

Minutes  
of  
Policy and Advocacy Advisory Council Meeting: 18

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The PAAC meeting was held at the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia on May 20, 2019 at 15:00.

**Objectives:**

- To make agreement on the new candidate of the PAAC Chair;
- To discuss the current status of HIV Prevention National Standards (for MSM, SW and young populations) and agree on the next steps;
- To discuss the current status of Harm Reduction Standards and agree on the next steps;
- To discuss the current status of the project implemented by Curacio International Foundation (Technical Assistance to improve TB prevention, case detection and treatment quality by applying modern technologies);
- To discuss elaboration of service procurement and reimbursement models for the transition of Global Fund AIDS Program to Performance-Based Financing.

**Attendees:**

Tamar Gabunia	Deputy Minister of Internally Displaced persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, PAAC Chair
Eka Adamia	Ministry of Internally Displaced persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
Ketevan Goginashvili	Ministry of Internally Displaced persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
Ia Kamarauli	Ministry of Internally Displaced persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
Irma Khonelidze	National Center for Disease Control and Public Health (NCDC), Deputy Director, PAAC member
Ketevan Stvilia	NCDC, GF HIV Program Manager
Maka Danelia	NCDC, GF TB Program Manager
Lela Serebryakova	NCDC, GF HIV Program M&E officer
George Gotsadze	Curatio International Foundation, President
Keti Gogvadze	Curatio International Foundation
Nino Tsereteli	Center for Information and Counseling on Reproductive Health - Tanadgoma, executive director, PAAC member
Natalia Zaqareishvili	UNFPA, Program Analyst, PAAC Member

Irma Kirtadze	“Alternative Georgia”
Maka Gogia	HIV program director, Georgia Harm Reduction Network, PAAC Member
Nino Lomtadze	National Center for Tuberculosis and Lung Disease, PAAC Member
Nikoloz Mirzashvili	Georgia Patients Union
Gocha Gabodze	Association “Brotseuli”
Dali Usharidze	NGO “New Way”, PAAC Member
Irine Javakhadze	Ministry of Finance of Georgia, PAAC Member
Nino Mamulashvili	Programs coordinator, WHO
Nana Nabakhtevili	LFA
Irina Grdzeldze	CCM, Executive Secretary
Natia Khonelidze	CCM, Administrative Assistant
Tamar Zurashvili	PAAC, Policy and Advocacy Specialist

The meeting was opened by **Ms. Tamar Gabunia**, MoLHSA Deputy Minister, who welcomed the attendees and introduced the purpose of the meeting.

Ms. Gabunia gave floor to **Ms. Irina Grdzeldze**, CCM Executive Secretary, to go through the standard procedure for selecting the new candidate for PAAC Chair. Ms. Grdzeldze nominated Ms. Tamar Gabunia, MoLHSA Deputy Minister, on the position of the PAAC Chair. PAAC members agreed with no objection. Subsequently, the Georgia Country Coordination Mechanism will approve the issue.

Ms. Gabunia noted that during the past two years there was some confusion concerning the HIV Prevention National Standards, therefore there is a need to review their current status and agree on further steps on order to ensure their final formalization and approval by MoLHSA. She gave floor to **Ms. Nino Tsereteli**, the author of HIV Prevention National Standards among MSM and SW, to present the current status of the documents.

**Ms. Tsereteli** briefly presented to the audience the status of the standards as well as the decision that was made regarding the next steps. At the time when development of the standards was completed and had to be submitted to the MoLHSA for approval, the package included the guidelines and the protocols with its costing. The latter was based on the Global Fund HIV Program costing at that time. Since currently the Global Fund Programs are being costed with the new method, the following issues has been raised on agenda: wait for the new costing and then submit a revised package of standards for approval or submit for approval the guideline alone at this point. The group of authors conducted several meetings in this regard and agreed to submit only guidelines to the Council of Guidelines at MoLHSA for approval. Later the protocols costed with the new methodology will be submitted when elaboration of the new costing method is completed. Ms. Tsereteli gave floor to **Ms. Irma Kirtadze**, the author of Harm Reduction Standards.

**Ms. Kirtadze** made brief overview of the documents elaboration history. The Harm Reduction Standards were developed in 2017, within two projects - the Eurasian Harm Reduction Network’s Global Fund Regional project and TEMPUS Project that envisaged the development of addiction services and human resources in this field. A

working group composed of service providers, representatives of NCDC and other main stakeholders was created to work on the guideline. The document is based on consolidated guidelines issued by Canada, WHO, UNAIDS and all leading international organizations released in 2017, and therefore contains the most recent information. The guideline is supplemented by four protocols including NSP, VCT, Overdose and Peer Education. All these protocols are costed by UNAIDS methodology. Since Global Fund is beginning to use new approaches for the costing, the old model presented in the documents is no longer valid and this part of the standards will need to be updated after completing elaboration of the new costing methodology. Hence, it was decided that the guideline alone will be submitted to the MoLHSA for approval at this point, which can be further supplemented by the protocols with its costing at any time.

**Ms. Natalia Zakareishvili** noted that the UNFPA has provided technical assistance to the development of HIV prevention national standards for MSM, SW and young populations. The overall coordinated process was under way while working on these documents. All of them are based on international recommendations and practice. She also noted that the confusion that caused the delay of the process was related to the terminology regarding the document title: whether it should be a standard, which is a standard operational procedure (SOP) with its costing or a guideline with its protocols. Ms. Zakareishvili thinks it is important to define this issue and apply to the relevant board at the Ministry in order to prevent the delay of formalization processes again.

**Ms. Irma Kirtadze** noted that the guideline for developing guidelines placed on the website of the Ministry and providing the instructions for elaborating such documents in the country was used during the development of Harm Reduction Guideline. All essential parts are reflected in the presented document, including indicators, which will be used for measuring the delivery of harm reduction services in the country.

**Ms. Tamar Gabunia** commented on terminology and noted that it is more important to talk about the goals of the documents and the possibilities for their use. In general, the Council functioning at the Ministry is for approving guidelines and in rare cases discusses the protocols that are linked to the guideline or presented independently. In her opinion, it is important to agree on what is a good practice recommended for specific interventions and then think about how it will be implemented, including the part of the budget. There are many guidelines containing an intervention that is not funded by either the state or other donor sources, but it is included in the guideline and is recognized as a good practice. Ms. Gabunia thinks it would be better to review the guidelines first; the process of elaborating new costing methodology is underway and later will be transferred to the state programs or other financing structures. She advised the group of authors to update the documents if necessary, to obtain a relevant recension (stating that the document is based on the latest recommendations) and to apply the standard procedure for submitting the documents to the Ministry.

**Ms. Nino Tsereteli** noted that some studies and new information have been introduced after finalizing the standards, therefore the guideline will require some minor update, for example at that time PREP was not yet available and so on. She also explained that the guideline offers so called minimal package based on the current practice, followed by the extended, recommended interventions, and it all coincides with the service packages provided by the HIV/AIDS National Strategy and is in alignment with the document.

**Mr. Gocha Gabodze**, representative of PLHIV community made a comment regarding the guidelines. He noted that the development of patient adapted versions of guidelines is a common practice worldwide. He hopes for having such versions in Georgia too, because it is difficult to understand the content of the existing guidelines,

which are substantially presented with medical terminology and are not easily understandable for community members.

**Ms. Tamar Gabunia** thanked Mr. Gabodze for raising up this important issue. She pointed out that the methodology placed on the web site of the MoLHSA requests from the group of authors to prepare a simplified version for the patient, and therefore should be considered in the given case as well. Ms. Gabunia also noted that while the Board is discussing the guidelines it questions the existence of accompanying educational (trainings) part and asked the group of authors to consider this issue as well.

**Ms. Irma Kirtadze** noted that the TEMPUS project envisaged the development of a three-day training course within the professional Association of the Addictologists for field/social workers working in Harm Reduction services. The course is prepared, there is an association that can implement it and the issues is reflected in the guideline accordingly.

**Ms. Natalia Zakareishvili** noted that the training modules for both medical and social workers have been developed in regard to HIV prevention standards. The modules are located on the Online Platform of Tbilisi State Medical University and are accredited as well.

**Ms. Maka Gogia** commented on the formalization of education. The Association of Social Workers does not provide certification any longer and the long-term programs are the competence of the Ministry of Education. GHRN has begun negotiation with the Association of Social Workers on conducting short training courses and trainees will receive the relevant certificates. As for the long-term programs, further coordination with the Ministry of Education will be necessary in this direction.

**Ms. Tamar Gabunia** summarized the issue of standards: in compliance with standard procedures, the group of authors will submit the guidelines with accompanying recensions to the respective council at the Ministry of Health. At the same time, the process of costing development will continue and then move to the program level in order to evaluate the impact on budget and how they will be implemented. Ms. Gabunia gave floor to **Mr. George Gotsadze**, to presents the status of technical assistance to improve TB prevention, case detection and treatment quality by applying modern technologies.

**Mr. Gotsadze** briefly presented to the audience the status of the project by components. It includes four components. (1) The first one refers to the FAST strategy. The latter is the part of the TB strategy provided by the World Health Organization for ensuring active case finding, diagnosis, separation of patients and their timely inclusion in treatment. The strategy envisions extensive engagement of PHC provides. In regard to the Lab part, a significant role is given to new technologies – GenXpert testing, the machines are currently available in 15 facilities throughout Georgia. The project scope included evaluation of the efficiency of the equipment operation as well as implementation of FAST strategy. Mr. Gotsadze emphasized the fact that the operation of GenXpert machines is associated with significant costs; therefore, it is suggested to maximizing their load to reduce the capital expenditure within the conducted investigations and the main part of expenditure should be made up of the replaceable materials that is directly related to the tests. The working group supervised by Mr. Nika Nasidze and with active participation of National TB Program is working on this issue: fieldwork and site-visits were conducted in Tbilisi and regions; preliminary results are already prepared; those were discussed within the working group as well as with NTP and NCDC representatives and some agreements are already achieved. Based on these agreements the report will be completed and the first part of the recommendations will be presented to the NCDC

by the end of May. The report will focus on two issues: first - define the optimum number of available equipment and future needs for their purchase considering capacity and the geographical distribution principles, in order to ensure their proper load and second – develop recommendations for improving implementation of the FAST program. Mr. Gotsadze also pointed out that the FAST strategy is not progressing well enough, TB specialists still mostly conduct TB case finding, and there are only single cases when PHC providers are actively involved in this process. He also emphasized that this is a conclusion about the need of active work to improve this direction and the existence of possibilities to increase efficiency of the program. Based on the current TB epidemiological profile, the technical assignment also considers implementation of Hep C confirmation tests on GenXpert machines, to ensure adequate load and optima use of the equipment. (2) The second part of the project refers to the development of epidemiological research guidelines for contacts' investigation of TB positive patients. There is a separate working group operating in this direction, with the participation of NTP; field visits have been conducted; existing barriers have been assessed and future intervention needs have been identified to facilitate contacts' identification, investigation, and timely involvement of TB positive patients in treatment. The final product will be presented as a guideline to be used by TB program and Public Health epidemiologists. The draft document has already been developed; consultations have been conducted within the Working Group, as well as with the management of the NTP. The guideline will be completed based on the comments received and will be submitted to the NCDC by the end of May. (3) The third direction of the project is to create a Registry of the medical personnel to conduct periodic TB investigation in this group, with focus on latent tuberculosis. The working group with NTP participation is operating on this direction as well. The preliminary draft document is already prepared, the assignment is in progression and the final product will be submitted to the NCDC by the end May. (4) The fourth component considers introduction of new funding / reimbursement methods for the TB program, which will be more focused on creating motivational factors and payment of a single case treatment. The work is carried out in three directions: the first is to conduct desk review and document how TB program is financed and what is the volume of funding at present. This component is linked to two wider studies conducted by Curatio International Foundation. The first one is funded by the English Medical Research Council and the second by Gates Foundation, where cases are calculated using a bottom-up costing and cost accounting methods. Mr. Gotsadze stated that the information collected within the given study will provide opportunity to have a full understanding on what is the cost of each TB case treatment (sensitive and resistant forms) in Georgian by August; what does the treatment costs at the hospital or at the outpatient level. In addition, the distribution and most importantly the structure of expenses by the type of facility will be assessed as well. The final product will be proposed in the form of options and not as final recommendation. Their strength and weaknesses will be presented. Discussions will take place in working groups as well as in PAAC format.

**Ms. Irma Khonelidze** thanked Curatio International Foundation for their valuable input. Related to the first component of the project, she noted that the final criteria, that latter will form the basis for recommendations, still need to be agreed upon and discussions may also be considered in the PAAC format. Regarding the third component, Ms. Khonelidze said that the Scope of Work have to be agreed; the CDC latest guideline for this issue has been already shared, which can be a good indicator for further work. In terms of financing, she only spoke about the timeframes. In June, intensive work should be carried out on different financing options in the PAAC format. According to the best scenario, during the current year, it should be possible to prepare calculations for the state program according to the agreed methodology. In order to start the program implementation from the next year, relevant decisions should be made in early September this year. She also stressed the fact that the

maximum effort should be made in order to support transition to outpatient care model. The relevant system of incentives should be offered for this purpose.

**Ms. Tamar Gabunia** noted that the FAST was initially developed as an infection control strategy. Its primary aim was not active TB cases finding, rather it was more focused on ensuring infection control at the moment of admission to the hospital. Therefore it would be interesting to make assessment in this context too. She also provided feedback related to financing component. In her opinion, it is very good point that everything will be built on the cost structure, then we will look at several options and select a good model. While selecting those options she suggested to focus on the people-centered approaches and asked the researchers to work in this direction as well.

**Mr. George Gotsadze** noted that infection control is indeed one of the most important issues. The study investigated how it was ensured in the facilities with GenXpert machines; and the results showed that in some institutions it is adequately implemented, in some cases not. Therefore, this study is appropriate for identification of problems and finding potential ways for solving them. Mr. Gotsadze talked about the benefits of GenXpert testing in timely diagnosis and inclusion in TB treatment; however, he noted that significant operational costs of the machine should not be neglected. Thus, the adequate load of the device is given a high priority and should be one of the leading criteria. The optimal distribution of machines is possible when they will be loaded with Hep C confirmation tests. Mr. Gotsadze noted that people-centered care is an important issue and will definitely be considered during the working process.

**Ms. Ketevan Stvilia** mentioned that it is planned to use GenXpert machines for diagnosing HIV/AIDS. This is the requirement coming from both the Global Fund and representatives of community organizations (petition asking for decentralization of services was prepared by the community) and work towards this direction is already planned.

**Ms. Irina Javakhadze** made a comment on the budget resources for 2020. According to the governmental resolution, the primary ceiling should be introduced to the MoLHSA today; consultations are underway and the total amount is not defined yet. Then, no later than June 30, based on this ceiling the MoLHSA should approve its mid-term plan; and this plan then serves as the bases for the budget according to the programs and sub-programs that MoLHSA will present on September 1. The Ministry can make adjustments until November 30; however, it is desirable to have an already established position and the main part of the health care direction defined by September 1.

Regarding infection control **Ms. Tamar Gabunia** noted that the existing practice might not be favorable. The issue is how valuable is the prevention of even a single case and asked to consider this part while talking about the benefits of the intervention.

**Mr. Gotsadze** said that this factor is taken into consideration when talking about the volume of patients; within the scope of the study, all ICD10 codes that must serve as the bases for doctors to presume TB and refer to GenXpert testing, were explored. The data already exists; it is analyzed and reflected in the report accordingly.

**Mrs. Nino Lomtadze** said that the new TB strategy, which will be approved in the nearest future, envisages more active TB screening, active contact investigation, and further treatment of latent TB or TB preventive treatment. These require much more financial resources than it is included in the TB program today. At present, there are 100 doses of 3HP (3-month preventive treatment course) ordered within the state program, but it is stated that

this treatment should cover at least 40% of contacts, therefore, this issue should be considered during the budget planning accordingly. She also mentioned that screening of latent infection in health care workers has already started and 50 persons are already investigated (the investigation is ongoing in parallel with the guideline implementation trainings). Latent TB treatment should be offered to this group as well, although there is no resource available yet. It is difficult to determine the precise numbers; the highly accurate data will be collected and consultations will be required in this direction.

**Ms. Tamar Gabunia** gave floor to **Ms. Irma Khonelidze** to present the processes concerning the elaboration of service procurement and reimbursement schemes for the transition of Global Fund AIDS Program to Performance-Based Financing.

**Ms. Irma Khonelidze** briefed the audience on ongoing processes. On May 14, the Global Fund Board approved the HIV/AIDS program budget for the next allocation cycle (from July 1 2019 to the next 3 years). The formalization process will be completed soon. The procedure implies the governmental agreement and it will be signed afterwards. NCDC has already sent the documents package to the MoLHSA. Since contracting and announcement of tenders should start from July 2019, Ms. Khonelidze asked the representatives of the MoLHSA to timely respond to this issue. In February 2019, at the time of grant negotiation the Global Fund requested to transfer the HIV/AIDS preventive services to the results-based financing. The technical assistance was seek from the Global Fund, since programs should move to the new financing model. The Global Fund addressed organizations in their research and currently two of them expressed their interest. The next steps will be defined in the nearest future. However, it is noteworthy that the terms of references of this technical assistance is less focused on the primary needs (to ensure practical implementation of the new financing models) of our reality and more emphasis is made on issues such as regulation mechanisms, CSO contracting, etc. There were negotiations regarding this issue and it will be defined whether there are any possibilities of making adjustments. In case of negative response, an alternative way may be provision of the technical assistance within the existing grant (possibly TB grant, HSS component). The response will be already known during the current week and processes will continue within the PAAC, involvement of all interested stakeholders will be ensured. It is not possible to transfer to anything new from July 1 even without considering these timelines. In February, there was an agreement with the Global Fund that contracts will continue until September in old format and then will be transferred to the new model.

**Ms. Irma Kirtadze** asked the question whether it would be possible to use the results-based financing model that will be used during the next 3-year allocation period, for costing the protocols, which will later supplement the Harm Reduction Guideline.

**Ms. Irma Khonelidze** responded that the unit costs have already been elaborated. The example of several countries using the similar model (based on deferent inputs such as personnel time, services type, consumables, etc. calculated per person) served as a benchmark. The unit costs can be shared with interested parties. However, it is possible that they will become the subject for modification during the working process. This method has its difficulties especially in the monitoring section therefore NCDC does not plan to make multi-year procurements at the initial stage, it will be piloted first and the final methodologies will be based on the pilot results.

**Ms. Ketevan Stvilia** pointed out that it was necessary to cost the protocols at the time of elaboration of the standards. The aim of the costing was to serve as a tool for negotiating with the Government. Since there is no need at this stage (a new costing model should be implemented as a pilot), it is better to approve the guidelines now and subsequently discuss and have negotiation regarding the costing.

**Mr. George Gotsadze** noted that the World Bank has already implemented a number of results-based financing models, not in AIDS services but in general health care and in different directions. Evaluation of what works and what does not is assessed and the final report is already released. In addition, this process was subject to an independent assessment and the findings and recommendations of an independent assessment is already released as well. According to Mr. Gotsadze, these documents will significantly assist the ongoing processes. In addition, he thinks that the most of the problems will be related to monitoring and institutional arrangement, which means creating a new structure or addition of this function to an existing structure capable for its performance. Considering the complexity of the issue, Mr. Gotsadze believes that the countries with the same assignment should unite and request from the Global Fund to ensure serious technical assistance in this direction.

**Ms. Maka Gogia** noted that within the GF regional project implemented by the GHRN (the project is carried out in 14 countries of the EECA region) there is an opportunity to define the counties with the same needs in this direction and jointly seek for the possibilities of technical assistance.

**Ms. Nino Tsereteli** made a brief announcement: Educational Foundation of the International AIDS Society plans to hold a regional symposium on June 20 in Tbilisi aimed at sharing the scientific achievements of AIDS international conferences and regional innovations. Elaboration of the symposium agenda is in progress and the detailed information will be provided to all interested parties soon.

**Ms. Irma Khonelidze** announced that it is planned to transfer the STI services for KAPs to the state financing in the nearest future. The latter will not be considered within the Global Fund upcoming grant. There is a possibility to use local technical assistance if necessary and it will be essential to continue working in this direction.

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

**Decision points:**

- The groups of authors will submit the HIV prevention and Harm Reduction guidelines to the MoLHSA Guideline Council;
- At the same time the groups of authors will work on patient adapted versions of the guidelines;
- Active involvement of the MoLHSA in TB issues will be ensured in the PAAC format or independently;
- Seeking the technical assistance for performance-based financing will be ensured.

**Minutes prepared by Tamar Zurashvili**

Policy and Advocacy Specialist, PAAC