

Minutes  
of  
Policy and Advocacy Advisory Council Meeting: 9

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The PAAC meeting was held at the Ministry of Labor, Health and Social Affairs of Georgia on June 28, 2017 at 11:30.

**Objectives:**

- To inform the group members and discuss on the CCM transition plan outline presented by the Euro Health Group (EHG) consultants
- To define the PAAC role in the development of the CCM transition plan and outline modus operandi of the group.

**Attendees:**

<i>Nino Berdzuli</i>	Deputy Minister of Labor, Health and Social Affairs, PAAC Chair
<i>Tim A. Clary</i>	EHG consultant
<i>Sanja Matovic</i>	EHG consultant
<i>Nino Badridze</i>	Infectious Diseases, AIDS and Clinical Immunology Research Center, Head of Epidemiological Department, PAAC Member
<i>Ketevan Stvilia</i>	NCDCPH, PIU, HIV Program Manager
<i>Tsitsi Surameli</i>	Ministry of Corrections, Medical Department
<i>Dali Usharidze</i>	NGO “New Way”, Director
<i>Konstantine Labartkava</i>	NGO “New Vector”
<i>Giorgi Magradze</i>	Georgia Health Promotion and Education Foundation – TB Coalition member organization, Deputy Board Chairman
<i>Irina Grdzeldze</i>	CCM, Executive Secretary
<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 **Dr. Nino Berdzuli**, Deputy Minister, PAAC Chair, who welcomed the attendees and presented the meeting objective to discuss on CCM transition plan development and the PAAC role in this process. As part of her welcome speech she stressed the importance of the transition period since we are moving from the assistance of the GF and that this is a critical period to ensure the programs oversight and steering them in the right direction to make sure they are as strong as it was during the FG program implementation. She mentioned that the PAAC was established as a platform to involve all the stakeholders working in HIV and TB area to prepare the transition plan and that very recently the TSP was approved by the PAAC and CCM. Dr. Berdzuli highlighted the significance of rethinking about the role and functions of the CCM in the transition, as well as in the post transition processes, to have evaluation of what needs to be done and to fit the local county context as well. She confirmed

that PAAC will continue to be a platform for discussion on the CCM transition plan development and prepare the draft outline of the suggestions for the role and functions of the CCM in the transition and post transition process. She gave the floor to **Mr. Tim A. Clary**.

**Mr. Tim A. Clary**, EHG consultant, greeted the participants and briefly introduced himself as well as his colleague **Mrs. Sanja Matovic**. He talked about his previous work conducted in Georgia including GIZ funded German BACKUP Initiative and Global Fund CCM Study conducted in five countries: Ethiopia, Georgia, Ghana, Guinea, and Moldova. He stated that the current visit is actually a follow up to this study and GIZ has funded EHG to move forward to CCM transition plan development. Mr. Clary briefly presented the 7 options of CCM transition (**Option 1**: Maintain the status quo; **Option 2**: Disband the CCM after GF funding stops; **Option 3**: Keep CCM as a unique structure, but as a Board (within the MoLHSA) and apply CCM tools and practices; **Option 4**: Become a sub-committee of another broader health body; **Option 5**: Become an Oversight body to oversee transition process and ensure implementation of the transition plan; oversee national programs; **Option 6**: Merge with some existing body; **Option 7**: Create a public-private implementation unit and use the CCM as a framework) discussed at Georgia CCM Integration Study Workshop conducted in May, 2016. Of those 7 options two were preferred by most of the stakeholders: (option 1) Maintain the status quo and (option 3) Become a board within the MoLHSA maintaining CCM functions. Mr. Clary stressed the importance of the CCM transition plan to be realistic and to think about the expectations of the CCM and what will it be able to do when the GF eventually exits from Georgia, as well as different levels of financing of the CCM functions including the CCM secretariat support. He also highlighted the positive point of Georgia CCM having the Resolution #220 which is used by consultants as an example for lots of counties. It makes the CCM currently the national coordination body for the HIV and TB programs in the country and adopts GF guidance including the representation of SCO representatives on CCM. Mr. Clary also noted the constructive facts that the PAAC will be the main body for discussions on those options of CCM transition and the draft outline of the CCM transition plan and also, in terms of organization, Policy and Advocacy Specialist will serve as a point of contact for the consultants during the development of the plan.

**Mrs. Sanja Matovic** – greeted the participants and stated that within the support of the GIZ they are in Georgia to work on the CCM transition plan development but also can offer any other technical assistance and support to the current CCM identified within the transition plan development or where else they can help.

**Mr. Tim A. Clary** – emphasized the positive fact of having already developed programmatic transition plan. He noted that the CCM transition plan is planned to be developed within the next 3-6 month and provided the audience with the points advised during the current visit (1) to incorporate the CCM transition plan into the programmatic transition plan so that it can be submitted as one document and bureaucratically it will be an easier way to get approval from governmental bodies and (2) to make annual review of the plan and see if it needs any updates.

**Dr. Nino Berdzuli** – stated that due to the dynamic and evolving nature of the systems it is already planned to make the review of the programmatic transition plan by the end of 2017 to

take a look and make proper changes and that this will be happening every year. She once again stated that the CCM transition plan elaboration will be a working process within the next 3-6 months and the PAAC will be used as a platform for having consultations and the dialog with all the relevant stakeholders. It will be a similar process to the recent programmatic transition plan development.

**Mrs. Ketevan Stvilia** – pointed out that it is a very good idea to submit the CCM transition plan together with the programmatic transition plan for the governmental approval but in this case the GF deadline for the programmatic transition plan approval might be missed exceedingly so it would be better to consult with GF portfolio manager on the proposed issue. She also raised a question of the CCM transition plan budget.

**Mr. Tim A. Clary** – stated that the issue should be a point of discussion within the PAAC when talking about the future budget of the CCM - where the resources might come from and what they might look like and also to revisit the future functions of the CCM so that to see if they fits with the future, perhaps a limited budget. In term of a budget for the implementation of the CCM transition plan, the only thing to be aware of over the next few years would be the budget for the monitoring of the plan to make sure that the milestones are reached. Considering that the CCM can almost self-monitor its implementation the consultants assume that a very limited resource would be needed.

Afterwards Mr. Clary presented the draft outline for the CCM transition plan and briefly went through its sections (See attached outline).

**Mrs. Ketevan Stvilia** raised a question about the responsible party for the CCM transition plan implementation. **Dr. Nino Berdzuli** confirmed the importance of the raised issue and asked consultants to provide information on similar experience in other counties.

**Mr. Tim Clary** noted that the CCM transition is a new issue for most countries. Out of nine countries that have already transitioned from the GF support 8 have abandoned the CCM and asked Mrs. Matovich to talk about Estonia experience where the CCM have survived for some time.

**Mrs. Matovich** stated that Estonia was really a good example. They had establish their CCM only to coordinate GF grants and when GF grants finished this body was automatically dissolved but in order to continue the use of CCM model and functions they established HIV/AIDS Coordination Committee within their HIV strategy that was running in parallel with the CCM for one year and some members of the CCM were also the members of that committee. The committee was structured and functioned in the same way as the CCM. So when the CCM was automatically dissolved this body continued to coordinate HIV activities and the other activities at the national level. All programmatic activities previously funded by the GF were fully taken over by the government and this continued for some period. They also did some changes in their policy framework, they developed the National Health Plan and all strategies that were existing separately (HIV Strategy, TB Strategy, Drug Strategy) were incorporated into the National Strategic Plan. By the time the HIV strategy expired in 2012 this body was again dissolved. The National Strategic Plan had its own steering committee that was unfortunately

only the governmental committee without the representation of CSO and therefore the CSO involvement was decreased a lot. Nowadays there is no body in Estonia that functions as the CCM. Now they are considering having separate HIV Strategy again.

**Mr. Tim Clary** noted the several things that are in favor for Georgia and could be used as an example for other CCMs: Resolution # 220 making the CCM national coordinating body for HIV and TB programs and not only for GF grants, also ensuring the representation of 40% of the SCO representatives on the CCM. He also talked about the 4 main principles ensuring the CCM success: (1) the body being more than for the GF grants; (2) having strong, formalized linkages with other bodies within the country; (3) evidence of value added due to the functioning of the CCM and (4) become the role model for other bodies in the country.

At the conclusion **Dr. Nino Berdzuli** stated that we need to think very carefully about the structure and the functions of the future CCM, should we leave the same structure and functions, expand its functions or make other changes, think about the functions of oversight committee, other sub-committees and the secretariat, to think about the 7 possible options of the CCM transition and chose the most preferable one and all these issues will be discussed within the PAAC. She summarized the meeting and thanked the participants.

#### **Decision points:**

- PAAC will be the main platform and initiate discussions on CCM transition plan and provide recommendations to the CCM and the consultants;
- A draft CCM transition plan will be presented by the consultants before the end of 2017;
- Policy and Advocacy Specialist will be a point of contact for EHG consultants during CCM transition plan development;
- The issue of submitting the CCM transition plan together with the programmatic transition plan for the governmental approval will be consulted with GF portfolio manager.

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

Policy and Advocacy Specialist, PAAC

Nino Berdzuli

Chair of the PAAC

Deputy Minister of Labor, Health

and Social Affairs of Georgia

Tamar Zurashvili

Policy and Advocacy Specialist

**Draft outline for CCM transition plan**

1. Introduction (Purpose and objectives of the transition plan)
2. Background
  - 2.1 CCM establishment / governmental decrees
  - 2.2 CCM structure (including framework documents) and functioning
  - 2.3 Coordination/linkages with other bodies/platforms
3. Preparatory steps for CCM transition
  - 3.1 Enhance CCM performance
  - 3.2 CCM (re)structure for transition
  - 3.3 Transition steering group and focal points (*Establishment, roles and responsibilities, etc*)
  - 3.4 CCM Capacity development for transition (*objectives and milestones, TA needs and plans*)
  - 3.5 Stakeholders engagement and discussion
  - 3.6 Resource mobilization
4. CCM transition
  - 4.1 CCM Vision and guiding principles
    - 4.1.1 (Future) regulatory framework
    - 4.1.2 (Future) CCM structure
    - 4.1.3 (Future) CCM functions
    - 4.1.4 (Future) linkages and coordination of the evolved CCM with other broader coordination platforms
    - 4.1.5 (Future) financial mechanisms
  - 4.2 Transition process
    - 4.2.1 Key steps for transition
    - 4.2.2 Implementation plan (*activity plan with roles and responsibilities and timeframe*)
  - 4.3 Transition milestones
  - 4.4 Challenges and barriers for successful transition and mitigation measures
5. Monitoring of the transition process
  - 5.1.1 Tools for transition
  - 5.1.2 Measurable Indicators
  - 5.1.3 Documenting and reporting
6. Ensuring sustainability
  - 6.1 CCM
  - 6.2 CCM sub-structures including Secretariat
  - 6.3 Civil society
7. Budget estimates