

Georgia Country Coordinating Mechanism

Oversight Committee Meeting Minutes

October 4, 2019

Meeting Participants:

Mzia Tabatadze – CCM CSO Sector, Oversight Committee;

Nino Mamulashvili – CCM ML/BL Sector, Oversight Committee

Nikoloz Mirzashvili – CCM TB KAP

Lasha Tvaliashvili – CCM HIV KAP

Ketevan Stvilia - NCDCPH, PIU, GFATM HIV Program Manager

Maka Danelia – NCDC, PIU, TB Program Manager

Alexander Asatiani - NCDCPH, PIU, GFATM HIV M&E Officer

Nino Vakhania - NCDCPH, PIU, GFATM Programs Financial Manager

Irina Grdzelidze – CCM Executive Secretary

Natia Khonelidze – CCM Administrative Assistant

On October 4, 2019 the 2nd meeting of the Oversight Committee was held at the **Ministry of Internally Displaced persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia**.

Maka Danelia presented the financial, management and programmatic data that constituted the basis for the TB dashboard for 2019 Q 2.

While discussing the financial part of dashboard, it was noted that all disbursements are done in a timely manner. The reporting from SRs is done timely. Stock out of the medicines was not observed.

Ms. Danelia explained the reasons for the difference in current stock and safety stock for Cycloserine and Linezolid (red colored cells): due to fast-changing treatment recommendations released by WHO, in recent past some TB drugs procured became non-usable. To avoid wasting resources, instead of 4-month safety stock, drugs were procured to ensure 3-month safety stock. Currently, all drugs (Cycloserine & Linezolid, and Clofazimine) have been already procured and received. The reason seems to be rational.

Underachievement of one programmatic indicator: *Number of CDR TB enrolled on treatment MDR* – was also discussed. It is obvious, that active case finding has been implemented successfully to cover heard-to-

reach populations. The numbers of individuals screened or diagnostic tests performed are not declining. During the reporting period 94% of new and relapse TB patients underwent GeneXpert testing. Therefore, underachievement for the above-mentioned indicator is the result of genuine reduction in TB incidence. This trend is also proved by WHO assessment; thus estimated number/TB incidence cases have been adjusted accordingly. Revised indicators/targets will be also reflected in the PUDR/Dashboards.

Alexander Asatiani– presented the financial, management and programmatic data that constituted the basis for the HIV dashboard for Q2 2019. There was no delay/underachievement in terms of finance and management indicators. All programmatic indicators have been achieved or overachieved. The Percentage of PLHIV currently receiving ARV – is 87%. This is an annual target, which is highly likely to be achieved by the end of reporting year.

OC was informed that its previous recommendation – to provide condoms to the AIDS Center was considered. NCDC also provided brief information about results-based financing, and the intention of NCDC to offer to TGF to start piloting RBF for selected sites. This decision seems reasonable as the pilot will help stakeholders identify pros and cons of introducing result-based financing mechanism. Expected changes in the Code on Taxation of Georgia for VAT, as well as the implications that might have on HIV/TB Programme were also discussed. If proposed amendments are approved and the new code enters into force starting from January, 2020 (as expected), all the medical services rendered by licensed medical institutions will maintain tax exempt status; however prevention services, social and support services provided by civil society organizations will become subject to 18% taxation. Thus, actual budget for CSOs will reduce that may compromise their ability to meet increased targets with decreased funding.

Recommendations

- OC and all implementing partners should be informed about expected amendment in taxation, and support should be provided to CSOs as needed to prepare them for expected budget cuts, or PR has to develop a strategy to avoid the operational budget decrease for implementing organizations;
- OC and NCDC should double-check with the AIDS Center on the progress about the permission to handle three-month supply of ARV drugs (instead of one-month supply) to stable patients. This will lessen treatment burden for patients, which may contribute to improved linkage to care and treatment adherence.
- OC and NCDC should monitor the process of installing equipment for digital signatures for ARV patients at the AIDS Center to improve patients' confidentiality.
- OC recommends to conduct site monitoring in Samegrelo and Adjara. Field visits will be carried out to Zugdidi and Batumi to monitor: a) work of TB adherence support groups supported by Patients Union in both cities; b) to see HIV/Hep C and TB integrated screening programmes, and understand to what extent this program is contributing to improved case finding of HIV and TB.