

Minutes  
of  
Policy and Advocacy Advisory Council Meeting: 17

---

The expanded PAAC meeting with broad representations of the CSO/CBO beyond the PAAC members was held at the Ministry of Labour, Health and Social Affairs of Georgia on July 16, 2018 at 13:00.

**Objectives:**

- to discuss and agree the GF HIV Program Continuation Request
- to discuss and agree the GF TB Program Continuation Request
- to discuss the feedback to comments on final drafts of HIV/AIDS and TB National Strategic Plans

**Attendees:**

Maia Lagvilava	Minister of Labor, Health and Social Affairs of Georgia, PAAC Chair
Irma Khonelidze	National Center for Disease Control and Public Health (NCDC), Deputy Director, PAAC member
Ketevan Chkhatarashvili	Consultant
Ketevan Stvilia	NCDC, GF HIV Program Manager
George Kuchukhidze	NCDC, GF TB Program Manager
Lela Serebryakova	NCDC, GF HIV Program M&E officer
Maka Danelia	NCDC, GF TB Program M&E officer
Natalia Zaqareishvili	UNFPA, Program Analyst, PAAC Member
Tinatin Kotrikadze	MSF
Lasha Tvaliashvili	NGO “Real People, Real Vision”, PAAC member
Davit Jikia	TB Coalition, GPU
Lali Janashi	TB Coalition, GPU
Gela Pilishvili	Georgia Patients Union
Nikoloz Mirzashvili	Georgia Patients Union
Davit Alkhazashvili	Georgia Patients Union
Lasha Abesadze	NGO “New Vector”, PAAC member
Natia Loladze	Georgia Red Cross Association
Ketevan Mindeli	Georgia Red Cross Association
Tsira Merabishvili	NCDC
Gocha Gabodze	Association “Brotseuli”
Nino Bolkvadze	NGO, Equity Movement
Khatuna Todadze	Center for Mental Health and Prevention of Addiction
Maka Gogia	HIV program director, Georgia Harm Reduction Network
Maia Tsereteli	NCDC
Nino Tsereteli	Consultant, Center for Information and Counseling on Reproductive Health - Tanadgoma, executive director, PAAC member
Nino Kakulia	Tbilisi City Hall
Nino Badridze	Infectious Diseases, AIDS and Clinical Immunology Research Center, Head of Epidemiological Department
Eka Sanikidze	TB Coalition, GPU

Giorgi Soselia	MdM, Advocacy Officer
Giorgi Tabagari	NGO, Equity Movement
Davit Kakhaberi	NGO, Equity Movement, PAAC member
Nino Mamulashvili	Programs coordinator, WHO
Aleksandre Asatiani	NCDC, GF HIV Program M&E officer
Nana Nabakhtevli	LFA
Davit Ananiashvili	NGO, Georgia + Group, PAAC member
Natia Khonelidze	CCM, Administrative Assistant
Tamar Zurashvili	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 the GF HIV and TB Program Continuation Requests and to discuss the feedback to comments on final drafts of HIV/AIDS and TB National Strategic Plans.

**Dr. Irma Khonelidze**, NCDC Deputy Director, made a brief overview of the process status. It was noted that the NSP documents have been shared within the PACC, as well as CCM several times. By July 10 comments were received both from PAAC and CCM members; in addition, comments were received from WHO experts and they were reflected in the documents. Active engagement of all key stakeholders in the development process was once again underlined. Regarding the Global Fund Program Continuation Requests Dr. Khonelidze noted that prior the meeting they were discussed with the representatives of civil society and key population groups, additionally electronic versions were shared within the relevant groups (PTF and TB Coalition) for receiving their further feedback. No additional comments have been received regarding the Program Continuation Requests.

Dr. Irma Khonelidze gave floor to **Ms. Ketevan Stvilia**, GF HIV Program Manager, who presented the GF HIV Program Continuation Request.

Ms. Stvilia pointed out that the Program Continuation Request is presented in the form of self-assessment checklist confirming that the country continues and preserves all main directions of the current grant. As per Program Split decision the total funding amount for HIV is \$9,348,442.47USD for 2019-2022. The Program Continuation Request self-assessment checklist consists of several sections that should include brief information (max. 300-500 words) and reference to supporting documents and evidence should be indicated. Ms. Stvilia briefly presented the draft self-assessment form with corresponding questions and justified answers to those questions. Main summaries:

- Epidemiological contextual updates: There are no major changes in HIV epidemic development observed in Georgia during the last several years. HIV epidemiological situation and trends do not require material changes in the program setup, thus proving feasibility of the program continuation.
- HIV program national policies and strategies: HIV/AIDS National Strategic Plan for 2019-2022 has been developed, although no major changes have occurred within the strategy as compared to the previous funding request. The NSP maintains the same main objectives, strategic interventions, no changes have occurred regarding KAPs. Innovations are related to 90-90-90 strategy targets. Due to the facts that Georgia faces major challenge regarding the first 90, the measures aimed at

increasing case detection, as well as measures to control HIV epidemic in MSM population (considering the high prevalence within this group) are reinforced in the document.

- Program relevance and effectiveness: this section once again underlines the commitment to reach 90-90-90 targets by 2022. There are two main sub directions: problems concerning MSM population and late case detection and activities directed towards solving those problems are highlighted.
- Resilient and Sustainable Systems for Health (RSSH): Similar to the current grant, there are directions in the new application ensuring the health systems strengthening. Among them are integration of TB and HIV services into the wider health system across the care continuum; improving the health information system and improving financing mechanisms to support the integration and increase in coverage, implementing TSP activities to ensure effective take-over of GF supported programs. In addition, this section discusses PAAR submission opportunities.
- Human Rights and Gender Equality: Georgia has adhered to key international conventions and agreements on human rights, and the provisions of these conventions have been appropriately included in respective national laws. Gender-sensitive approaches are increasingly employed during development of the national policies, regulations and programs, including disease control strategies. Proposed continuation request continues to share the human right and equality principles and consider specific needs of each vulnerable group. Activities aimed at liberalization of the drug policy as well as actions against the violence and discrimination of LGBTs will be preserved.
- Effectiveness of implementation approaches: no changes to the implementation arrangements are needed, as the current arrangements are deemed effective to deliver on the program objectives. The CCM through the OC will continue to oversee the overall implementation of the project and ensure proper coordination across disease control programs as well as between different sectors. The PAAC will continue to monitor the development of the sustainability for ensuring universal access to quality TB and HIV services under domestic funding. The National Centre for Disease Control and Public Health will continue to undertake the role of Principal Recipient.
- Sustainability, Transition, and Co-Financing: This section describes the gradual increase of domestic funding for HIV. The country is meeting the core co-financing requirements for the new implementation phase (2020-2022): increasing government expenditure for disease programs and health systems, and progressive absorption of key program components with domestic financing, as well as co-financing incentive requirements including allocation of minimum 50% of additional investments for interventions targeting key and vulnerable populations. The Global Fund's support is substantially reduced; however, it will not lead to reductions in the scope and coverage of the program interventions as the Government of Georgia is committed to increase the level of domestic funding in order to bridge the gaps and gradually take over the funding of priority interventions.
- Attached Documents: National HIV/AIDS Strategic Plan for 2019-2022.
- The last part of the application, annex 1, represents the evidence on inclusiveness of engagement with key and vulnerable populations.

Ms. Ketevan Stvilia gave floor to **Mr. George Kuchukhidze**, GF TB Program Manager, who presented the GF TB Program Continuation Request.

Mr. Kuchukhidze pointed out that similar to the HIV, TB Program Continuation Request is presented in the form of self-assessment checklist. New allocation period for the TB program is from January 1, 2020 till December 31, 2022. As per Program Split decision the total funding amount for TB is

\$6,239,619.53USD for 2019-2022. Mr. Kuchukhidze briefly presented the draft self-assessment form with corresponding questions and justified answers to those questions. Main summaries:

- Epidemiological contextual updates: Since the submission of the previous funding request, no substantial changes in the epidemiological situation have been documented in Georgia. The numbers of notified active TB cases continues to decrease, although remains within the 10% and therefore according to WHO's recommendation, has no significant effect on epidemiological situation. The prevalence of drug resistance remains stable. Georgia maintains high rates of disease detection for both sensitive and drug resistant TB. No other changes have been documented in relation to key drivers of the epidemics, risk behaviors or specific key and vulnerable populations. Thus TB epidemiological situation and trends do not require material changes in the program setup.
- TB program national policies and strategies: The National Strategic Plan for Tuberculosis Control in Georgia 2016-2020 was revised and targets and priorities for the National TB Response for the 2019-2022 periods were defined. No new approaches have been adopted within the national TB strategy as compared to the previous funding request.
- Program relevance and effectiveness: the application describes the evidence of relevance and effectiveness of current program that will be maintained through the new program. Among them are: the reduction in TB mortality rate, stable rate of MDR-TB in new and previously treated patients, high treatment success rate, programmatic use of Bedaquiline.
- Resilient and Sustainable Systems for Health (RSSH): Similar to the current grant, there are directions in the new application ensuring the integration of TB services in the general health care system (two current projects are given as an example: (1) Samegrelo-Zemo Svaneti and (2) Ajara pilots). Besides, investments in RSSH are realized through supporting country-wide rollout of Xpert MTB/RIF diagnostic technology to the peripheral (district) primary healthcare level.
- Human Rights and Gender Equality: Georgia has adhered to key international conventions and agreements on human rights, and the provisions of these conventions have been appropriately included in respective national laws. Gender-sensitive approaches are increasingly employed during development of the national policies, regulations and programs, including disease control strategies. There were twice as many males as females reported among incident TB cases in Georgia, which is in line with the average male-to-female ratio observed in the WHO European Region (2.0). Given the scope and range of measures that are being implemented to secure respect of human rights and gender equity in the provision of TB prevention and care in the country, there is no need for additional specific interventions to address these issues in the upcoming TGF funding cycle.
- Effectiveness of implementation approaches: no changes to the implementation arrangements are needed, as the current arrangements are deemed effective to deliver on the program objectives. The CCM through the OC will continue to oversee the overall implementation of the project and ensure proper coordination across disease control programs as well as between different sectors. The PAAC will continue to monitor the development of the sustainability for ensuring universal access to quality TB and HIV services under domestic funding. The National Centre for Disease Control and Public Health will continue to undertake the role of Principal Recipient.
- Sustainability, Transition, and Co-Financing: The Global Fund's support is substantially reduced. The share of state funding for TB increases annually. The country is meeting the core co-financing

requirements for the new implementation phase (2020-2022): increasing government expenditure for disease programs and health systems, and progressive absorption of key program components with domestic financing, as well as co-financing incentive requirements including allocation of minimum 50% of additional investments for interventions targeting key and vulnerable populations.

- Attached Documents: National Tuberculosis Strategic Plan for 2019-2022 and Regional Green Light Committee Monitoring Missions Reports
- The last part of the application, annex 1, represents the evidence on inclusiveness of engagement with key and vulnerable populations.

No conflicting views were expressed from attendees and the proposed Program Continuation Requests were agreed with the PAAC.

Dr. Maia Lagvilava gave floor to **Dr. Ketevan Chkhatarashvili**, consultant working on the development of Georgia HIV/AIDS National Strategic document for the period 2019-2022.

Dr. Chkhatarashvili talked about the comments received after circulating the final version of the plan among CCM members. These comments are divided into two groups: (1) issues that go beyond the scope of the Strategy and represent actual subjects for advocacy campaigns on which civil society should continue to work after approval of the strategy and submission of the Program Continuation Request and (2) issues that have been discussed and agreed with key stakeholders many times (for example making a separate KAP group for Transgender population - this issue was discussed with the PTF at the early stage of the Strategy development and agreement was made not to separate them based on a small population size and to provide them with HIV services within MSM population; hence this comment was not reflected in the strategy). Although, study to assess the size of TGs and their health care needs will be included in the NSP. In addition, some comments were received for UNFPA regarding the young KAPs services that were reflected in the document accordingly.

**Ms. Nino Bolkvadze**, NGO “Equity Movement”, talked about the needs of transgender population and pointed out that there is a need for making a separate KAP group for Transgender population. She also talked about the needs of legislative amendments (such as the criminal code and anti-discrimination and state procurement law) that should be reflected in the Strategy.

Dr. Ketevan Chkhatarashvili explained that the Strategy document envisions the need for all those legislative amendments (these needs were reflected in the Transition and Sustainability Plan and those activities were integrated into the NSP document), but the format of the Strategy does not consider including changes to specific articles or similar details. Those are subject to further advocacy campaigns.

Ms. Ketevan Stvilia noted that it will be possible to reflect the issue and needs of transgender population during the programming and implementation processes (during discussing the entire budget for the LGBT community). Engagement of CSO/CBO representatives in the process will be critical.

**Mr. Lasha Abesadze**, NGO “New Vector”, emphasized the importance of Needle and Syringe Program’s sustainability and increasing the share of state funding for this program.

Mr. George Kuchukhidze made a brief summary of the comments received on the TB Strategic Plan: It was noted that the main comments were regarding the targets and indicators which were reflected in the document accordingly.

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

**Decision points:**

- PAAC agrees on the proposed HIV and TB Program Continuation Requests and recommends them to the CCM for final endorsement.

**Minutes prepared by Tamar Zurashvili**

Policy and Advocacy Specialist, PAAC