

Minutes
of
Policy and Advocacy Advisory Council Meeting: 12

The PAAC meeting was held at the National Center for Disease control and Public Health on November 22, 2017 at 17:00.

Objectives:

- To meet with EHG consultants to discuss the draft CCM Transition Plan.

Attendees:

<i>Tim Clary</i>	EHG Consultant
<i>Sanja Matovic</i>	EHG Consultant
<i>Tamar Gabunia</i>	CCM Vise Chair
<i>Nana Nabakhteveli</i>	LFA
<i>Tamar Bortsvadze</i>	MdM, Senior Advocacy Officer, Chair of OC
<i>Irine Javakhadze</i>	Ministry of Finance of Georgia, budget department, chief specialist
<i>Nino Tsereteli</i>	Center for Information and Counseling on Reproductive Health - Tanadgoma, executive director
<i>Maka Gogia</i>	Georgia Harm Reduction Network
<i>Irina Grdzeldze</i>	CCM, Executive Secretary
<i>Natia Khonelidze</i>	CCM, Administrative Assistant
<i>Tamar Zurashvili</i>	PAAC, Policy and Advocacy Specialist

The meeting was opened by **Dr. Tim Clary**, EHG consultant, who welcomed the attendees and introduced the purpose of the meeting: to discuss the draft G-CCM Transition Plan.

Dr. Clary's welcome speech was followed by the brief introduction of the meeting participants.

After the introduction Dr. Clary talked about the GIZ funded German BACKUP Initiative and Global Fund CCM Study conducted in five countries: Ethiopia, Georgia, Ghana, Guinea, and Moldova. He stated that as a part of that study Georgia CCM Integration Study Workshop and some other several visits were conducted to discuss the future of the G-CCM including its structure and future functions. During the visits and discussions it was agreed that the G-CCM would remain its structure and functions with some important changes. Dr. Clary noted that taking into account the PAAC recommendations, he and his colleague, Dr. Sanja Matovic have developed a draft CCM Transition Plan which would be presented, discussed and next steps defined during the current meeting.

Dr. Clary started presenting the draft G-CCM Transition Plan; he briefly talked about the introduction section, the purpose and objectives of the plan. The next part of the plan presents the background information: (1) G-CCM establishment and governmental decree - Resolution #220 which recognized

the G-CCM as the national coordination body for HIV/AIDS, tuberculosis and malaria; (2) current G-CCM structure, including framework documents and functions as defined by Resolution #220, G-CCM permanent committees (OC and PAAC); and (3) G-CCM coordination/linkages with other national bodies/platforms. Dr. Clary encouraged PAAC members to provide notes on plan's section 1 and 2 in case there are any factual errors or changes that have occurred since the development of the plan.

Dr. Clary gave floor to Dr. Sanja Matovic.

Before presenting the next part (Preparatory Steps for the G-CCM's Transition) of the draft G-CCM Transition Plan, **Dr. Sanja Matovic** underlined the fact that this is a first ever transition plan for the CCMs as a draft and Georgia would be the first country to develop it; it is completely new, and there is nothing standardized what should be in the plan and currently consultants and the PAAC together have to develop a completely new document. She also stressed that the plan includes consultants' suggestions that may be edited accordingly; it's completely open for any changes and new elements. Dr. Matovic noted that the draft plan was developed based on consultants' discussions during the last visit to Georgia and also PAAC meeting minutes covering recommendations for the development of the plan. She also underlined the importance of preparatory work for CCM transition before the GF exits from the country. After that Dr. Matovic presented the suggestions for the G-CCM's Transition preparatory steps as outlined in the draft plan: establishment of an ad hoc Transition Monitoring Committee (TMC) under the CCM with two corresponding working groups: a) a Capacity Development for Transition (CDT) working group; and, b) a Communication and Resource Mobilization (CRM) working group, as well as the responsibilities of those new structures. She also presented the illustrative capacity building activities to enhance the G-CCM's performance as outlined in the table 1 of the draft G-CCM Transition Plan. According to the plan the PAAC will have an active role in the establishment of these working groups and have an overall steering role in the process of their work, as well as entire transition process. These changes are proposed to take place in 2018-2019, so that all these structures are ready for their roles once GF exits the country.

Mrs. Tamar Bortsvadze, CCM Oversight Committee Chair, raised the question regarding the future functions of the Oversight Committee in the transition process and also regarding the Civil Society representatives' presence on those suggested committee and working groups.

Dr. Matovic replied that OC and PAAC will remain the permanent committees; the suggested TMC and corresponding working groups are established only on the temporary bases with specific tasks to accomplish during the transition process. According to the plan OC is a target for different capacity development activities and defining the future oversight role in those different areas. She also mentioned that there will be a need to define the composition of those committee and working groups and definitely some members from OC would also be there.

Dr. Clary also responded to Mrs. Bortsvadze's question: the current role of the OC is to oversee GF grants implementation, but if there will be a decision that OC can also take the responsibility to oversee the process of the CCM transition, that can be changed accordingly in the plan. Assuming a lot of responsibilities of the OC, the plan suggests establishing an ad hoc TMC responsible for the monitoring of the CCM Transition Plan implementation and after a year or two, with the finalization of the transition process it would dissolve. Dr. Clary underlined that first it will be necessary to make the decision on the approval of the proposed structure and if the decision will be to establish the TMC, it will be possible to

provide technical assistance in developing ToRs for those committee and working groups. The membership will be defined and of course CS and multi-sectoral representation ensured.

Dr. Tamar Gabunia, CCM Vice Chair, commented on the abovementioned discussion; she thinks that it is difficult to operationalize committees and have people committed to accomplish their responsibilities; two years later there even was no OC and it took a lot of effort to establish one; and it's difficult to maintain well functional committees. Additionally, she underlined the importance of those necessary functions outlined in the plan that should be supportive, like capacity development and resource mobilization.

Dr. Matovic noted that there is one suggested committee (TMC) and if there is no need to have separate one for monitoring the transition process, this function can be attached to already existing committee (like OC); the others are working groups (CDT and CRM) meaning that some members are from the CCM membership and some are from external one and it will be further discussed and decided who will be the members of those working groups. She also suggested international assistance within the EHG/GIZ BACKUP project till 2019.

Dr. Clary suggested focusing on the 3 main functions: (1) to monitor the transition process to ensure that it's implemented, (2) to make sure that there are adequate skills for the evolved CCM functioning and (3) to find ways of financing. It should be upon CCM's decision where to attach those functions.

Dr. Tamar Gabunia once again stressed the importance of those functions and suggested to incorporate them within the existing structure of the G-CCM without making its structure more complicated. She noted that it's a small community, there are same people in different working groups, if there will be more groups, it may cause more confusion and become more difficult to manage. She also underlined that for the external technical assistance G-CCM would need to get one in all these three directions. Another decision point would be who and how will monitor the process, how will the CCM use the monitoring tool and etc. She thinks that it would be easier to continue with the current structure and try to improve performance without creating addition committees and working groups.

Dr. Clary pointed out the need to get back decision from the PAAC/CCM on who would take the responsibility for those 3 functions and that the plan could then be modified accordingly.

Mrs. Nino Tsereteli, executive director of Center for Information and Counseling on Reproductive Health - Tanadgoma, presented her point of view regarding the suggested processes. She noted that she likes all the processes and functions outlined in the plan; there is limited pool of stakeholders including CS representatives from which the members of those new committee or working groups could be selected and it would make no sense if the same people would be sitting within those different structures; in this regard bottom-up approach should be used.

After that Dr. Clary presented briefly the suggested modifications and amendments to Regulation #220 for the evolution of the G-CCM. Those are presented in the G-CCM Transition Plan's table 2, including the current wording of articles, suggested wording and rational for modifications. He encouraged PAAC members to thoroughly go through those suggestions and provide comments later.

Discussion was held regarding the number of CCM meetings. According the plan the CCM meetings shall be held minimum 4 times during a calendar year. Mrs. Tamar Bortsvadze expressed her concern about decreasing the number of CCM meeting while expanding its future functions. Dr. Clary

responded that an actual language is - *at a minimum 4 times*; and the rational is just a budgetary issue. Mrs. Nino Tsereteli stated that a minimum should be set and then there may be some ad hoc meetings whenever the situation requests. Dr. Tamar Gabunia also commented that CCM meetings have not much budgetary implications, currently depending on intense decision-making processes like strategies or global fund proposals preparation, CCM may meet more often, otherwise there is no need for frequent meetings. She thinks that 4 meetings a year at a minimum is quite rational and then upon the need it can be held more often.

Afterwards Dr. Sanja Matovic presented the key steps (those are presented in the table 3 of the plan) for the G-CCM's transition process, including the timelines and technical assistance opportunities. She also talked about the Transition Milestones (section 4.4), they are not fixed and may change accordingly. It is fully up to PAAC/CCM's decision to choose the best timelines for those milestones. Dr. Clary briefly commented on the rational of the presented timelines: EHG consultants' contract ends by the end of 2018 and they are trying to put as much assistance in 2018 as possible.

Then Dr. Tim Clary talked about the challenges and barriers for successful transition. He also talked about the monitoring tools and presented a sample Dashboard page similar to the one used for monitoring oversight activities that should be adapted for use for monitoring the G-CCM's transition. And finally when talking about the future financial mechanisms of the CCM, he mentioned that there are a lot of missing items in the CCM's budget table presented in the plan and asked PAAC members to provide certain estimated numbers later. This will enable to show the difference between the current and future budgets of the CCM to make it easier for sell and get financial support. And although it is difficult to plan budget 5 years in advance, it is important to start discussions and advocate for the estimated budget so that there is a line item considered for the MoLHSA.

Dr. Tim Clary opened the floor for discussion.

Dr. Tamar Gabunia underlined the importance of timelines for the transition planning, she mentioned that GF grants will last till 2022 and asked whether to keep the current CCM structure till the end of GF grants and to move to new system afterwards or to make changes before.

Dr. Tim Clary responded that GF recognizes and proposes having differentiated approach to CCMs' structure as they have it for countries. This will be discussed during the next GF board meeting in the Spring. He suggested waiting for the GF guidance and approach to CCM's but also keep moving with the transition process.

Dr. Tamar Gabunia's next question was about the capacity building area. She noted that it is a continuous process and the current G-CCM is constantly involved in this process. She highlighted two areas for capacity building: (1) programs' transitioning and insuring their sustainability (it is CCM's responsibility to oversee this transition process) and (2) CCM's own transitioning. She noted that CCM is not a static body, there are lots of people in and out and asked about whom should be the target for capacity building activities.

Dr. Tim Clary responded that first there should be a decision for the proposed changes in CCM's basic functions in terms of expanding them, as well as in disease areas, also downsizing, the future activities and framework documents; there will be a need to re-orient all current CCM members towards those new functions and changes. After that brief orientation packages can be developed or half-day workshops conducted depending on the available financial resources.

Dr. Tamar Gabunia noted that as a routine practice current CCM does orientation for all new members; due to the fact that CCM should be integrated in the ministerial structure, the latter's capacity building should be considered also.

Dr. Sanja Matovic responded that target groups of the illustrative capacity building activities presented in the plan includes key stakeholders from MoLHSA.

Dr. Tamar Gabunia expressed concerns regarding the timing. She noted that there is no guarantee that current members will be there in the new transition of the CCM; although it is difficult to have all those new groups operationalize, there should be someone identified, maybe that capacity development working group who could stay there throughout the transition and after for some time to make sure that those members who come in and out, they get the necessary skills. Dr. Gabunia thinks that it will be necessary to think about more or less permanent mechanism for the capacity building (it could be some external input; having international community acting as advocates to ensure CCM's sustainability at a high level).

Dr. Tim Clary shared with the group the experience of other counties, where they have developed formalized mentoring program between CCM ongoing and new members, typically CCM secretariat would do some brief orientation on basic rules, regulation and functions; and then partner-up new member with a current member to go through the process. He thinks that this could be a possibility for G-CCM as well, rather than having a separate working group but this will require commitment from the current CCM members.

Dr. Tamar Gabunia also expressed her concern about having only one secretariat staff considering all the expanded functions of the future CCM.

Dr. Tim Clary responded that the proposed downsizing of the secretariat was only a budgetary consideration but of course ministry can commit to fund two person secretariat.

Dr. Tamar Gabunia noted that Ministry has its own institutional arrangements and consultative processes and all these things should be discussed on that level as well (department of health, Deputy Minister).

At the end EHG consultants also suggested their assistance to CCM in other areas too throughout 2018.

At the conclusion Ms. Tamar Gabunia summarized the meeting and thanked the EHG consultants and participants.

Next steps:

- PAAC will provide feedback/comments on draft CCM Transition Plan by December 8, 2017;
- Policy and Advocacy Specialist will facilitate discussions within the PAAC, prepare consolidated version of PAAC/CCM comments and share with EHG-consultants.

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