

**Minutes of the 99th CCM meeting
July 27, 2022**

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

Agenda

16:00 – 16:05	Opening speech /remarks/ endorsement of the agenda Mr. Ilia Ghudushauri – Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, CCM Chairperson
16:05– 16:10	Addressing the members with the request to declare the presence of the Conflict of Interest Secretariat
16:10 – 16:20	Performance assessments for TB rapid molecular diagnostics - experience, future plans Dr. Andrei Mosneaga - Regional Adviser, Stop TB Partnership
16:20 – 16:35	Review of utilization of HIV and TB Programs State budget allocations (January 1st, 2022 – June 30, 2022) Ms. Irina Javakhadze – Ministry of Finance of Georgia. Budget department/State and consolidated Budget Formulation Division
16:35 – 16:45	WHO decision on monkeypox Ms. Ana Kasradze – NCDCPH, Head of Public Health Emergency Preparedness and Response Division
16:45 – 17:00	HIV and TB grants implementation status Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director
17:00– 17:25	<ul style="list-style-type: none">• Report on Oversight activities• The issues raised by communities

	Ms. Mzia Tabatadze – Chair of Oversight Committee, CCM Vice-Chair
17:25 – 17:40	<p>Revisiting OST programs regulatory document</p> <ul style="list-style-type: none"> • Challenges of OST program – Mr. Lasha Abesadze, New Vector, GenPUD • Information on proposed changes to OST Program regulatory documents - Khatuna Todadze, Center for Mental Health and Prevention of Addiction, Deputy Director General <p><i>Discussion</i></p>
17:40– 17:50	Elaborations/Discussion on broadening CCM representation
17:50– 18:00	AOB/announcements
18:00	Closure of the meeting

Participants

#	CCM Members/Alternates	
1	Ilia Ghudushauri	CCM Chair Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia
2	Mzia Tabatadze	CCM Vice-Chair OC Chair NGO Alternative Georgia
3	Amiran Gamkrelidze	NCDCPH, General Director PR of the GF grants
4	Irma Khonelidze	NCDCPH Deputy Director, GFATM PIU Project Director, Policy and Advocacy Advisory Committee Member
5	Zaza Avaliani	National Center of Tuberculosis and Lung Diseases, Director SR of TB grant

6	Akaki Abutidze	On behalf of Tengiz Tsertsvadze, - Infectious Diseases, AIDS and Clinical Immunology Research Center, Director General
7	Khatuna Todadze	Center for Mental Health and Prevention of Addiction Policy and Advocacy Advisory Committee Member
8	Tornike Khonelidze	Alternate Member to Deputy State Minister of Georgia for Reconciliation and Civic Equality, Lia Gigauri
9	Irine Javakhadze	Ministry of Finance, Budget department/State and consolidated Budget Formulation Division, Chief Specialist Policy and Advocacy Advisory Committee Member
10	Nino Mamulashvili	Alternate member to Silviu Domete - WHO Representative /Head of WHO Country Office in Georgia OC member Policy and Advocacy Advisory Committee Member
11	Natalia Zakareishvili	Alternate member to Lela Bakradze - Head of Office UNFPA Country Office in Georgia Policy and Advocacy Advisory Committee Member
12	Zurab Vadackhoria	Tbilisi State Medical University, Rector
13	Elguja Meladze	Employers' Association of Georgia, President
14	Lasha Abesadze	Alternate member to Konstantine Labartkava - NGO New Vector, GeNPUD IDU community

15	Iza Bodokia	NGO HIV/AIDS Patients Support Foundation HIV KAP SR of HIV grant
16	Beka Gabadadze	Alternate member to Nikolo Gviniashvili - MSM/Tran Representative SR of HIV grant
17	Lasha Tvaliashvili	CBO Real People Real Vision, HIV positive community, OC member Policy and Advocacy Advisory Committee Member
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 Policy and Advocacy Advisory Committee Member
	Guests/Speakers/Observers	
21	Tamar Gabunia	First Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia PAAC Chair
22	Andrei Mosneaga	Regional Adviser, Stop TB Partnership
23	Maka Danelia	NCDCPH, GFATM PIU, TB Program Manager
24	Ana Kasradze	NCDCPH, Head of Public Health Emergency Preparedness and Response Division
25	Tamar Zurashvili	Policy and Advocacy Specialist
26	Gvantsa Darjania	NGO Georgia Red Cross Society
#	Secretariat	
27	Irina Grdzeldze	Executive Secretary

28	Natia Khonelidze	Administrative Assistant
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List of acronyms

AIDS - Acquired Immune Deficiency Syndrome

ARV - Ant-retroviral

CBO - Community Based Organization

CCM - Country Coordinating Mechanism

COI - Conflict of Interest

CSO - Civil Society Organization

EECA - Eastern Europe and Central Asia

FR – Funding Request

GFATM - Global Fund to Fight Aids, Tuberculosis and Malaria

GHRN - Georgia Harm Reduction Network

GoG - Government of Georgia

HIV - Human Immunodeficiency Virus

IDU – Injecting Drug User

KAP – Key Affected Population

CSWs – Commercial sex-workers

MoIDPLHSA - Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs

MoF – Ministry of Finance

MSM – Men who have sex with men

NCDCPH – National Center for Disease Control and Public Health

NCTLD – National Center for Tuberculosis and Lung Diseases

NIH – National Institutes of Health

NTP – National Tuberculosis Program

OC – Oversight Committee
OST - Opioid Substitution Therapy
PAAC - Policy and Advocacy Advisory Committee
PIU - Project Implementation Unit
PWUD – People who use drugs
PR – Principal Recipient
RBF - Result Based Funding
RMD - Rapid molecular diagnostics
RPRV – Real People Real Vision
SR – Sub-recipient
TA – Technical Assistance
TB – Tuberculosis
TG - Transgender
TRP – Technical Review Panel
UNFPA - United Nations Population Fund
USAID - United States Agency for International Development
WHO – World Health Organization

Ilia Ghudushauri– greeted the participants, underlined importance of CCM. The Chairperson addressed members with request to announce the topics to be additionally included into the agenda (if any), to declare the presence of the Conflict of Interest (if any).

The agenda of the 99th 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.

Tamar Gabunia – greeted the participants. Introduced Dr. Mosneaga.

Andrei Mosneaga – conveyed greetings from Stop TB Partnership Secretariat; Stop TB provided Georgia with TA during preparation of the Global fund FR and they are ready to assist during implementation of the new grant.

Main focus:

- By invitation of NCDCPH and NCTLD Dr. Mosneaga participated in the update on TB diagnostics workshop and planning exercise which are in line with priority directions of the new National Strategy and new GF grant;
- Stop TB Partnership launched a new Global Plan to End TB 2023-2030 and countries are invited to reflect the policies and main priority strategies in the National Plans. The plan prioritizes investments in diagnostics network/RMDs to promote case detection and diagnosis;
- Georgia TB program demonstrates good performance in progressing towards end TB, including good quality and access to modern diagnostic networks. NCDCPH, NCTLD and other partners were praised;
- Despite reducing burden of TB, case detection and diagnosis remain a high priority for the country. Taking into account the need to recover from the negative impact of COVID pandemic, scale up of new treatment regimens, it is important for NTP to closely monitor access and performance of diagnostic services, specifically of RMD which is functional in Georgia;
- During the workshop the experience of performance assessment of RMD networks of other countries of EECA region was shared. This approach could be helpful for Georgia. Currently, work with NCDCPH and NCTLD on the use of this tool is ongoing (anticipated to be completed by the end of the year or very beginning of the next year);
- There are other important interventions, especially related to prevention of TB that should be considered;
- All these important interventions leading to ending TB in the country require systemic support measures, thus support of the MoIDPsLHSA and other governmental entities is very important.

Ilia Ghudushauri - thanked the rapporteur and gave the floor to **Ms. Irine Javakhadze**.

Irine Javakhadze – presented information on utilization of HIV and TB Programs State budget allocations covering period January 1 – June 30, 2022. It was noted that currently MoF is working on 6-month budget utilization report. The presentation was prepared based on the data provided by MoIDPsLHSA and Treasury Service (presentation attached).

Main highlights:

- 10 years of dynamics of financing Healthcare Programs (demonstrates tendency of increased allocation). In 2022, Health care for the population budget is equal to 1 791.2 mln GEL and is distributed among four programs (includes vertical TB and HIV programs): universal Health Care, public health, delivery of health services to the population in the priority areas and postgraduate medical education program; State Budget

Law and Implementation reports envisage vertical programs, information is available at the site of MoF;

- Implementers of HIV and TB programs: National Health Agency and NCDCPH;
- Budget parameters for 2022: 17.2 mln GEL for TB program and 14.1 mln GEL for HIV/AIDS program;
- Dynamics of utilization of funds for 6 months - period for 2021 and 2022 years. Utilization rate for 6 month-period of TB program – 208.5% and 162.3 % for HIV program. The specified plans do not reflect funds received within targeted grants, though this is reflected in actual expenditure, which results in funds' utilization rates being well above 100% in actual implementation in comparison with plan;
- Specific interventions performed within received funding as reflected in the budget implementation plan.
- Program budgetary indicators for 2022. Result oriented budget planning is in place. Each program envisages no more than 5 indicators. Achievements are assessed within two months after completion of a fiscal year. Provided that there is a variance between baseline and target indicators, funding recipient institution provide information on reasons of a such variance. Risk indicators are also considered in the planning process.

Portion of the GF funding and State funding and utilization rate were discussed during the presentation. CCM Chairperson proposed to reflect funds received within targeted grants into next presentation for CCM in a separate slide for more visibility.

Ilia Ghudushauri - thanked the rapporteur and gave the floor to **Ms. Ana Kasradze**.

Ana Kasradze – presented WHO decision on Monkeypox, key facts and situation update.

Main highlights:

- On July 23, 2022, the current monkeypox outbreak was declared a Public Health Emergency of International Concern (PHEIC) by World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus, overriding the WHO Emergency Committee, which decided 6-9 against recommending a PHEIC;
- Geographic distribution of the disease worldwide, gender distribution and age distribution
- Risk groups: currently at highest risk – men who have sex with men and especially those with multiple sexual partners;
- Mode of spread - Monkeypox spreads from person to person through close contact with someone who has a monkeypox rash;
- The most common symptoms of monkeypox include fever, headache, muscle aches, back pain, low energy, and swollen lymph nodes, followed or accompanied by the development of a rash;

- Vaccination - A vaccine was recently approved. Mass vaccination is not recommended at this time by WHO.
- Georgia is among 1st line countries by WHO classification
- Recommendations: strengthened epid surveillance and diagnostic tools, retraining and information sharing among medical personnel, risk communication and raising awareness among risk groups (instrumental) with consideration of stigma reduction.

At the discussion followed Prof. Gamkrelidze highlighted the importance of support, communication and raising awareness among key risk groups and communities. Mr. Beka Gabadadze expressed his gratitude for support and cooperation accentuating the importance of having non-stigmatizing communication.

Ilia Ghudushauri - thanked the rapporteur and gave the floor to **Ms. Irma Khonelidze**.

Irma Khonelidze – presented to the members: ongoing grants status update (1), information on the GF FR status (2), GF new strategic cycle, 2023-2025 (3).

Main highlights:

- All ongoing 3 grants will be completed by December 31, 2022. Information on tender and procurement of services is periodically sent to CCM. Delivery of goods and services to be completed by Dec 31, 2022.

TB Program:

- Total budget for the grant is equal to around 6 mln USD. Due to the pandemic some activities were rescheduled for the year of 2022. Intensive procurement process is ongoing for optimal and effective utilization of resources;
- Updated GF assessment tool and methodology includes financial resources utilization. Thus the rating was lower previous year due to the rescheduling of some activities;
- Some important interventions are ongoing and planned in terms of TB detection, such as active TB screening in Kvemo Kartli region (scale up to other regions planned), TB screening among IDUs is planned;

HIV Program:

- Ongoing HIV grant has been extended to synchronize phases of implementation in upcoming consolidated HIV/TB grant. Challenges with regard to delivery of 1 ml syringes and butterfly needs emerged within a consolidated tender. In order to avoid stock out, possibilities for urgent procurement are being considered. Consultations with the MoIDPsLHSA to be conducted.

COVID-19 Grant

- Delivery of important COVID 19 Diagnostics will be completed by the end of 2022. Distribution of food packages is anticipated to be completed by the 4th quarter of autumn.

Global Fund Grant for 2023-25 Implementation Period

- FR was sent to the Global Fund on February 18. FR underwent TRP review and grant-making process. On July 21 was presented to GAC. In case of positive conclusion will be submitted to the GF Board in the middle of August. The next step envisages signing of the grant documents and approval of the grant by the GoG.

New Funding Prospects

- The replenishment meeting to be held in New York in September. The GF Board will decide on allocation amount for the countries for the next strategic cycle in November.

Amiran Gamkrelidze – updated participants on the conference on TB held in Kazbegi in June, 2022. Prof. Amiran Gamkrelidze dwelt upon assistance provided by NIH to Georgia and expressed special gratitude towards Henry Bloomberg, Carlos Del Rio, Jack DeHovitz. The topic raised during the conference concerned accelerating of Zero TB initiative and elimination of TB in Georgia. Thus the issue requires high level discussion on the Ministry's level to elaborate the plan, to explore the resources needed for launching the process of elimination TB in Georgia. In light of this potential ambitious goal TB funding should not be reduced.

Ilia Ghudushauri - thanked the rapporteur and gave the floor to **Ms. Mzia Tabatadze**.

Mzia Tabatadze – updated the attendees on oversight activities, thanked the Secretariat for sustaining efforts towards strengthening engagement and presented the issues raised by communities.

Main highlights:

OC activities:

On July 13, 2022 the regular OC meeting was conducted and dashboards for 1st quarter were discussed. No acute issues requiring CCM attention were revealed. The coverage of risk groups was improved and financial utilization intensified.

The issues raised by communities:

The shortage in supply material (1) for Harm Reduction programs. *The issue was discussed during the report of Ms. Khonelidze, potential way of overcoming was presented.*

Zaza Karchkhadze raised an issue on reduction of *fuel limits* (2). ***Irma Khonelidze's response:*** - communication with the implementers was conducted on a regular basis. Significant increase of price resulted in such outcome. There is a need to improve planning and implement more targeted interventions. The communication on optimization of utilization of available funds is ongoing. ***Sustainability of ARV treatment, laboratory component for migrants (from RPRV)*** (3). ***Akaki Abutidze's response:*** all HIV infected from Ukraine are provided with free ARV and laboratory examination without interruption. Case by case approach is in place for migrants from

other countries. Information on regulatory mechanism of treatment of all migrants in the country, including inclusion in OST program was presented and discussed. In addition, based on WHO address, MoIDPsLHSA in coordination with NCDCPH made projections and estimates on ARV and TB drugs need per inflow of foreign citizens into the country. According to the Government's decision, all Ukrainian citizens are entitled to all medical services offered to Georgian citizens under the state programs.

Salary increase for staff (from GHRN), (4). Irma Khonelidze's response: this issue was also numerously discussed with implementers. New methodology of funding mechanism was presented in details again. It was noted that RBF model allows inner redistribution and salary rate is under discretion of the management. The implementers to be provided with more trainings from NCDC if needed. ***Enabling access to e-portal for Hepatitis C elimination program to report on confirmative testing (from HEPA+) (5).*** Meeting with MoIDPsLHSA authorities were conducted, the official letter was submitted to MoIDPsLHSA. The response is not received yet. ***Tamar Gabunia*** expressed readiness to get involved and clarify the issue. ***OST program regulatory documents (6) – will be discussed in details during the meeting.***

Elaborations/Discussion on broadening CCM representation (7). There is a request from community to add TG representation in the CCM composition. In addition, requests of adding CSWs and ex-prisoners as separate constituencies were received. Mzia Tabatadze presented Georgia CCM current composition and distribution of members by sectors and constituencies. Total number - 29. Sector 1: Government, including government-owned enterprises: 11 (38%); sector 2: Civil society organizations: 14 (48%); sector 3 - Development Partners: 4 (14%).

The total number of members per governing documents is 30. One vacant seat belongs to Gov sector.

The Vice Chair addressed the members to discuss these requests and come up with a decision.

Beka Gabadadze addressed the members with the request to take into consideration specific needs of TG community and to admit the representation into the CCM composition. The TG is reflected in new NSP as a key affected group and a lot of activities of a new FR are targeted to this community. Currently, TG representative is among CCM membership under MSM niche, though seat for the constituency representation is not reflected in governing document and thus is not ensured.

Discussion followed. The members reflected on structure, membership, composition, size limitations of the CCM. They inquired on the TG population size. As explained, the TG Population size study is ongoing and will be completed by September; very preliminary around 200 beneficiaries are utilizing services. The members reflected on international consultancy and recommendations on the size limitations, taking into account the experience of other countries. The negative experience of having big size CCM on the very early stages was noted. Versus, adding new communities, the most effective delegating and representation approach

was favored. Taking into account, the open nature of CCM functioning all interested communities can attend CCM meetings (or join online) and participate in its activities. The members reflected on the various programs targeting ex-prisoners. Generally, it was agreed that extension of current size of the CCM might negatively affect the functionality and jeopardize its effectiveness. The CS representation of the CCM to discuss separately the ways of effective representation within current CCM size and strengthening existing bi-directorial feedback.

Ilia Ghudushauri - thanked the rapporteur and gave the floor to **Mr. Lasha Abesadze and Ms. Khatuna Todadze**.

Lasha Abesadze – presented challenges and benefits of OST program.

Main Highlights:

- Paramount importance of OST services for PWUDs;
- Defamation of state funded program. Despite the needs to observe public security, the police raids should not be set up closely to OST services. Need for the local governments sensitization as in the case of Rustavi City Hall which refused to launch the OST program;
- OST regulations are outdated and require revisiting. The CBOs have intense and effective communication with Center for Mental Health and Prevention of Addiction during the process of elaboration of proposed changes;
- Methadone take-home practice, used as a temporary measure in response to the pandemic, should be sustained and become a routine practice for stable patients;
- Unavailability of OST services in women’s penitentiary facilities. Challenges caused by short-term substitution treatment for long term prisoners;
- Shifting to Detox program as an exorbitant measure for breaching internal regulations;
- Hope that process of revisiting OST regulations will not be hampered and benefits that will emerge will overweight potential risk that can be seen by relevant entities.

Tamar Gabunia – highlighted the importance of health aspects, though noted on importance of full preparation for risk mitigations and having in hands mechanisms for prevention of risks while making this inter-sectoral decision.

Khatuna Todadze – updated attendees on the process of revisiting OST program regulatory documents.

Main Highlights:

- Historical background of OST program from its launch to full transition to the State in 2017. The total number of beneficiaries of (GF + state program) was 433 on the 1st of July, 2017. Removing co-financing requirement from the patients

side resulted in substantial increase of accessibility and now approximate number of beneficiaries within State Program is equal to 12, 500;

- The consolidated package of regulatory changes developed by doctors and lawyers of the Center for Mental Health and Prevention of Addiction with support of the GF, in close coordination with CBOs was submitted to MoIDPsLHSA on February 28, 2022;
- The treatment protocols were renewed and submitted to the MoIDPsLHSA;
- Importance of admitting take-home regulations. Versus temporary regulations for 5-day take home dosages for all beneficiaries as a measure to prevent spread of the pandemic with its some negative experience, the proposed changes envisage a differentiated approach for stable and trusted patients. All inclusion and exclusion criteria for were elaborated based on accumulated international experience of the similar programs worldwide and the proposal deliberately considers the risks and benefits.
- In response to the question from the CCM Chairperson: approximately 50-60% of beneficiaries are considered being compliant with criteria, though once take-home regulations are in place, the number of persons enrolled in OST is expected to increase further in parallel with emerged motivation.
- Package of proposed changes also envisages changes related to shifting to detox program which is proposed to be extended to 1 month with possible further extension to 3 months in case of compliance with all requirements.

The discussion followed. It was noted that the process is ongoing and will be continued in the most effective way. It was also noted that there is a readiness in terms of the OST program in penitentiary system. New proposal envisages some infrastructural interventions.

Ilia Ghudushauri – summarized the discussions. The Chairperson noted that activities of the CCM will be continued in an active mode, thanked participants for attendance and active participation and announced the meeting as closed.

Ilia Ghudushauri

Natia Khonelidze

CCM Chair

CCM Administrative Assistant