practices compendium to be published by the WHO. Georgia has pioneered and successfully implements mobile applications in VOT as well as TB ECHO project; the latter was triggered by the Hep C elimination program. Both innovative approaches were under the focus of the 50th UNION World Conference on Lung Health and captured vivid interest of the participants. The Armenian and Kazakh colleagues visited NCDC and TB Center in September, 2019 to study these successful models on the site.

The tender for procurement of the computers has been just opened (on 11 November) and anticipated to be successfully completed.

The Global Fund Sixth Replenishment Conference Pledges/New Allocation Period

Donors pledged US\$14.02 billion for the next three years at the Global Fund's Sixth Replenishment Conference held on October 11, 2019 in Lyon, France. It is stated to be the largest amount ever raised for a multilateral health organization, and the largest amount by the Global Fund. As for our region, three countries: Azerbaijan, Armenia and Ukraine donated to the Global Fund. At the 42nd Board Meeting (Geneva, Switzerland, 14 – 15 November 2019) the allocation amounts for the countries of the regions and other important details will be discussed. At this stage it is known that (i) one consolidated HIV/TB grant will be implemented, (ii) more focus is directed toward the Principal Recipients from the public sector. All the details including key elements, changes, timelines of the application processes will be known upon the receipt of the Country Allocation Letter anticipated in December, 2019.

Ekaterine Tikaradze – thanked Ms. Khonelidze and wished fruitful discussions to the attendees.

Tamar Gabunia - addressed the audience with request to raise questions/ comments if any gave the floor to Ms. Mzia Tabatadze.

Mzia Tabatadze – presented main aspects of the oversight activities of the recent period and plans set. The meeting of the Oversight Committee was conducted on October 4, 2019. The financial, management and programmatic data of the HIV and TB dashboards for 2019 quarter 2 were presented and discussed. No significant underachievement/delays were identified. Underachievement of one programmatic indicator: *Number of XDR TB enrolled on treatment* is the result of genuine reduction in TB incidence. The estimated number/TB incidence cases have been adjusted accordingly; revised indicators/targets will be also reflected in the PUDR/Dashboards. The Oversight Committee had a meeting with Fund Portfolio Manager, Ms. Tatiana Vinichenko and the CT on October 10, 2019. Afterwards, Ms. Tabatadze focused on the following issues: (i) progress on the permission to handle three-month supply of ARV drugs (instead of one-month supply) to stable patients and highly emphasized the readiness of the AIDS Center and personally Prof. Tsertsvadze to approve this regulation. The afore-mentioned was identified as one of the barriers by the research on HV treatment barriers presented to the stakeholders two weeks ago; (ii) installing equipment for digital signatures for ARV patients at the AIDS Center to improve patients' confidentiality. The progress is on good track, active communication with the AIDS Center is on-going.

The Oversight Committee plans conduct site visits to Samegrelo and Adjara to study: (i) work of TB adherence support groups supported by Patients Union in both sites; (ii) HIV/Hep C/TB integrated screening programmes, and understand to what extent these programs are contributing to improved case finding of HIV and TB.

Tamar Gabunia - thanked the rapporteur and gave the floor to Prof. Tsertsvadze.

Tengiz Tsertsvadze – raised the topic of choosing the strategy in terms of AIDS response actions in the country. The three possible scenarios were presented: (i) ending AIDS epidemic by 2030 or 2025 in parallel with Hep C elimination; (ii) sustaining status quo; (iii) widespread outbreak. While setting the goal, the resources available should be assessed, achievements, challenges, prospects examined carefully.

The factors evidencing the preference of direction towards ending AIDS epidemic were specified as follows: (i) *SDGs goal 3* where **the end of epidemic** by 2030 is set as a target. (ii) *UNAIDS strategy* with the strategic milestones for 2020 (90-90-90) and 2030 (95-95-95) set for achieving the ultimate goal of ending the epidemic. Prof. Tsertsvadze further explained the genuine meaning of the term *ending epidemic*. He stated that even upon achieving ultimate target of 95-95-95, 14% of HIV patients can still remain as a source of infection. Albeit, even in this case, standard, well-designed preventive services provide the possibility to reduce the number of new HIV infections to zero or close to zero; (iii) **the highest financial burden of health services for people with HIV/AIDS for the countries** in compound to moral and ethical obligations; (iv) **availability of Hep C Elimination Program** which provides a unique opportunity to end epidemic in the country with significantly less expenditures.

Afterwards, Prof. Tsertsvadze focused **on the issue of resources** stating that intellectual resources are in place. As for financial resources, the current allocation of the budget provides opportunity only for sustaining status quo, while ending the epidemic requires significant increase which would be much higher in case of absence of Hep C program.

While discussing the political commitment, it was noted that much more attention is given to Hep C in comparison with HIV. Powerful self-advocacy activities of the community, limited resources for HIV, good care for HIV patients can be named as the rationale behind it.

The strategy *treatment as prevention*, named by Science as a breakthrough of the year in 2011, was presented as a main basis and tool for ending epidemic. The medical aspects of the strategy were presented. The following studies confirmed the correctness of the strategy, the formula Undetectable = Untransmittable emerged. The importance of other components of standard HIV preventive package was noted.

Epidemiological data, ways of transmission were presented and discussed. It was noted that slight, steady growth of HIV cases is observed year by year. The components for assessing epidemiological situation were specified. Prof. Tsertsvadze provided a comprehensive historical overview of the epidemiological situation in the country stating that until 2013 Georgia was considered to be one of the successful countries in this regard; He noted that barriers for HIV prevention program implementation in 2013-2014 resulted in decreased detection rate and reminded the audience on the special ministerial for 15 countries, including Georgia with high rate of new infections convened during the World AIDS congress (Amsterdam, July, 2018). After that, a lot of important steps have been undertaken by the Ministry for increased HIV detection (e.g. integrated screening on HIV/TB/Hep C, expansion of HIV indicator disease testing etc) and highly emphasized the role of NCDCPH, non-governmental and community organizations.

Main achievements were specified as follows: (i) Georgia is the first and so far the one country in the region which achieved **universal access to ART** (2004); (ii) Georgia is the first country in Europe and one

of the first countries worldwide which introduced “**Treat All**” strategy (2015); (iii) leading position in the region in terms of **virus suppression** (89%, second place after Ukraine, 2019 data) and **coverage with treatment** (84%, first place in the region, 2018 data); (iv) 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 in Tbilisi, Kutaisi and Batumi and is anticipated to be solely handed over to the community organizations. As the result of all mentioned above important initiatives, (v) **the number of new infections** has started to decrease. It was noted that despite the fact that detection rate has been slightly improved during last years, it still needs significant increase, since the number of new infections exceeds the number of detected cases; (vi) **the mortality rate dramatically decreased** (by 5 times in comparison with 2004). The high quality of life of HIV positive people is ensured. The world HIV/AIDS mortality statistics among HIV infected in comparison with Georgia statistics (worldwide - 46%, in the USA – 39%, in Georgia – 20%) was presented. The figures confirm high standards of HIV services in Georgia. Thus the country managed to avoid wide-scale HIV epidemic with great human toll and serious negative impact. Thus the HIV situation in Georgia is characterized with steady decrease of new infections and small increase of total number of HIV-infected persons. It was reiterated that no further progress will be achieved with existing economic resources.

Main Challenges. (i) **high rate of undetected HIV** (41% of estimated number of HIV infected persons). According to 2017 data, Georgia is positioned on the last places in WHO Europe region in terms of HIV detection rate. While speaking on treatment cascade, it was noted that 41% of infected persons remain as a source of new infections; (ii) **late HIV detection** in the country was named as a serious challenge (among newly registered cases - 54% of late diagnosis, 33% of advanced stages of disease). The late diagnosis causes increase in mortality (serving as a main mortality factor) and increased expenditures. In terms of progress with regard to 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; (iii) **the low detection rate** (59%) remains the main challenge. Prof. Tsertsvadze addressed Ministry, NCDC, non-governmental organizations with the request to jointly address this issue and identify and mobilize all needed resources.

In December 2017, by the initiative of AIDS Center the Declaration “End HIV epidemics in Georgia” was signed. Unless supported by the Ministry and the Government the declaration does not have any legal power and has the status of an act of goodwill. Prof. Tsertsvadze addressed the Head of NCDC and First Deputy Minister with the request to facilitate the support from the Ministry’s side, preferably by December 1, World AIDS Day.

Prof. Tsertsvadze presented the distribution of detected cases (first 10 months of 2019) by institutions and noted that among 570 detected persons, 268 are detected by AIDS Center and contracting organizations, 137 - by clinics, 118- by other state programs and NCDC, 47– by non-governmental organizations. Dynamic of HIV detection rate (1998 – October, 2019) demonstrates just very low improvement in recent years and does not show significant progress; the detection rate still remains low despite all wide-scale, effective interventions.

Prof. Tsertsvadze addressed all stakeholders, the Ministry, NCDC, CSOs with the request to analyze the existing situations, the results of the response actions in a working format and to come up with the conclusion on the ways to improve existing situation. The rapporteur addressed the First Deputy Minister with the request to call such meeting. The recommendations of AIDS Center aimed at increased HIV

detection: expansion of coverage with testing among most at risk populations, integration of HIV testing within the framework of Hep C state elimination program, introducing of routine HIV testing in Health Care Sector including primary healthcare and hospital sectors, wide-scale access to self-testing.

Prof. Terstvadze summarized and concluded that: (i) provided the decision to end HIV/AIDS epidemic is made, considering the timelines of Hep C Program, the preferable timeline should be 2025 versus 2030; (ii) deliberations toward effective utilization of current existing resources, their streamlining toward improved detection are highly needed; the possibilities to increase funding at the following years to be considered.

Tamar Gabunia – thanked Prof. Tsertsvadze and agreed with the notion to shift this discussion to more technical/working format. Tamar Gabunia gave the floor to Ms. Ekaterine Adamia.

Ekaterine Adamia – presented takeover of the interventions supported by the Global Fund into the state budget in light of gradual transition from Global Fund to domestic financing (presentation attached).

TB program

Interventions fully or partially supported by the state budget (up to 2020): procurement of first and second-line anti-TB drugs; procurement of medicines to manage side-effects of second-line medicines; incentives for ambulatory patients with DR TB; Personal Protective Equipment for Infection Control (for medical staff in out-patient and in-patient facilities). The share of the government in procurement of second-line anti-TB drugs is steadily growing from 25% in 2017 to planned 80% in 2020. As for procurement of side-effects management drugs, in the state budget of 2018, approximately 10% growth of voucher for ambulatory treatment had been envisaged.

Other interventions envisaged within the framework of the state TB program: procurement of Personal Protective Equipment for Infection Control for medical staff in out-patient and in-patient facilities, procured by service providers. The dynamic of increased budget of TB state program (2017-2020) demonstrating unfaltering commitment of the government and prioritization of the programs was presented. 2020 budget breakdown by the components was shown (ambulatory care, laboratory control and sputum logistic (share increased significantly), in-patient care, procurement of the medicines and other consumables and supportive material for penitentiary facilities, regional management and monitoring, procurement of first and second-line anti-TB drugs (share increased significantly), incentives for sensitive and drug-resistant TB patients to improve adherence).

2020 state TB budget envisages procurement of first (100%) and second-line anti TB drugs (no more than 80% of total cost), procurement of 50% of reagents and consumables for MGIT and LPA.

HIV program

Interventions fully or partially supported by the state budget (up to 2020): procurement of first- and second-line ARV drugs; procurement of rapid test-systems (HIV, Hep B, Hep C, syphilis); procurement of flu and Hep B vaccines for HIV patients; pre- and post-exposure prophylaxis medication (clinical and laboratory service); test-systems for ARV monitoring - HIV quantitative PCR with consumables.

The dynamic of government's co-financing share in terms of first- and second-line ARV (2017-2020) demonstrates increased public allocation, constituting 100% for first-line ARV from 2017, 25% of second-line ARV in 2017 and planned 80% in 2020.

Procurement of ARV monitoring test-systems. Starting from 2018-2019 to partially ensure provision of test-systems the increase in unit cost of the first visit (expanded) and repeated visit (expanded) is envisaged.

Starting from 2019 HIV State budget envisages post-exposure prophylaxis of 60 beneficiaries (projected quantity for a year, unit cost- 56.9 GEL) for pre- and post-exposure prophylaxis medication component.

Starting from 2019 State immunization program envisages procurement of anti-flu and Hep B vaccines for HIV infected patients.

HIV State budget for the period of 2017-2020 demonstrates increased public allocation. In light of reduced upper ceiling, the work toward increasing HIV budget up to 13 mln GEI is on-going. 2020 budget breakdown by the components was shown: preventive ARV treatment (projected number of the beneficiaries for a year - 300), test-systems for ARV monitoring (HIV quantitative PCR with consumables – six-month stock procured within the Global Fund program, starting from July the cost of test-systems will be reflected in the cost of voucher), financing of mobile groups to monitor ARV treatment, HIV/AIDS prevention among IDUs, diagnosis and treatment of STIs among most at risk populations

Major points from the discussion:

Tengiz Tsertsvadze – highlighted the importance of supporting the mobile groups and palliative services due to their paramount importance. He touched upon the issue of some medicines having vital importance for HIV patients and not available at Georgian market and asked the First Deputy Minister for support in regulation of this issue (the letter to the Ministry had been submitted).

Irma Khonelidze – commented on the issue of medicines and stated that the list was sent to the Global Fund and the issue was discussed with Fund Portfolio Manager. All medicines with some exception are available, can be procured with the same mechanism as other drugs. Once the decision is made, this should be reflected into the State Program.

Irina Javakhadze – specified the main principles of budget formation, noting that the Ministry of Finance provides upper ceiling, while prioritization and reallocation of resources is at the discretion of MoIDP&LHSA. She also pointed out on the necessity to decide upon reallocation and using of resources above ceiling (5% savings).

Ekaterine Adamia – stated that at this stage the preference is given to reallocation of the resources under provided ceiling, though utilization of the savings will be also discussed.

Irma Khonelidze – expressed the notion on necessity for 5% saving, Pointed out to the importance of elimination of syphilis vertical transmission and possible streamlining the resources to this direction.

Amiran Gamkrelidze – emphasized the paramount importance of macroeconomic indicators and noted that according to the draft State Budget Law, budget allocation for health 2020 has been decreased relative to GDP ; reminded the audience on the UN declaration of September 2019 and its obligation on spending 5% GDP on healthcare.

Tamar Gabunia – thanked the participants for active discussions. She stated that the Ministry is actively working on revision and elaboration of new funding mechanism for tuberculosis service provision, Thus GF funded assessment of TB service delivery implemented by Curatio and proposed payment methodology is of vivid interest for the stakeholders. The First Deputy Minister gave the floor to Ms. Ketevan Goguadze.

Ketevan Goguadze – presented the concept of new Methodology for funding of TB Hospital services (presentation attached). The research was undertaken with financial support of the Global Fund within the contract concluded with NCDCPH. The deliverable set was development of optimal methods of financing of TB services. Preparatory analytical work included: review of existing financing methodology under state TB program; analysis of TB patients 2016-2018 database (source: SSA). **The existing methodology of financing TB services** were specified as follows: out-patient TB services – principle of global budget, per capita, case based financing; in-patient TB services – per diem, case based financing. **Main findings** derived from SSA database analysis: TB program efficiency and results is increasing year by year; timely detection and enrolment into program is improving; number of TB cases is decreasing, with utilization of new technologies and innovative clinical approaches hospital stay and consequently expenditures on one hospital case are reducing. **Existing challenges:** distinguished and non-standardized clinical practices, especially in the regions; economic motivations for formation of payment mechanism for service providers; weaknesses of SSA electronic module and subsequently weaknesses of e-management of the program; reduction of numbers of non-confirmed TB cases (A16) and suspected TB cases (Z03) among adults may be resulted in further increase of histologically and bacteriologically confirmed cases among hospitalized adult patients (A15).

The recommendation is to introduce case based financing/DRG.

At this stage DRG to be introduced only in hospital sector since at ambulatory level: the migration of the patient from one facility to another is observed; there is weakness in program management electronic system; lack of international experience is in place.

The concept of DRG formation was presented. ICD codes of TB diagnosis are used. The cases are divided into two Groups: Pulmonary (P) and Extra-Pulmonary (EP) TB. Each group is divided into sub-groups: bacteriologically and histologically confirmed (BC) and clinically diagnosed (CD) TB. Each group is divided into sensitive and DR TB. It was noted that despite importance of concomitant diseases in DRG formation, this component was not involved due to lack of information in SSA database. Each group is divided into adult and child cases. Based on afore-mentioned and guided by DRG formation criteria, 14 DRGs were formed. The approximate cost of each DRG according to SSA 2016-2018 data was calculated. As proposed at the stakeholders meeting held earlier, DRG 1 (P, BC, sensitive, adults) was set as a reference group with weight equal to 1.0. In compliance with DRG principles and as proposed at the stakeholders meeting, motivation was created for confirmed pulmonary TB cases, coefficient of other groups was reduced by 0.5 (marked in yellow). The data on approximate cost of DRG calculated based on various methods (Value TB and SSA data) was consolidated and presented to the audience.

Major points from the discussion:

Tamar Gabunia – thanked the rapporteur. Healthcare Unit of the Ministry will further work on the recommendations presented by the research in coordination with Mr. Zaza Avaliani and colleagues from TB Center to have in place a model excluding the possibility of inadequate utilization of TB hospital services.

Amiran Gamkrelidze – taking into account that DRG is mainly used in big multi-profile settings raised a question regarding its feasibility in terms of using as a funding mechanism for mono-profile service, such as TB and asked to share the experience of other countries.

Ketevan Gogvadze – stated that there are examples of Kyrgyzstan and Ukraine where the methodology is used in mono-profile settings. She also noted that DRG provides opportunity to save approximately 1mln GEL which can be redirected to ambulatory services.

Tamar Gabunia - stated that the determining factor is that current payment system is directly linked with hospital stay, while it seems much more reasonable to link payment with concrete diagnosis, to be more exact with concrete nosologic categories, requiring different care and different payment. The only bottleneck is that proposed methodology is based on existing practice. Albeit, there is room for further optimization. The analytical work undertaken represent ground for shifting to a new, equalized payment rate.

Zaza Avaliani – agreed with Prof. Gamkrelidze’s opinion. According to WHO report Georgia is on the first places in terms of TB hospitalization rate. Recently the tendency towards decrease of in-patient wards is observed. According to the new guidelines and protocols, TB services are regulated very strictly, hence we are not in need of formulating new requirements. Even now we have 140 patients at 250 bed referral clinic and we are unable to place more patients, prolong the hospital stay, no matter of the willingness. He also reminded to the audience the rates - one night stay in TB meningitis case is about 100 Lari, which is cheaper than at the private clinics for nearly same patients with same management requirements. He expressed his concern that the deduction of around 1 million Lari for the hospital services, could drastically affect the quality of the service provided.

Tamar Gabunia – summarized the discussion, stated that the work in this direction will be continued and gave the floor to Mr. Zaza Avaliani.

Zaza Avaliani – briefed the audience on the World Health Summit convened in Berlin, on October 27-29, 2019. The World Health Summit is quite representative and held under the High Patronage of Angela Merkel, Chancellor of the Federal Republic of Germany, Emmanuel Macron, President of the French Republic, and Jean-Claude Juncker, President of the European Commission.

The presentation of Georgian Delegation “Migration and TB” triggered vivid interest of the participants. The Summit was preceded by Symposium of Young Scientists held in University of Akron, where current TB situation, especially with regard to DR TB was discussed. This year Summit was dedicated to 250 anniversary of Alexander von Humboldt, German naturalist and explorer. The main topics discussed at the Summit: climate change; SDG3: The Global Action Plan for Healthy Lives and Well-Being for All; call of the M8 Alliance (network of 28 leading international academic health centers, universities and research institutions) on support of healthy nutrition and agriculture; UHC-universal health coverage, support of political declaration adopted at the UN High-Level Meeting. Two important developments of the Summit: tripartite memorandum was concluded between M8, WHO and Charité envisaging joint development of Global Health guideline; international presidency of Summit was shifted from Tehran University of Medical Sciences to Makerere University in Uganda. The Summit underscored the importance of scientific research in medical field; Georgian experience in this regard was positively assessed.

Tamar Gabunia – thanked the rapporteur and gave the floor to Mr. Nikoloz Mirzashvili to overview goals, activities, future plans of TB People

Nikoloz Mirzashvili –focused on the following:

Vision of network TB People envisages TB free world. The network was established by the initiative of TB community with the mission to end TB 5 years ago. The organization was registered in Georgia in 2017. The TB people has registered networks in Kirgizstan, Ukraine, UK. Currently two regional project are on-going: **TB REP 2.0**. Main directions are community strengthening and introduction of new technologies in treatment process. “**Sustainability of services for key populations in Eastern Europe and Central Asia region**” (SOS project). Main activities include enhancing the capacity for the communities on budget advocacy.

Tamar Gabunia – thanked Mr. Mirzashvili and gave the floor to Mr. Kakha Kvashilava.

Kakha Kvashilava - introduced current status of SOS project implementation (presentation attached) and focused on the following:

Implementers: Consortium of regional organizations from Eastern Europe and Central Asia (EECA) - Alliance for Public Health, All-Ukrainian Network of PLWH 100% Life, Central Asian PLWHA Association, Eurasian Key Populations Health Network (EKHN). The project covers 14 countries; Implementer partner in Georgia – Georgian Harm Reduction Network. **Goals of the project:** to ensure the sustainability of vital HIV/AIDS services after the Global Fund withdrawal; budget advocacy; advocacy for high quality ARV treatment, fight against stigma and discrimination to improve access to services. **The project duration** - 3 years. **Objectives of the project:** (1) to improve the financial sustainability and allocative efficiency of HIV programs; (2) to alleviate the most important human rights and gender barriers for access to HIV prevention and care service; (3) to improve the efficiency and affordability of HIV service delivery models for key populations. **Consultative platforms:** City Task Force, Key Populations Platform. **Activities under objective 1:** budget advocacy on national level, optimization of ARV drug procurement. **The main partners for budget advocacy component:** 100% Life, Open Society Georgia Foundation, TANADGOMA (within “FAST-TRACK TB/HIV RESPONSES FOR KEY POPULATIONS IN EECA CITIES”), MdM, TB People. **The activities implemented in terms of budget advocacy with participation of all stakeholders:** Workshop ADVOCATON 2019 (15-17 July, 2019, Georgia, Advocacy Project prepared by Georgia gained the first place among others); the stakeholders meeting within the framework of ADVOCATON 2019; meeting aimed at development of Advocacy Plan (4-6 November, 2019); the Plan introduced to PTF (November 7, 2019), cooperation with Probation Agency (signing of Memorandum between Probation Agency and GHRN is planned). **Next steps in terms of budget advocacy:** support for implementation of Advocacy Plan; facilitation of involvement of governmental entities; facilitation of involvement of Private Sector in HIV response. **The main partners in terms of optimization of ARV drug procurement:** 100% Life, I+Solutions, Open Society Georgia Foundation, Global Fund PIU. **The activities implemented in terms of optimization of ARV drug procurement:** review of ARV procurement process during baseline assessment; working meeting to discuss procurement and stock management (9-11 September, 2019, Amsterdam); active cooperation with project TRIPS regulations in enhancing access to HIV/AIDS, Tuberculosis and Hep C services in middle income countries supported by Open Society Georgia Foundation. **Next steps in terms of optimization of ARV drug procurement:** to strengthen the capacity of national level CSOs in public procurement monitoring; to support sustainability of existing mechanisms of procurement; to support the dialogue on ARV drugs price reduction (based on need). **Objective 2** is focused on human rights and gender equality. **Current activities:** support of KP active involvement; identification of human rights and gender barriers/advocacy/in case of need – initiation of legislative changes, implementation of REACT (to be launched in December 2019), various information

campaigns. **Objective 3** is focused on HIV detection/cascade improvement. *Current activities:* planning of operational research on HIV self-testing acceptability among MSM and IDUs; the protocol developed and endorsed by local institutional review board; organizational issues of the research are in the final stage; field work to start by the end of November; mobile application “HIV Test” developed; assessment of linkages between HIV service provider organizations and AIDS Center, issue of recommendations, planning/implementation of activities aimed at introduction of recommendations.

Tamar Gabunia – thanked the rapporteur. Taking into account lengthy discussions held at the meeting, proposed to share the presentations on UNION conference with the CCM members electronically and opened the floor for announcements.

Mzia Tabatadze - asked CCM and officials from the Ministry to support the NGO Alternative Georgia in negotiation with the City Hall of Tbilisi. She stressed that with the financial support from 5% Initiative a very innovative research is being implemented to test feasibility and cost-effectiveness of the harm-reduction vending machines. For this purpose, several machines should be installed in the streets of Tbilisi, which requires a permission from the City Hall. The Project started negotiation with the municipality a year ago, and few times submitted formal letters to the City Mayor and Architecture Departments. However, no response has been yet received from the City Hall. She stressed that if the process of obtaining such permission is further delayed, the implementation of this innovative research will be jeopardized.

Tamar Gabunia - expressed her readiness to get engaged.

Konstantine Labartkava – raised the following issues and emphasized their acuteness and highly needed urgent addressing: (1) Naloxone program. The availability of this medicine in the pharmacy network is urgently needed; (2) Pharmacy drug abuse. The situation is still challenging and requires immediate corrective measures. (3) OST and the regulations of rapid detox program imposing difficulty for the beneficiaries (e.g. driving license). Mr. Labartkava referred back to the discussions held at earlier CCM meeting, the pledge of the former Minister to discuss these issues in working format. Mr. Labartkava called on creation of working group, comprehensive study and final solutions of the problems named. Mr. Labartkava underscored the paramount importance of harm reduction programs, including needle exchange program and inquired if sufficient funding will be ensured by the government which especially important in terms of current reduction of financing.

Tamar Gabunia – responded that issues raised by Mr. Labartkava need separate discussions, the petition submitted to the Ministry is being studied at the moment.

Amiran Gamkrelidze – in light of on-going in the country integrated HIV/TB/Hep C programs, possible direction toward ending HIV in the country (which seems to be the most relevant decision), planned consolidation of the Global Fund HIV and TB programs, a lot of acute issues need to be comprehensively reviewed and reflected on. Thus two-day outdoor meeting should be scheduled within coming two months in order to give due considerations to all important components. Prof. Gamkrelidze underscored the importance of addressing Hepatitis B alongside with Hepatitis C and inclusion of viral hepatitis into the expanded mandate of CCM. Prof. Gamkrelidze reminded the audience that TAG meeting will be held on November 18-20 and called for active participation. The importance of Berlin Health Summit was underlined, and participation of Mr. Zaza Avaliani at this significant event very positively assessed. Prof.

Gamkrelide addressed Mr. Zurab Vadachkoria, TSMU Rector and stated that participation of medical students at the Summit would be very desirable.

Irma Khonelidze – announced that Zero TB Initiative in Adjara had been registered at the special link of STOP TB Partnership website. The initiative triggered interest of STOP TB Partnership and they intend to visit Georgia in December. The visit to coincide with the initiative of Ministry of Health and Social Care of Adjara AR to summarize the activities undertaken within the framework of the project by the end of the year. It is planned to organize conference jointly with MoH Adjara in mid-December.

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

Ekaterine Tikaradze

Natia Khonelidze

CCM Chair

CCM Administrative Assistant

