

Minutes of the 97th CCM meeting
March 5, 2021
Web-based meeting
Agenda

15:00 – 15:10	<p>Opening speech /remarks/ endorsement of the minutes of 96th CCM meeting/endorsement of the agenda Ms. Ekaterine Tikaradze - Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia</p> <p>Welcome speech/remarks Mr. Dumitru Laticevski - The Global Fund, Regional Manager Eastern Europe and Central Asia Team</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>The Global Fund Financing for next allocation cycle/Discussion on Funding Request Process Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director</p>
15:25 - 15:35	<p>Q&A</p>
15:35- 15:40	<p>PR Selection process/agreement</p> <p>Secretariat</p>
15:40 – 15:45	<p>The Global Fund 6th Partnership Forum Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director</p>
15:45- 15:55	<ul style="list-style-type: none"> • HIV grant implementation status Ms. Ketevan Stvilia - NCDCPH, GFATM PIU, HIV Program Manager • TB grant implementation status Ms. Maka Danelia - NCDCPH, GFATM PIU, TB Program Manager
15:55 – 16:05	<ul style="list-style-type: none"> • Report on Oversight activities • CCM Secretariat Annual Assessment <p>Ms. Mzia Tabatadze – Chair of the Oversight Committee</p>

16:05– 16:30	AOB/announcements
16:30	Closure of the meeting

Participants

#	CCM Members/Alternates	
1	Ekaterine Tikaradze	CCM Chairperson, 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	Irma Khonelidze	NCDCPH Deputy Director, GFATM PIU Project Director
4	Zaza Avaliani	National Center of Tuberculosis and Lung Diseases, Director SR of TB grant
5	Irine Javakhadze	Ministry of Finance, Budget department/State and consolidated Budget Formulation Division, Chief Specialist
6	Tamta Demurishvili	Ministry of Justice of Georgia Head of Medical Department of Special Penitentiary Service
7	Zurab Vadackhoria	Tbilisi State Medical University, Rector

8	Lela Bakradze	Acting Head of Office UNFPA Country Office in Georgia
9	Natalia Zakareishvili	UNFPA Country Office in Georgia Program Analyst
10	Nino Mamulashvili	WHO Country Office in Georgia OC member Alternate member, On behalf of Silviu Domete Alternate CCM member
11	Nino Kochishvili	EU Program Manager
12	Nikolo Gviniashvili	Equality Movement, HIV Prevention Program Assistant KAP MSM Community MSM/Trans representative SR of HIV grant
13	Beka Gabadadze	MSM/Tran Representative TANADGOMA SR of HIV grant Alternate Member
14	Lasha Tvaliashvili	CBO Real People Real Vision, HIV positive community, OC member
15	Mzia Tabatadze	NGO Alternative Georgia, CCM Vice-Chair OC Chair
16	Zaza Karchkhadze	NGO New Way SR of HIV grant
17	Mari Chokheli	NGO Open Society Georgia Foundation, Program manager

18	Nikoloz Mirzashvili	Former TB Patient, Patients Union OC member
19	Elguja Meladze	Employers Association of Georgia Private Sector
20	Konstantin Labartkava	CBO New Vector, GenPUD IDU Community SR of HIV grant
21	Lasha Abesadze	CBO New Vector, GenPUD IDU Community SR of HIV grant
22	Akaki Abutidze	Infectious Diseases, AIDS and Clinical Immunology Research Center, On Behalf of Mr. Tengiz Tsertsvadze
#	Guests/Observers/Speakers	
23	Dumitru Laticeschi	The Global Fund, Regional Manager Eastern Europe and Central Asia Team
24	Tatiana Vinichenko	The Global Fund, Fund Portfolio Manager
25	Ani Gabrielyan	The Global Fund
26	Viktorya Chuikina	The Global Fund
27	Natalia Manich	The Global Fund
28	David Kokiashvili	The Global Fund
29	Nana Nabakhtevli	LFA, UNOPS, Finance Expert
30	Ketevan Stvilia	NCDCPH, GFATM PIU, HIV Program Manager
31	Maka Danelia	NCDCPH, GFATM PIU, TB Program Manager
32	Nino Lomtadze	National Center of Tuberculosis and Lung Diseases

35	Tornike Khonelidze	Office of the State Minister of Georgia for Reconciliation and Civic Equality
36	Kakha Kvashilava	GHRN, Executive Director
37	Teiko Chikviladze	NGO Georgia Red Cross Society
38	David Kakhaberi	Equality Movement MSM Community
39	Giorgi Soselia	PTF, MdM
#	Secretariat	
40	Irina Grdzeldze	Executive Secretary
41	Natia Khonelidze	Administrative Assistant

List of acronyms

AIDS - Acquired Immune Deficiency Syndrome

CBO - Community Based Organization

CIF – Curatio International Foundation

CCM - Country Coordinating Mechanism

COI - Conflict of Interest

CRG – Community, Rights and Gender

CSO - Civil Society Organization

CSS - Community Systems Strengthening

CT – Country Team

DR-TB - Drug Resistant Tuberculosis

FR – Funding Request

FSW – Female Sex Worker

GHRN - Georgia Harm Reduction Network

GHS – Global Health Agenda

HCV - Hepatitis C virus

HIV - Human Immunodeficiency Virus

HTM – HIV, Tuberculosis, Malaria

IDU – Injecting Drug User

KAP – Key Affected Population

KVP – Key and Vulnerable Population

LTBI - Latent Tuberculosis Infection

MSM – Men who have sex with men

NHA - National Health Agency

NCDCPH – National Center for Disease Control and Public Health

NCTLD – National Center for Tuberculosis and Lung Diseases

OC – Oversight Committee

OST - Opioid Substitution Therapy

PAAC - Policy and Advocacy Advisory Committee

PIU - Project Implementation Union

PLHIV - People living with HIV

PWID – People who Inject Drugs

PR – Principal Recipient

RBF - Result Based Funding

RSSH – Resilient and Sustainable Systems for Health

SR – Sub-recipient

SVM – Syringe Vending Machine

TA – Technical Assistance

TB – Tuberculosis

TB MDG – Tuberculosis Multi-Disciplinary Groups

TG - Transgender

TRP – Technical Review Panel

UNAID - The Joint United Nations Programme on HIV/AIDS

UNFPA - United Nations Population Fund

USAID - United States Agency for International Development

VOT – Video Observed Treatment

Ekaterine Tikaradze – greeted the participants and thanked them for joining a meeting which is held in online format due to COVID. The Chairperson greeted representatives of the Global Fund, and thanked all members of CT and personally Mr. Dumitru Laticevschi, Mr. Tatiana Vinichenko for attending the meeting and assistance provided to grant portfolio. The Chairperson expressed her gratitude towards the Global Fund for critical support rendered to Georgia and investing funds. The Minister expressed her hope that established successful cooperation will be continued and the results achieved so far will be further strengthened. The Chairperson reflected on significant progress achieved in TB and HIV/AIDS areas with support of the Global Fund. The Chairperson noted that the agenda has been shared with all participants in advance and announced that the meeting will be presided by Ms. Mzia Tabatadze, CCM Vice-Chair.

Mzia Tabatadze – thanked the Chairperson and gave the floor to Mr. Dumitru Laticevschi

Dumitru Laticevschi – greeted the participants, highly valued successful, longstanding partnership between the Global Fund and Georgia. The innovative solutions applied in Georgia were highly appreciated.

While speaking on current allocation amount for Georgia (12,076,771 USD for HIV; 5,479, 715 for TB), it was noted that the expectations are to achieve the best results even in terms of reduced funding, which is intended to be catalytic to the incredible work done in the country.

For the next cycle of funding, it is anticipated to develop together the ways for improving both allocative and technical efficiency in order to ensure high level of quality and best possible results in terms of minimized costs.

In particular, further increased level of HIV testing and the linkage to treatment is anticipated for Georgia being in leading position in terms of keeping people on treatment, achieving good treatment outcomes, good viral suppression.

For TB program in Georgia which had already achieved enormous advances more focus on improving the treatment outcomes for MDR TB is anticipated. Innovation that has been always the strengths for Georgia should be capitalized together to introduce the newest TB drugs, the newest modes of treatment in order to be able to treat people much faster, with much better results at a lower cost and with much shorter hospital stay.

Mr. Laticevschi thanked the attendees and wished successful meeting, successful application and implementation process.

Mzia Tabatadze - thanked Mr. Laticevschi, overviewed the agenda and gave the floor to the Secretariat.

Irina Grdzelidze -asked participants to declare presence of Conflict of Interest if any in relation to agenda item and send back to the Secretariat filled out COI declaration forms.

Comment: *Collection of COI forms is ongoing.*

Mzia Tabatadze - briefly overviewed the agenda, expressed her appreciation towards Secretariat for effective preparation of the meeting and opportunity given to CS for meaningful participation. The Vice-Chair gave the floor to Ms. Khonelidze.

Irma Khonelidze – expressed her gratitude towards the Ministry of Health and personally to Ms. Ekaterine Tikaradze, the Minister and Ms. Tamar Gabunia, the First Deputy Minister for excellent cooperation at all stages of program implementation. Ms. Khonelidze thanked the Global Fund and CT, personally Mr. Dumitru Laticevschi, Ms, Tatiana Vinichenko for great assistance, which become especially visible during the pandemic. The prompt character of the rendered assistance and a very useful mechanism of grant flexibility and C19RM which was critical in terms of reinforcement of the national COVID-19 response, mitigation of the epidemic’s negative impact on the programs and sustaining the hard gains of the country in fighting against HIV and TB were specially emphasized.

The rapporteur reminded the audience the details of the allocation letter and presented the stages of FR preparation process.

The following topics were under the focus during the presentation (presentation is attached):

- The total amount of allocation for the next funding period (2022-2025) - 17,556,486 USD
Program implementation period:
HIV/AIDS – July 1, 2022 – December 31, 2025
Tuberculosis – January 1, 2023 – December 31, 2025
Indicative program split:
HIV/AIDS - 12,076,771 (68%)
TB - 5,479,715 (32%)

The principles of Funding Request preparation:

- Application approach: Focused and Tailored Portfolios Funding Request;
- Joint HIV/TB application should be submitted;
- Alignment of implementation period. Allocation utilization period for HIV component extended for 6 months and implementation period synchronized by the end of 2025;
- Consolidation of both programs under one PR is strongly encouraged;
- CCM can accept proposed program split or to propose revisions accompanying with justification of proposed changes;
- Unfunded Quality Demand is highly recommended and can be financed in case of availability of additional resources beyond the allocation amount;
- Aim of allocation:
HIV/AIDS - KVP should remain under the focus of the program, especially in testing and detection components;
TB – accelerated transition to all-oral treatment regimens; Georgia has already moved to such regimens; the improved outcomes will be under special focus;
- Exploring opportunities for integration across the two diseases with purpose to achieve greater value for money and effectiveness;
- Human rights and gender should be addressed; assessing and removing structural barriers is still a priority; it is desirable to integrate these components into the service package;
- Global Fund co-financing requirements should be met; 15% of Georgia’s allocation is a co-financing incentive, accessible only in terms of increased domestic resources in comparison with previous allocation period (2.6 mln USD); until now, all commitments are met; the influence of COVID-19 should be studied in terms of future projections;
- At least 50% of allocation funding should be for disease-specific intervention of KVP and highest impact interventions within a defined epidemiological context.

- RSSH component with focus on program outcomes should be considered.
- Milestones and timelines for Funding Request Preparation/TA from partners:
 - All efforts are done by the Secretariat to ensure inclusive and transparent country dialogue and the Secretariat coordinates all relevant steps of the process. The announcements on launching application development process and soliciting the ideas/projects have been placed on CCM website;
 - The current HIV and TB Strategies covering period including 2022 will not be revised, though HIV and TB epi trends will be analyzed and targets revised with TA of WHO;
 - Defining the main directions and activities for FR:
 - MSM, TG, FSW, TB Communities – the GF CRG assistance
 - IDU- the GF SOS project;
 - Proposal development and submission – UNAIDS and Stop TB Partnership (with USAID financial support);
 - UNFPA assist the country in terms of involvement of local consultants;
 - PAAC is engaged in all relevant steps of the process as a main consultative platform for CCM.

Mzia Tabatadze – thanked Ms. Khonelidze and expressed her strong belief of close engagement of the SC and all other stakeholders. The Vice-Chair gave the floor to Ms. Vinichenko.

Tatiana Vinichenko – greeted the participants and thanked them for active collaboration. It was stated that despite COVID-19 challenges the close collaboration is still actively ongoing. The achievement of the country in combatting HIV, TB and in terms of COVID-19 mitigation was highly ranked. The following was highlighted while speaking on the funding request preparation process:

- The transparent, participatory nature of Funding Request preparation. The process has been already launch. Two flows of technical support from the Global Fund: CRG initiative will support the engagement of TB and HIV groups, while engagement of IDUs will be supported through Regional SOS project. Importantly, the same methodology will be used in both consultancies and thus the consistency is anticipated. Though the national stakeholders are requested to bring the deliverables together in one joint HIV/TB application;
- Prioritization of needs especially in terms of smaller funding envelope. The active consultations of all partners, players will be needed to come up with a decision on the final application package to be submitted to the Global Fund. The Global Fund works towards the global targets. The country defines the targets and put them into the National Strategies. The Global Fund helps countries to achieve the targets sets;
- Importance of institutionalization. Achieving the sustainability and transitional goals starts with the application process. So the interventions that can be supported later on should be prioritized. The GF could help the country with the interventions that are difficult to be supported by the Government though the overall principle for the Global Fund is assistance based on National Strategies.

Ms. Vinichenko thanked all for active collaboration and expressed continued commitment to support Georgia in all stages of application preparation.

Mzia Tabatadze – thanked Ms Vinichenko, asked the audience to raise the questions is any and gave the floor to the Secretariat.

Irina Grdzelidze – presented to the audience the procedures for PR selection/re-appointment as per the Global Fund regulations. Current PR- NCDCPH is well performing PR with overall indicator rating as A2 and the performance on a Workplan tracking measure assessed as B1. Thus the CCM is to make a decision if reappointment of existing PR is acceptable. Ms. Grdzelidze asked the audience to come up with suggestions/ideas/objections if any.

Mzia Tabatadze – expressed her appreciation towards NCDC for excellent work and noted that the decision is to be made by the CCM

It was decided that the topic of reappointment of current PR, NCDCPH will be put on e-vote. Only the members without COI will participate in voting process. The e-mail communication from the Secretariat will follow shortly.

Comment: due to Conflict of Interest Policy, the NCDCPH, Ministry of Health, SRs, SSRs presented at the meeting did not participate in the discussions as announced.

Mzia Tabatadze – gave the floor to **Prof. Gamkrelidze**.

Amiran Gamkrelidze – greeted the participants and expressed deep gratitude towards the Global Fund and personally to Mr. Laticevschi and Ms. Vinichenko for support provided to Georgia in terms of grant portfolio and recently to address the pandemic.

Mr. Gamkrelidze provided the audience with recent information regarding vaccination and expressed his belief that the Global Fund as an important donor will be involved in processes. Mr. Gamkrelidze noted on importance of uninterrupted and effective response to the diseases despite the pandemic. He expressed gratitude towards all CCM members for active involvement and towards Ms. Tabatadze for effective coordination of CCM activities.

Mzia Tabatadze – gave the floor to **Ms. Khonelidze**.

Irma Khonelidze – presented to the audience an overview of the Global Fund 6th Partnership Forum, a series of consultations conducted with the purpose to help shape the next multi-year Global Fund strategy. This year the Forum was featured with discussion on the response to COVID-19 pandemic, its influence to HIV, TB and malaria response and Global Health Strategy. Integration of systems, equality, human rights, gender, elimination of any systematic barriers are still under strengthened focus.

While speaking on the Global fund's future role in GHS the following was noted.

It was generally agreed during the discussions that key areas of the GF functioning, such as addressing HTM, antimicrobial resistance, infection control, strengthening of laboratory capacity, disease specific epidemiological surveillance, CSS; supply chain, data systems strengthening, pooled procurement mechanism are critical in terms of building national pandemic preparedness and resilience. Thus in a new Global Fund Strategy health security and preparedness to address emerging epidemics, are anticipated to be incorporated with the aim to maintain and accelerate progress towards HTM. It is planned to approve

the Strategy framework during the Global Fund Boards meeting in May, and a new Strategy at the Board meeting in November.

Mzia Tabatadze – thanked Ms. Khonelidze and gave the floor to **Ms. Stvilia and Ms. Danelia** to present grants implementation status.

Ketevan Stvilia – while presenting current status of HIV grant implementation focused on the following (presentation attached):

- Implementation period: July, 2019- June 2022.
Budget: 9.3 mln USD + 1.27 mln USD for COVID-19 response.
Budget for reporting period: 4.3 mln USD
Utilized: >90 %
- COVID-19 challenges:
HIV prevention service delivery to KVP amid transportation restrictions, though the results were improved during summer period
32,607 (86%) IDUs utilized NSP of Harm Reduction Program
2,722 (65%) FSW received services envisaged by prevention package
6,976 (75%) MSM received services envisaged by prevention package
- COVID-19 Response
-AIDS Center started provision of 3-month refill of ARV drugs to HIV patients;
- Ensuring uninterrupted HIV treatment: increase of frequency of mobile teams home visits, increased upper limit of fuel for vehicles;
- Alternative option for ARV drugs delivery; postal services.
As a result, the good results were achieved: 5,442 (89%) of PLHIV on ARV by the end of 2020.
- COVID -19 Challenges:

Negative influence has been especially visible for KVP coverage with HIV testing.

27,892 (79%) – IDU coverage

5097 (69%) – MSM coverage

1535 (47%) -FSW coverage

- To address the challenges, HIV self-testing online platform became operational on March 2020
- Saliva for self-testing is delivered via Glovo application
- Online platform is also used for distribution of other HIV commodities
- Vending Machines SIGMA (financed by French 5%, implemented by Alternative Georgia) appeared to be a very useful tool and is used for distribution of self-tests at 9 sites; the work towards sustainability of the program is ongoing.
- Teleclinic became operational (online services for PHC, psychological support, management of COVID-19 suspected and confirmed cases became available for HIV and TB patients, KVPs)
- 1,27 million additional funding to Georgia under the GF C19 RM is directed to:
Procurement of PPE and disinfectors; (Wambo platform has been very useful)
Strengthening of laboratory capacity and procurement of C19 diagnostic tests (\$626K in total);
Improvement of accessibility to healthcare services for KAP, HIV patients, TB patients;

Expansion of HIV self-testing program (available for all KVPs, also expanded geographically), procurement of additional self-tests;

Raised capacities of PHC staff in terms of C-19 management;

Procurement of planshet with purpose of improved registration process during field visits;

Purchase of Service for procurement of food for 600 especially vulnerable beneficiaries is ongoing.

The rapporteur expressed her gratitude towards the Global Fund for critical support provided during the pandemic, the additional funding is used to address the negative impact on both, HIV and TB Programs.

Maka Danelia - while presenting current status of TB grant implementation focused on the following (presentation attached):

- **Goal:** to decrease the burden of tuberculosis by ensuring universal access to timely and quality diagnosis and treatment of all forms of TB

Strategies:

- ensuring universal access to early and quality diagnosis of TB
- ensuring universal access to quality treatment of TB

Budget: 6,239,619.27 USD

- Number of TB cases in 2006-2020. The trends towards decrease is observed. Versus genuine decrease in previous years, the recent year tendency at some extent can be associated with COVID-19;
- COVID -19 Challenges:
Targets achieved by 2020:
 - Patients examined by Xpert tests - 100%
 - Registered MDR patients – 74%
 - Patients enrolled in 2nd line treatment – 68%
- COVID-19 Response:
 - Georgia was among the first countries that applied for GF grant flexibility mechanism. 266,500 USD were mobilized from savings and directed to:
 - Procurement of Xpert Xpress SARS-CoV-2 test, (5100), training of personnel to support decentralization;
 - Support to establishment of 112-service based online clinics, approval of protocols, and training of personnel of selected facilities;
 - Redeployment of available resources: 50 UVG transferred to the Republican Hospital;
 - Redistribution of Xpert devices and expansion of FAST strategy.
- Adaptation of programmatic activities to C19 challenges:
 - Reduced frequency of visits to healthcare facilities and home delivery of drugs;
 - Expansion of VOT, especially among drug-resistant patients; VOT application has been developed in Georgia with GF support. It has been highly ranked by WHO. It has been already introduced on Kazakhstan, is being adapted to Azerbaijan context, Armenia also expressed an interest.

- Trainings rescheduled or conducted in online format.
- Plans for 2021:
 - TB awareness raising information campaigns;
 - Support smoking cessation among TB patients;
 - RBF – pilot project in cooperation with CIF and NHA;
 - Involvement of community organizations – community mobilization to support especially vulnerable patients; Cooperation with Regional program, TB-REP is ongoing;
 - Trainings for PHC doctors and nurses on timely detection of TB suspected cases among patients with respiratory symptoms;
 - Zero TB Initiative in Adjara and Samegrelo;
 - TB, HIV and Hepatitis C active screening (including through X-Ray-equipped mobile ambulatory)
 - Expansion of contact tracing and treatment of latent tuberculosis
 - Introduction of e-platform for contact tracing and LTBI treatment

Mzia Tabatadze –presented the main aspects of recent oversight activities.

Main focus:

- OC online Site Visit to GHRN of November 12, 2020 to discuss the implementation status and operational challenges of HIV prevention program among PWID that is funded by the state through the Performance Based funding mechanism. A special focus was placed on the challenges faced by PWID NGOs involved in program implementation. Major challenges identified during discussions were as follows:
 - due to vague wording in program remuneration regulations (which envisaged remuneration only in case clients were tested on all infections (HIV, Hep B, Hep C, syphilis, TB), certain part of services remained unpaid. Currently, the challenge has been resolved.
 - NGOs complained about the delay in salary payment. Currently the challenge has been addressed;
 - Delays in sending tests results of HCV testing from Public Health Centers. Needs further follow up.
 - Stock outs of preventive products for safe injection were observed that lasted for few months; currently all products have been in place.
- Dashboard meetings on a quarterly basis were organized with NCDC TGF management team to discuss HIV & TB projects implementation status.
- Another online field visit was held on February 23. The meeting was dedicated to discussing the COVID-19 influence on the performance of NGOs/community organizations as well as the challenges faced by vulnerable populations. HIV&TB programs implementing CBOs as well as IDUs, PLHIV, TB Community members participated at the meeting. Main aspects of discussions were as follows:
 - Absence of conducive legislative basis for Harm Reduction Programs;
 - Restricted mobility: The government-imposed travel restrictions have become a serious challenge for all HIV programs, and especially for OST patients who were to travel to OST centers to receive the therapy. Due to the same reason, the OST patients residing in regions had faced serious problems, including financial ones;

- Take-home methadone dosage. It was noted that regulations for 5-day take home dosages have been restored as a result of active involvement and advocacy of community organizations. The gratitude towards the Ministry and personally to Ms. Tamar Gabunia and the CCM Secretariat was expressed for prompt reaction and fruitful collaboration with the civil society. It was noted that take-home practice, currently viewed as a temporary measure in response to the pandemic, should be sustained and become a routine practice regardless the C19 epid-situation. Further advocacy and consultation process in this direction will be undertaken;
- Problems related to the quality of suboxone; the communication with relevant authorities is ongoing. A verbal agreement has been reached that the medicine of this particular manufacturer will not be procured through the next tender;
- Barriers for implementation of comprehensive package of harm reduction services have been created by some local municipalities: e.g., the Rustavi City Hall refuses to launch the OST program to serve around 300 OST patients in the region who now are forced to travel from Rustavi to Tbilisi for receiving methadone. Besides, the City Hall officials rejected the proposal to install a SIGMA winding machine in the city. Negative attitudes of politicians from local government cause additional difficulties for beneficiaries, especially amid the C19 mobility restrictions. The sensitization of the local governments is required.
- HIV patients: AIDS Center started provision of 3-month refill of ARV drugs to HIV patients and the frequency of mobile teams' home visits has been increased. Though, PLHIV community groups complained that the demand exceeds the supply. They believe that the decentralized disbursement of ARV drugs could be a solution. In addition, mobile teams mainly serve socially unprotected beneficiaries, though there are more PLHIV who need and could have benefitted from the mobile services. Thus, the expansion of mobile services and broader engagement of community were under the focus during the OC meeting;
- Decrease in number of TB cases: TB community members believe that the recent trends in TB incidence may be largely associated with COVID-19 rather than real decrease in morbidity; thus, the case finding efforts should be intensified.
- In 2020, the work of TB community through the two NGOs – TB People, and Patients Union – was suspended due to unavailability of funding. Some activities of TB MDGs were sustained on a voluntary basis. The importance of these groups especially for improving TB treatment adherence was noted. It was also noted that the absence of funding will cause the drain of trained staff, which in turn, will jeopardize the sustainability of community-based organizations;
- The community organizations recognize the importance of VOT, though they expressed concerns regarding the intention of shutting down of three DOT spots in Adjara region. TB community thinks that this might worsen accessibility to TB services for TB patients in regions. The issue requires further exploration and consultation with relevant stakeholders.

Afterwards Ms. Tabatadze brought to discussion the topic of Annual CCM Secretariat Assessment. The Secretariat received the high rate (3.8 out of 4). The form of the assessment is shared among the CCM members for comments/suggestions, if any.

Mzia Tabatadze – opened the floor for AOB/announcements and gave the floor to Mr. Kvashilava.

Kakha Kvashilava – referred back to the problems faced by harm reductions services and stated that due to proper and timely communication with PR and relevant stakeholders the challenges are addressed gradually but effectively. It was noted that the steps taken by NCDC in organizing delivery of supply material gave positive outcomes and the challenge of stock out is addressed.

Afterwards, Mr. Kvashilava presented to the audience the overview of the analytical report summarizing the results of six months of REAct's work:

Main focus:

- The REAct represents one of the areas of the Regional Project SOS implemented in Georgia by GHRN (Comment: the CCM has been provided with details on the program regularly);
- REAct (Rights – Evidence – ACTION) is a community-based human rights monitoring and response e-platform, that documents and responds to human rights-related barriers that individuals experience in accessing HIV services at community level;
- The importance of REAct in terms of improved policy and strengthening of advocacy activities at national and regional levels and globally;
- REAct was launched in 2019 in Tbilisi, currently the program is expanded to the regions;
- Important feature of the REAct – provision of free of charge legal services to the beneficiaries;
- The statistical data on the human rights violations in Key Populations were presented to the audience;

Out of around 250 cases of human rights violation registered in REAct:

10%-PLHIV

12% - People who use drugs

46% - SW

22% - MSM and TG

10% - Prisoners and former prisoners

While speaking on Number of registered cases by perpetrators, quite big number of recorded cases with the participation of the police was mentioned. High level of stigma/discrimination is also observed.

- Some recommendations issued based on the analysis of 6-month period were presented to the audience:

Changes in drug policy;

Changes are also prosed in relation to some administrative acts/laws (in terms of liability for concealing the source of venereal disease, punishment for prostitution etc);

Include in mandatory training, retraining and advanced training programs for police and health workers the respect, protection and fulfillment of the rights of representatives of vulnerable groups;

Provide political and financial support to public organizations that provide social and legal assistance to people from groups of the population vulnerable to human rights violations.

- The project is still ongoing and beneficiaries can utilize its services
- Future steps for REAct have been set up;
- The CCM will be regularly informed on the developments; the report will be shared among the CCM.

Mzia Tabatadze -thanked Mr. Kvashilava and gave the floor to Mr. Labartkava.

Konstantine Labartkava – expressed his gratitude towards Global Fund and personally to Mr. Dumitru Laticevschi and Ms. Tatiana Vinichenko for support Georgia experienced throughout the years. Mr. Labartkava thanked CCM members for active involvement and support. The rapporteur briefly presented the network – People who Use Drugs for Humane Drug Policy which unites 6 CBOs, initiative groups and individuals countrywide and retrospectively observed legal framework, including Zero Tolerance policy and stated that drug policy has been repressive in Georgia. The recent developments in terms of legislative changes somehow positively changed attitudes towards PWUD, though the drug policy is still repressive. Comprehensive, caring, human rights- and health-oriented policy is not still in place. In this context, low threshold harm reduction programs and OST have a big value for IDUs.

Main Focus:

- State buprenofrine program is operational but cannot cover all beneficiaries and they have to utilize commercial program;
- Low quality, non-effectiveness and decreased dosages of buprenofrine; the problem is acute and needs to be resolved; the medicine of this particular manufacturer shall not be procured through the next tender since the product is not acceptable for the beneficiaries. The product has been already removed from Ukrainian sites based on the conclusion of Ukrainian Certified Laboratory, complaints of NGOs and patients.
- Outdated regulations for OST program require revision which is confirmed not only by the community, but by experts of the field, the Center for Mental Health and Prevention of Addiction;
- Take-home methadone dosage. The take-home practice should be sustained and become a routine practice;
- Active and effective communication is ongoing with the Center for Mental Health and Prevention of Addiction to discuss and find solutions for all acute problems; the commitment regarding establishment of a working group has been expressed from the side of the Center. Mr. Labartkava on behalf of IDU community stated that such group should be initiated with the Ministry and unite community, experts, decision-makers;

Mzia Tabatadze – asked the audience to come up with suggestions, announcements if any. The topics raised during the meeting will be followed up. The Vice Chair thanked the participants for having attended and announced the meeting as closed.

Decision:

To put the topic of re-appointment of current PR-NCDCPH to e-voting.

Mzia Tabatadze

Natia Khonelidze

CCM Vice-Chair

CCM Administrative Assistant

