

Minutes
of
Policy and Advocacy Advisory Council Meeting: 15

The PAAC meeting was held at the National Center for Disease Control and Public Health on June 26, 2018 at 14:00.

Objectives:

- to discuss and agree on the final draft of the HIV/AIDS National Strategic Plan for 2019-2022;
- to discuss and agree on the final draft of the TB National Strategic Plan for 2019-2022;
- to discuss the Program Split justification;
- update on CCM evolution presented by the EHG consultants.

Attendees:

<i>Maia Lagvilava</i>	Minister of Labor, Health and Social Affairs of Georgia, PAAC Chair
<i>Tamar Gabunia</i>	URC, CCM Vice Chair
<i>Irma Khonelidze</i>	National Center for Disease Control and Public Health (NCDC), Deputy Director
<i>Eka Adamia</i>	Minister of Labor, Health and Social Affairs of Georgia
<i>Ia Kamarauli</i>	Minister of Labor, Health and Social Affairs of Georgia
<i>Ketevan Goginashvili</i>	Minister of Labor, Health and Social Affairs of Georgia
<i>Tim Clary</i>	EHG Consultant
<i>Sanja Matovic</i>	EHG Consultant
<i>Ketevan Stvilia</i>	NCDC, GF HIV Program Manager
<i>Lela Serebryakova</i>	NCDC, GF HIV Program M&E officer
<i>Maka Danelia</i>	NCDC, GF TB Program M&E officer
<i>Nino Mamulashvili</i>	Programs coordinator, WHO
<i>Natalia Zaqareishvili</i>	UNFPA, Program Analyst, PAAC Member
<i>Davit Kakhaberi</i>	NGO, Equity Movement
<i>Mzia Tabatadze</i>	Consultant, “Alternativa Georgia”
<i>Nino Tsereteli</i>	Consultant, Center for Information and Counseling on Reproductive Health - Tanadgoma, executive director
<i>Maka Gogia</i>	HIV program director, Georgia Harm Reduction Network
<i>Nino Gabunia</i>	Tbilisi City Hall
<i>Davit Ananiashvili</i>	NGO, Georgia + Group
<i>Nana Nabakhteveli</i>	LFA
<i>Khatuna Todadze</i>	Center for Mental Health and Prevention of Addiction
<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. Maia Lagvilava**, MoLHSA Deputy Minister, PAAC Chair, who welcomed the attendees and introduced the purpose of the meeting: to discuss and agree on the final drafts of the HIV/AIDS and TB National Strategic Plans for 2019-2022, to discuss the Program Split justification and update on CCM evolution. Dr. Lagvilava gave floor to Dr. Mzia Tabatadze.

Dr. Mzia Tabatadze presented the final draft of Georgia HIV/AIDS National Strategic Plan for 2019-2022. Firstly, she briefly overviewed the process of the strategy development. Active engagement of all key stakeholders including CSO/CBO representatives in the development process was underlined. Dr. Tabatadze presented the audience the aims and objectives of the strategy by 2022: the share of state funding for HIV / AIDS expenditure will increase from 76% (2018) to 90%; low HIV prevalence will be maintained in the general population <500 cases per 100,000; HIV prevalence in MSM <25%; HIV prevalence in FSW <2%; HIV prevalence in IDUs <3%; AIDS related deaths < 2 per 100,000; elimination of mother to child transmission. She also talked about the Strategic Objectives of the strategy: (SO1) HIV Prevention and Detection: Scale up of preventive services to ensure timely detection and progression to care; (SO2) HIV Treatment and Care: Improve HIV health outcomes through ensuring universal access to quality treatment, care and support and (SO3) Governance and Policy development: Ensure sustainability of response to the epidemic through enhanced government commitment, enabling legislative and operational environment, and greater involvement of civil society. She also talked about the main challenges of the national response and the progress on 90-90-90 targets where the first 90 remains a challenge, only 48% of estimated PLHIV are diagnosed. She briefly talked about the traditional activities of the response and underlined that the main focus will be to increase the coverage with those activities and presented coverage indicators for 2019-2022. Then she talked about the innovations of the strategy: HIV self-testing/saliva testing; Hepatitis B&C vaccination/treatment; provider initiated testing (> 500,000 patients tested by 2022); PrEP – pilot initiation in other key populations (currently only in MSM population); Integration in Hepatitis C program – HIV testing within the standard; reproductive health / family planning; violence / mental health. Dr. Tabatadze also talked about the main strategic directions of governance and policy, such as participation / coordination of key stakeholders; transparency of policy development; accountability; reduction of legislative barriers; 4-pillar drug policy and action plan; CSO contracting; sustainability of programs - TSP activities; strengthening procurement and supply chain management; information systems; IBSSs and operational studies; quality of services - prevention and treatment standards / guidelines; monitoring of strategic plan implementation.

Dr. Tabatadze gave floor to Ms. Lela Serebryakova, Global Fund HIV Program M&E officer, who presented the budget of Georgia HIV/AIDS National Strategic Plan for 2019-2022. Overall, within the 4 year budget the state share will be 85%, 11% will be covered within the Global Fund allocation, for the rest 4% the source is not indicated and needs to be defined. According to the strategic goals 35% of total funding will be for prevention, 64% for treatment and care and 1% for management and policy. Ms. Serebryakova also presented a comparative analysis of the budgets for the previous and the new strategies and talked about the changes of funding sources (from 2016 to 2021, domestic funding increases from 69% to 86% and international funding decreases from 28% to 13%). While talking about the general parameters of funding, it was noted that the trend of funding is growing according all directions of the strategy, although there is radical differences according the sources of funding. She also presented funding gap analysis: It was noted that the total increase of financial resources is driven by the integration of 90-90-90 targets into the strategy, resulting in the doubling of the number

of detected and treated PLHIV, which requires more financial resources; the unit cost change is an important consideration which still remains a challenge; Mobilization of additional state funds is related to the transition period as well as increased coverage with services; the Global Fund allocation is reduces by 50%. In order to cover the existing gap HIV/AIDS program's state budget should increase by 35% annually (in previous years (2008-2017) program's budget was increasing by 28% annually).

PAAC Chair thanked the presenters and opened the floor for discussion on HIV/AIDS Strategic Plan.

Ms. Maka Gogia, Georgia Harm Reduction Network HIV Program Director, commented on changing the term mother-to-child transmission to vertical transmission. It was noted that terms used in the strategy are in line with WHO terms and changes should be made in accordance to WHO recommendations.

Ms. Natalia Zakareishvili, UNFPA Program Analyst, stressed the importance of emphasizing youth component in the strategy. Ms. Nino Tsereteli, Director of Tanadgoma, noted that there is a separate component for high risk groups, namely for MSM youth envisioned in the strategy.

Dr. Lagvilava gave floor to **Dr. Tamar Gabunia** who presented the final draft of Georgia TB National Strategic Plan for 2019-2022.

Dr. Gabunia noted that there haven't been substantial changes in the document since sharing the last version with PAAC and CCM and briefly overviewed the main aspects of the plan: the Strategy is built around three objectives – (1) detection and diagnosis, (2) treatment and patient support and (3) supportive environment and systems. The main focus of the first objective is to support implementation of rapid diagnostic methods. In regard to the second objective, it was noted that the treatment costs are decreasing due to the decreasing trend in the number of TB patients, but the total budget for the treatment component is not reduced, because the vast majority of the budget within this objective belongs to the cost of infrastructure/services. The latter is covered by State. Similar to the previous strategy, there is an increase in staff salaries envisioned in the new strategy, which is one of the reasons for the funding gap. In regard to the treatment component it was also noted that there will be possibility of shifting only 10-15% of patients to the short treatment regimens instead of 70% envisioned by the previous strategy. While talking about the third objective, it was noted that like previously, the most activities within this objective are still expected to be funded through the GF. The importance of revision of financing systems for TB program and strengthening TB outpatient care model, as well as engagement of CSO/CBO sector in the delivery of information-education and treatment adherence components was once again emphasized. Dr. Gabunia briefly overview the Strategy budget which is 53,7 ml totally. The funding gap remains at the expense of personnel salaries and medical institutions' operational costs.

Then Dr. Gabunia presented the audience justification of the Program Split which is based on the detailed assessment and analysis of funding needs. Initially, she talked about the GF proposed Program Split: based on the Global Fund Board Decision in November 2016 on the allocation of resources for the 2017-2019 allocation period, Georgia has been allocated US\$ 15,588,062 for HIV, TB and building resilient and sustainable systems for health, including 8,412,986\$ for HIV(allocation utilization period: 1 July 2019 to 30 June 2022) and 7,175,076\$ for TB (allocation utilization period: 1

January 2020 to 31 December 2022), in addition recommended level for RSSH component during the new allocation period is 9.3%. It was also noted that the 2017-2019 allocation amount is dependent on meeting co-financing requirements, and 25% of Georgia's allocation will be made available upon additional co-financing commitments. Total minimum additional allocation for both programs is US\$ 3,897,016. Dr. Gabunia also briefly talked about the previous commitments of domestic financing – committed and commitment met: commitment met versus committed was more in 2015-2018 for HIV program unlike TB but commitment met for both Programs was more that committed. For the next allocation period, the estimated domestic additional allocation for both programs exceeds the amount of minimum additional allocation requested by the Global Fund. According to the Global Fund proposed Program Split 56% of funding is for HIV and 46% for TB. It was underlined that the changes in the proposed Program Split should be justified and the rational decisions for the both programs should be made. Special considerations will be: programmatic needs, funding gaps and how those gaps will be covered through the Global Fund money (for instance staff salaries, facilities storage costs and etc. will not be financed by the Global Fund).

TB Program needs: according the new strategic plan the total estimated budget in 2019-2022 is USD 53,646,777. Dr. Gabunia presented the audience the funding needs for the TB Program in 2020-2022 and potential funding sources and talked about the funding gap as well. It was underlined that the gap is mainly due to the increased staff salaries, which should be covered by the state and medical facilities' increased operational costs. Once again it was noted that this gap will not be covered through the Global Fund. Dr. Gabunia briefly overview 2019-2022 co-financing scenario, including state contribution and its increasing trend for all objectives of the strategy. In this scenario, considering government take over on currently GF supported roles, the GF support that can be effectively utilized by the National TB Program is 6.1 ml with 2.03 ml allocations annually in 2020-2022. Hence, it is possible to reallocate the remaining amount (about 1 million) from TB to HIV program.

Ms. Lela Serebryakova briefly talked about HIV Program needs: the need for HIV/AIDS program is approximately 22-23 ml annually in 2020-2022 and the funding gap is 3.5ml\$. The additional 1 ml reallocated from TB program will ensure the expansion of HIV prevention interventions in MSM population, which is the most vulnerable group in Georgia, and will enable the effective utilization of Global Fund support.

Dr. Tamar Gabunia presented the audience proposed and revised Program Split:

Initial Program Split	Revised Program Split	Amount to be relocated from TB to HIV Program
HIV \$8,412,986.00	\$9,348,442.47	
TB \$7,175,076.00	\$6,239,619.53	\$935,456.47
Total \$15,588,062.00		
HIV 54%	HIV 60%	
TB 46%	TB 40%	

Since there were no TB representatives (except for representatives of MoH) presented at the meeting the Program Split was not agreed.

Dr. Irma Khonelidze noted that it is important to consider the utilization of both programs. Most of the funds in the previous TB grants were spent on the equipment and infrastructure development. The takeover of considerable TB diagnostic and treatment costs by the state should also be considered. Taking into account all these conditions, the revised Program Split is absolutely realistic for effective utilization of GF funding. She once again underlined that the TB Program funding gap that is mainly due to the increased staff salaries and medical facilities' increased operational costs will not be covered by the GF.

Dr. Maia Lagvilava gave floor to Dr. Tim Clary and Dr. Sanja Matovich, EHG consultants, who made brief updated on CCM evolution.

Dr. Clary noted that they have been working with Georgia CCM since 2016. Currently EHG consultants are tasked by GIZ to develop CCM transition plan. It was underlined that the G-CCM is the first CCM going through this process. Within the current visit the aim is to make progress on CCM Transition Plan to resolve some final issues. He briefly reminded the committee members about the main steps of the plan: mandate and corresponding Terms of Reference (ToRs) of the Oversight Committee (OC) will be expanded to oversee the G-CCM's transition; G-CCM Secretariat will be responsible for enhancing the G-CCM's capacity for transition and for building its capacity to expand its role. The PAAC will act as a catalyst to raise the awareness among key stakeholders on the G-CCM transition and its new role and mobilize resources for the G-CCM and G-CCM Secretariat financial sustainability. Decision should be made on the mandate of the future CCM, hence the corresponding governance documents will need modifications; on the size of the CCM; and on the budgetary issues. The next steps will be to start developing resource mobilization plan and update CCM governance documents. He also talked about the change that will be needed for the governance manual – addition of code of conduct in ethics (approved at recent GF Board meeting). He also talked about the eligibility and performance assessment of the CCM. At the recent Board meeting in May GF has made some decision about differentiating CCMs and it is anticipated that eligibility and performance assessment requirements will change. There are two ways of looking at differentiation: the first one classifies CCMs as (1) standard CCMs, (2) transition CCMs or (3) CCMs in challenging operating environment; the second line of criteria concerns CCMs functioning: (1) Basic CCMs (develops funding requests and nominates PR), (2) Engaged CCM (actively provides oversight to the grants and has strong linkages with the national programs) and (3) Strategic CCMs (acting as main coordinating body for all HIV, TB and Malaria Programs in the country). Dr. Clary believes that G-CCM will be considered as Strategic Transition CCM. The exact indicators for assessing CCMs performance are anticipated to be made in couple of months. EHG consultants will continue working on CCM transition Plan and PAAC Policy and Advocacy Specialist will be the main contact for communicating final decisions. Consultants also announced that there will be one-week training in August on CCMs Evolution and that they are advocating conducting this training in Georgia; if it's not Tbilisi then they are going to advocate that somebody from G-CCM participates in the training.

Dr. Irma Khonelidze made announcement that both NSPs will be review by WHO consultants.

At the conclusion Dr. Maia Lagvilava summarized the meeting and thanked the participants.

Decision points:

- PAAC agreed on the final drafts of HIV/AIDS and TB National Strategic Plans;
- The expanded PAAC meeting with broad representations of the CSO/CBO beyond the PAAC members will be organized in the next week to discuss and agree on Program Split.
- Consultants will continue working on the documents in an active consultation mode.

Minutes prepared by Tamar Zurashvili

Policy and Advocacy Specialist, PAAC