

Minutes  
of  
Policy and Advocacy Advisory Council Meeting: 23

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The PAAC meeting was held online via Zoom platform on October 6, 2021 at 15:00.

**Objectives:**

- To discuss the main directions and development schedule of the National TB Strategy for 2023-2025

**Attendees:**

<i>Tamar Gabunia</i>	Deputy Minister of Internally Displaced persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia; PAAC Chair
<i>Mikhail Volik</i>	International Consultant, Stop TB Partnership
<i>Mzia Tabatadze</i>	CCM Vice Chair
<i>Irma Khonelidze</i>	National Center for Disease Control and Public Health (NCDC), Deputy Director, PAAC member
<i>Ketevan Stvilia</i>	NCDC, GF HIV Program Manager
<i>Maka Danelia</i>	NCDC, GF TB Program Manager
<i>Natalia Adamashvili</i>	NCDC, GF TB Program M&E Specialist
<i>Irina Javakhadze</i>	Ministry of Finance, PAAC member
<i>Nino Lomtadze</i>	National Center for Tuberculosis and Lung Disease, PAAC Member
<i>Khatuna Todadze</i>	Center for Mental Health and Prevention of Addiction, PAAC member
<i>Marine Gogia</i>	HIV program director, Georgia Harm Reduction Network, PAAC Member
<i>Nino Tsereteli</i>	Tanadgoma, PAAC member
<i>Natia Khonelidze</i>	CCM, Administrative Assistant
<i>Tamar Zurashvili</i>	PAAC, Policy and Advocacy Specialist

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The meeting was opened by **Ms. Tamar Gabunia**, PAAC Chair, who welcomed the attendees and introduced the purpose of the meeting: to discuss the main directions and development schedule of the National TB Strategy for 2023-2025. She thanked Mr. Mikhail Volik, Stop TB Partnership consultant for his efforts working on this very important issue and gave him the floor.

**Mr. Mikhail Volik**, International Consultant, Stop TB Partnership, expressed his gratitude towards PAAC members for participation and underlined the importance of transparent and inclusive process for developing the National TB Strategy for 2023-2025. He started his presentation with presenting the milestones of End TB strategy for 2025 and suggested changing the language of the strategy from controlling TB to ending TB in Georgia. He briefly talked

about TB situation in Georgia and noted that country is demonstrating impressive decline in TB notification rates (new and all forms) and is on a good track to achieve this critical targets to reduce TB incidence and TB notification. He also underlined that COVID-19 impact should be carefully taken into consideration and efforts should be reinforced to close the gap caused by the pandemic. He also highlighted the importance of considering situation concerning the drug resistant TB in the country. Then he presented the main achievements and gaps of the TB care cascade in Georgia: Contact investigation is not adequately reported (currently contacts per index case is reported instead of WHO requested contact investigation coverage); TB preventive treatment coverage in contact children aged under 5 is very poor - 13%; TB preventive treatment coverage among PLHIV are not reported by NTP (available only in HIV program); treatment success rate among new and relapse TB is quite good in the country (85%; 2019 cohort), although the treatment success rates for RR/MDR-TB and XDR-TB are less than regional targets; known HIV status among TB patients is 88%, quite high, but is expected to be almost close to 100% (reporting problem regarding this indicator was mentioned by the consultant). Mr. Volik mentioned that Georgia successfully underwent the midterm evaluation of its TB strategy this year by WHO regional office and its experts. According to the evaluation it is recommended to align the targets and monitoring and evaluation framework with global and regional frameworks and thus the consultant talked around aligning the milestones and national TB targets with the End TB strategy. Then Mr. Volik presented the goal and objectives of the strategy. He underlined that currently Georgia has a very good strategic plan for TB control and all activities that work well should be sustained. In contrast with the current strategy, assuming that the focus of the future efforts to eliminate TB globally and nationally should be on TB prevention and prevention interventions, the consultant suggests to add one new objective – to ensure comprehensive prevention of TB through preventive treatment, vaccination and airborne infection prevention and control. Understanding its significance by all key stakeholders and securing funding for preventive interventions will be very important. And considering all the new developments in TB care, the consultant outlined the provisional strategic interventions for each of the NSP objective. Then Mr. Volik presented the NSP structure that will consist of core plan, operational plan, technical assistance plan, M&E Plan and budget plan. He also noted that it is optional to develop the emergency plan, but since Georgia has a very good plan for COVID-19 response and TB mitigation and recovery measures are include there, focusing on transition and sustainability planning can be considered instead. At the end of his presentation, Mr. Volik talked about the NSP development timelines. Ideally by the end of November the draft NSP will be ready.

**Ms. Tamar Gabunia** thanked **Mr. Volik** for the comprehensive presentation of the NSP outline and opened the floor for the discussion.

**Ms. Nino Lomtadze**, Head of Surveillance and Strategic Planning Department at NCTLD, noted that since there are interventions in TB NSP which are related to HIV program as well, it's important to ensure that HIV NSP also includes those crosscutting interventions, since these are mutual objectives that should be achieved by both programs and suggested to have joint NSP (TB and HIV) team meetings during the development of strategies.

**Ms. Tamar Gabunia** also made several comments. The first point concerned the alignment of Georgia NSP targets with global TB targets, which at this points seems quite ambitious, in particular for some specific areas like preventive treatment and etc. She thinks that it's important to have further discussions on this issue and go realistic, take into account existing gaps and the negative impact of COVID-19 and include the most feasible targets into the NSP. Her next comment was around the establishment / strengthening truly people centered services. She stressed the importance of greater integration of TB services into PHC, as well as defining the very specific

tasks and areas for CSO activities and having better connection between vertical programs. Under the objective 4, Ms. Gabunia also suggested to specify the list of health care providers that should be trained within the next three years period. Her another point concerned the improvement and advancement of digital systems for TB program. Currently Georgia is developing digital strategy for overall health system with the support of World Bank and suggested integration of TB digital strategy there rather than having a standalone one. Another important direction that was well emphasized in the NSP outline presented by the consultant is to support introduction and scale up of innovative diagnostics. Ms. Gabunia noted that this is an important point for the Ministry and would support it at the programmatic level if corresponding interventions are well costed out.

**Ms. Irma Khonelidze**, NCDC Deputy Director, also thanked Mr. Volik for the work accomplished so far. She noted that the similar processes for developing the HIV NSP are currently underway with the support of the WHO; two consultants have been already selected for this assignment and the draft priority directions of the HIV NSP will be presented to PAAC tentatively by the end of October or beginning of November. She also mentioned that there is a locally established working group and meetings of experts working on both strategies to identify and properly reflect crosscutting issues will be ensured. Ms. Khonelidze also informed the participants that NSP mid-term evaluation with revised targets has been completed and the document will be shared with PAAC. Then she referred to PAAC Chair with the question whether to focus on 3 or 5 year period for the development of the strategies for both diseases. Her another point concerned the health systems strengthening activities, there is a need to conduct working group meeting to facilitate discussion and obtain input from the MoH before incorporating suggestion into the strategies (draft will be developed for MoH review). And finally she mentioned that there are no separate Transition and Sustainability plans and transition activities are usually incorporated into the NSPs and the similar approach will be used under the current process.

Regarding Ms. Khonelidze's question on the NSP timeline, **Ms. Gabunia** responded that it is reasonable to cover the three year period (2023-2025) and see how the country will achieve the set targets and plan for the next cycle accordingly.

**Ms. Irina Javakhadze**, Chief Specialist at MoF, underlined that there is an important link between strategy and program budget indicators in annual budget and next three years budget. Increasing domestic resources and annual budget allocation for programs depend on the outcomes and achievements of the program.

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

#### **Next Steps:**

- NSP Mid-term evaluation document will be shared with PAAC
- Draft health strategy (latest draft) will be shared with the consultant
- Draft document on crosscutting issues for HIV and TB strategies and Health Systems strengthening will be developed and provided to MoH for discussion

#### **Minutes prepared by Tamar Zurashvili**

Policy and Advocacy Specialist, PAAC