

Minutes of the 98th CCM meeting
February 2, 2022
Web-based meeting

Agenda

13:00 – 13:05	Opening speech /remarks/ endorsement of the minutes of 97th CCM meeting/endorsement of the agenda Ms. Mzia Tabatadze – CCM Vice-Chair
13:05– 13:10	Addressing the members with the request to declare the presence of the Conflict of Interest Secretariat
13:10 – 13:20	Election of CCM Chair/Discussion/Agreement Secretariat
13:20 – 13:40	Final draft of Tuberculosis National Strategy 2023-2025 - Presentation (15 min) Mr. Mikhail Volik – USAID, Stop TB Partnership consultant <hr/> Agreement with CCM
13:40– 14:00	Final Draft of HIV/AIDS National Strategy 2023-2025 - Presentation (15 min) Joost Hoppenbrouwer - WHO Consultant Giedrius Likatavicius - WHO Consultant <hr/> Agreement with CCM
14:00 – 14:40	Final Draft of HIV/TB Funding Request – Presentation/Agreement National Center for Disease Control and Public Health

14:40 – 14:55	RSSH in the context of GF programs transition and sustainability rapid assessment and recommendations Mr. Akaki Zoidze, Consultant
14:55-15:10	Alocations approved by the Law on State Budget, specified plans and actual implementation (TB, HIV) Ms. Irina Javakhadze – Ministry of Finance of Georgia. Budget department/State and consolidated Budget Formulation Division
15:10– 15:15	AOB/announcements
15:15	Closure of the meeting

Participants

#	CCM Members/Alternates	
1	Mzia Tabatadze	NGO Alternative Georgia, CCM Vice-Chair OC Chair
2	Amiran Gamkrelidze	NCDC&PH, General Director PR of the GF grants
3	Irma Khonelidze	NCDCPH Deputy Director, GFATM PIU Project Director
4	Nino Lomtadze	Alternate Member to Zaza Avaliani - National Center of Tuberculosis and Lung Diseases, Director

		SR of TB grant
5	Khatuna Todadze	Center for Mental Health and Prevention of Addiction
6	Irine Javakhadze	Ministry of Finance, Budget department/State and consolidated Budget Formulation Division, Chief Specialist
6	Tamta Demurishvili	Ministry of Justice of Georgia Head of Medical Department of Special Penitentiary Service
7	Archimandrite Adam – Vakhtang Akhaladze	Patriarchate of Georgia Head of Public Health Department
8	Zurab Vadackhoria	Tbilisi State Medical University, Rector
9	Tamara Sirbiladze	Office of Democracy, Governance, and Social Development Social Development Team Leader

		USAID/Georgia
10	Natalia Zakareishvili	UNFPA Country Office in Georgia 10Program Analyst
11	Nino Mamulashvili	WHO Country Office in Georgia OC member Alternate member, On behalf of Silviu Domente Alternate CCM member
12	Irma Kirtadze	NGO Alternative Georgia
13	Nikolo Gviniashvili	Equality Movement, HIV Prevention Program Assistant KAP MSM Community MSM/Trans representative SR of HIV grant
14	Beka Gabadadze	MSM/Tran Representative TANADGOMA SR of HIV grant Alternate Member
15	Lasha Tvaliashvili	CBO Real People Real Vision, HIV positive community, OC member

16	Iza Bodokia	NGO HIV/AIDS Patients Support Foundation HIV KAP SR of HIV grant
17	Zaza Karchkhadze	NGO New Way SR of HIV grant
17	Mari Chokheli	NGO Open Society Georgia Foundation, Program manager
18	Nikoloz Mirzashvili	Former TB Patient, Patients Union OC member
19	Elguja Meladze	Employers Association of Georgia Private Sector
20	Konstantin Labartkava	CBO New Vector, GenPUD KAP IDU Community SR of HIV grant
21	Lasha Abesadze	CBO New Vector, GenPUD IDU Community SR of HIV grant
22	Izoleta Bodokia	NGO HIV/AIDS Patients Support Foundation, Director CCM member

23	Nikolo Gviniashvili	CBO Equality Movement KAP MSM/TG Community CCM member
24	Giorgi Magradze	Georgian Health Promotion and Education Foundation Chairman
25	Lasha Abesadze	CBO New Vector, GenPUD IDU Community SR of HIV grant
26	Nikoloz Chkhartishvili	Infectious Diseases, AIDS and Clinical Immunology Research Center, On Behalf of Mr. Tengiz Tsertsvadze
#	Guests/Observers/Speakers	
27	Tamar Gabunia	First Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
28	Ketevan Goginashvili	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
29	Ketevan Stvilia	NCDCPH, GFATM PIU, HIV Program Manager

30	Maka Danelia	NCDCPH, GFATM PIU, TB Program Manager
31	Nana Nabakhteveli	LFA, UNOPS, Finance Expert
32	Akaki Zoidze	Consultant
33	Mikhail Volik	USAID, Stop TB Partnership consultant
34	Joost Hoppenbrouwer	WHO Consultant
35	Giedrius Likatavicius	WHO Consultant
36	Andrei Mosneaga	STOP TB Partnership
37	Elena Vovc	WHO EURO
38	Nicole Seguy	WHO Copenhagen
39	Antons Mozalevskis	WHO/Europe
40	Tornike Khonelidze	Office of the State Minister of Georgia for Reconciliation and Civic Equality
41	Teiko Chikviladze	NGO Georgia Red Cross Society
42	Ketevan Mindeli	NGO Georgia Red Cross Society
43	Sandro Gogaladze	Community member

44	Barbare	Community member
45	Irakli	Community member
46	Shota Jokhadze	
47	Tamta Kikvadze	
48	Tevdore Omiadze	
49	Natali Petriashvili	
50	Tamar Zurashvili	PAS
#	Secretariat	
51	Irina Grdzelidze	Executive Secretary
52	Natia Khonelidze	Administrative Assistant

Mzia Tabatadze – greeted the participants and thanked them for joining the meeting. Ms. Tabatadze overviewed an agenda, addressed the attendees with request to come up with suggestions with the regard to the agenda items. Vice-Chair stressed the importance of items to be discussed. She expressed her gratitude towards international and local consultants, and all broad range of the stakeholders involved in development of NSPs and Funding Request.

The agenda of the meeting and the minutes of 97th CCM meeting were endorsed.

Mzia Tabatadze - gave the floor to the Secretariat.

Irina Grdzelidze - asked participants to declare presence of Conflict of Interest if any in relation to agenda items and send back to the Secretariat filled out COI declaration forms.

Comment: Collection of COI forms is ongoing.

Irina Grdzelidze – put to the attention of the attendees the theme of election of CCM Chairperson and one more time presented to the members all regulations stipulated by CCM Governing documents.

Mr. Iliia Ghudushauri, Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia was unanimously elected as CCM Chair.

Mzia Tabatadze – wished to a newly appointed Chairperson success and gave the floor to Mr. Mikhail Volik – USAID, Stop TB Partnership consultant,

Mikhail Volik – presented to the attendees a final draft of Tuberculosis National Strategy 2023-2025 (***presentation with detailed activities attached***).

Mr. Volik thanked all broad range stakeholders for their input and comments received.

Main highlights:

- The document is developed in line with WHO policy framework and other policy documents and lessons learned from implementation of current and previous National TB program taken into consideration; influence of COVID-19;
 - WHO People-centred framework for tuberculosis programme planning and prioritization;
 - Situation analysis/Programmatic gap analysis (a lot of components have been already presented and discussed at PAAC platform)
- Key TB epidemiological data (and impact of COVID-19).
- Major accomplishments of the Georgia National TB Program
- Key gaps and challenges
- Importance of putting ending TB into the strategy title was emphasized in terms of being in line with Global TB Strategy and SDGs as well as shifting focus from merely treatment to finding people for systematic screening and preventive treatment.
- Priority areas for TB interventions
 - Goals and Objectives
It was noted that the Goal of the Strategy will contribute to reaching not only global and regional but national targets envisaged by new National Health Strategy, endorsed by the Government of Georgia.
 - Targets are in line with mid-term targets and milestones of Global and Regional End TB Strategy. 80% treatment success rate among the MDR/RR-TB patient cohort – is a specific indicator for the regional program
 - Objectives set for reaching goals and targets
 - Notification, projections, prevalence (People with TB and DR TB) 2015-2025;
 - Strategic interventions and activities. It was noted that a lot of activities to find people with TB among various target groups using innovative approaches are included under objective 1. Activities of Objective 2 are mainly focused on treatment, prevention and management of adverse effects, support to operations of TB treatment facilities. Though the country is already highly sustainable in

providing all kinds of treatment, there are some activities that need to be strengthened, including national drug management, procurement, capacity building in drug management; provision of comprehensive support to people with TB to improve adherence to treatment is also under focus. Objective 3 is highlighted in a new strategy and specifically focused on prevention, preventive TB treatment, on the areas that require special attention. Activities under Objective 4. Importance of MAF TB as of universal mechanism for addressing and focusing on issues that cannot be exclusively addressed by NTP and MOH was underlined. While speaking of engaging the civil society and communities to address equity, human rights and gender issues, positive examples and lessons learned from previous implementation period was noted. High level of meaningful engagement of communities and all stakeholders was underlined and ranked as one of the most successful examples in the region.

- **M&E Framework.** Impact and outcome indicators were presented.
- **Funding and sustainability** is currently under development and will be shared with the CCM members shortly.

Mr. Volik thanked NCDCPH, NTP, NRL, M.Danelia, I.Khonelidze, N.Lomtadze, Andrey Mosneaga, the Stop TB Partnership and all stakeholders for their input.

(detailed activities are presented in the presentation attached)

Mzia Tabatadze – thanked Mr. Volik and noted that involvement of all stakeholders was ensured during the process of elaboration of the document and addressed the audience with request to additionally provide the comments and/or objections if any.

Final draft of Tuberculosis National Strategy 2023-2025 was agreed with all CCM.

Mzia Tabatadze – gave the floor to Mr. Joost Hoppenbrouwer and Mr. Giedrius LikataVICIUS - WHO Consultants to present a final draft of HIV/AIDS National Strategy 2023-2025 (*presentation with detailed activities attached*).

Joost Hoppenbrouwer -

Main highlights:

- Structure of NSP
- Alignment with global, regional and national strategies and action plans
- **Goal and Objectives of NSP**
 - Overall goal:** To provide an effective response to HIV for the period of 2023-2025, and to set the right conditions for ending AIDS by 2030
 - Three core objectives:**
 - To strengthen uptake, comprehensiveness and quality of HIV *prevention* services with a focus on key and more vulnerable populations

- To strengthen the uptake, comprehensiveness and quality of HIV *testing, treatment and care* services – with a view to reaching the 95-95-95 test and treat goals
- To strengthen *sustainability* of the national response to HIV/AIDS; reduce *stigma and discrimination*; and promote *human rights* and *gender equality*

Objective 1

- **Priority strategies of objective 1 focused on key populations (1) and general population and in health-care settings (2)**
- *Interventions for KP – PWID, SW and their clients, MSM, TG, prisoners*
- **Basic service packages for KPs**
 - **Extended service packages for KPs** that are tailored to needs of specific key (sub) populations.
- **Interventions set under prevention services for key populations at community level and in prisons including innovative approaches**
- **Interventions set under prevention services for the general population and in health-care settings**
- ***Shifting from merely focusing on scaling up service coverage, to specifically reaching those groups that have not been effectively reached to date. This involves reaching specific key sub-populations that require special service *packages* and service *approaches*. Using *innovative, low-threshold approaches*: online services, online ordering and home delivery, vending machines.***
- **Key sub-populations:** NPS users, (Mostly) young MSM engaging in “chemsex”, Female PWID who are inadequately served by current harm-reduction services, Transgender people, with special attention for those who engage in sex work, Female sex workers who are not street-based, but get clients through websites and special apps, “Hidden” (often older) MSM, including bisexual men, who are not easily reached by the current MSM services, Clients of male and TG sex workers.

Giedrius LikataVICIUS – expressed his gratitude to all stakeholders for their input.

Objective 2

- **Priority strategies around the test-treatment cascade:** Increasing the percentage of people living with HIV who know their status (1), increasing the percentage of people who know their HIV-positive status who are on antiretroviral therapy (2), Strengthening the uptake, comprehensiveness and quality of HIV/AIDS care & support services for people living with HIV to increase the number of those who are virally suppressed (3).
- **Interventions set under 3 priority strategies.**

Joost Hoppenbrouwer

Objective 3

- **Priority strategies:** *Strengthening civil society capacity* and partnerships (1), *Strengthening human resource capacity* to deliver HIV prevention, testing, treatment and care services (2), Development of *supportive legal, policy and financial frameworks* for a sustainable

national response to HIV/AIDS – with special focus on HIV prevention among key and other vulnerable populations (3), Ensuring *supportive community environments* that reduce human rights barriers to effective delivery of HIV services (4), Strengthening the *availability and use of strategic information* for evidence-based decision-making and policy development (5), strengthening national capacity for *procurement and supply management* (PSM) of drugs and diagnostics for HIV/STIs, OIs and TB (6).

- **Interventions set under 3 priority strategies**

(detailed activities are presented in the presentation attached)

Mzia Tabatadze – thanked the consultants and stressed again involvement of all stakeholders ensured during the process of elaboration of the NSP. The Vice-Chair addressed the audience with request to additionally provide the comments and/or objections if any.

Final draft of HIV National Strategy 2023-2025 was agreed with all CCM.

Mzia Tabatadze – gave the floor to Ms. Maka Danelia and Ms. Ketevan Stvilia for Final Draft of HIV/TB Funding Request.

Maka Danelia – presented in details TB Component of Funding Request 2023-2025 (*presentation with detailed activities attached*).

Main highlights:

- **2020-2022 Global Fund Allocation** – Total Allocation: 17,556,486 USD / Tuberculosis: 5,479,715 USD; at least 50% of allocation funding should be for disease-specific interventions for key and vulnerable populations and/or highest impact interventions within a defined epidemiological context + above allocation. Implementation period: Jan 01, 2023 – December 31, 2025
- **Global Fund’s Specific Recommendations for TB component:** TB screening/diagnostics -Further strengthening of systematic screening of high-risk groups including through outreach and community-based approaches; TB treatment - Further accelerate progress towards universal health coverage through the provision of people-centered health services for TB, continue to scale-up the use of new regimens, including mSTR, is an opportunity to accelerate decentralization, people-centered treatment and improve outcomes by among other effects, reducing medicine adverse events (includes packages of care to support adherence, aDSM); TB Information systems - Assess the need for an up-to-date electronic information system and develop system or use an existing one.
- **Policy Context**

- **Criteria for Prioritization.** While speaking of TB dynamics it was underlined that available up to data, impact of COVID-19 and projections were taken into consideration. Wide-scale country dialogue ensured meaningful involvement of CS and communities which mainly informed interventions set.
- **Priority areas for TB interventions**
 - Finding all missing people with DR-TB with a focus on key and vulnerable populations
 - Ensure universal access to quality DR-TB treatment (expanding the use of shorter regimens); scale up people-centred DR-TB care with an expanded package of treatment support services, including VST, mental and social support.
 - Scale up TB preventive treatment efforts.
 - Meaningfully engage CSOs and affected communities in provision of community-based services, monitoring gaps and barriers throughout the TB care cascade and decision-making.
 - Support enabling environment and address equity, human rights and gender issues.
- **Objectives:** Sustain universal access to quality detection and diagnosis of DR-TB (1); Improve treatment outcomes of people with TB and DR-TB (2); Scale up effective TB prevention (3); Health system strengthening (4);

Objective 1:

- Main areas of objective 1: Expand systematic screening for TB disease among at-risk key and vulnerable populations (1); Ensure timely and quality TB diagnostic services (2). Special focus will be on active screening of TB, including contacts.
- Detailed strategic interventions concerning case detection and diagnosis for both areas of the objective 1. **Objective 2:**
- Strategic interventions of objective 2: treatment and community MDR-TB care delivery.
 - Among other components - Procurement of part of 2nd line TB drugs, adding nutritional component to adherence support intervention. New component – improved outcomes of treatment through enhanced quality of services. Importance of supporting outpatient treatment modalities through communities was stressed. It was noted that The Global Fund supports to expand TBI diagnostics with IGRA testing. Involvement of CSOs and peer support organizations in sensitization of target populations to the concept of preventive treatment is envisaged.

Objective 3:

- Strategic interventions for prevention

Objective 4:

- strategic interventions such as: national health sector strategies and financing, surveys, social mobilization, building community linkage and coordination.

• **Expected Results**

Missing people with TB will be found and retained in TB care (1), At least 95% of people with presumptive TB have access to Xpert MTB/RIF Ultra assay as an initial test, including in prisons (2), All patients with RR/MDR-TB and confirmed susceptibility to FQ will be evaluated for eligibility to start therapy with mSTR (3), All patients on RR/MDR-TB treatment have DST result to all drugs used in their treatment regimen (4), Uninterrupted supply of SLDs for all patients, including in prisons, with growing contribution from domestic funding (5), All patients with DR-TB will be accessed for risks of interrupting treatment and suggested to enroll into a TB case management program (6), DR-TB patients will receive a minimal package of supportive services, including via community-based sources, based on individual need assessment and evaluation of risk factors. Prisoners will receive additional support during post-release (7), Improved MDR-TB treatment success rate towards the NSP 2023-2025 target and the WHO regional milestone (80%), Expanded TB infection diagnostics and TPT coverage in key populations (9), Intensified cooperation for integrated TB and HIV services (9)

(Detailed activities of the interventions under each objective are included in the presentation (attached to the minutes))

Ketavan Stvilia – presented in details HIV Component of Funding Request 2023-2025 (*presentation with detailed activities attached*).

Main highlights:

- **Allocation for HIV component – 10, 377, 772 USD (remained amount, 6 month extension is considered)**
- **Alignment with global, regional and national strategies and action plans**
- **The HIV component of the Funding Request is based on the Goal and 3 Objectives of the HIV NSP 2023-2025**

Objective 1

- ***To strengthen uptake, comprehensiveness and quality of HIV prevention services with a focus on key and more vulnerable populations***

There will be focus shift from merely focusing on scaling up service coverage to reaching specific key sub-populations; Use innovative, low-threshold approaches to improve access and uptake: online services, online ordering and home delivery, vending machines, shelter for GBV victims.

- **Key sub-populations:** NPS users, *(Mostly) young MSM* engaging in “*chemsex*”, *Female PWID* who are inadequately served by current harm-reduction services, *Transgender people*, with special attention for those who engage in sex work, *Female sex workers* who are not street-based, but get clients through websites and special apps, “*Hidden*” *(often older) MSM, including bisexual men, who are not easily reached by the current MSM services*, Clients of male and TG sex workers
- **Prevention is an essential module for Objective 1.**

Interventions: (1) Behaviour change interventions; (2) Condom and lubricant programming; (3) Needle and syringe programmes, including OD prevention and management; (4) Interventions for young key populations (5) Harm reduction interventions for drug use (in prison settings) (6) PrEP.

- **Revision of service packages, so that they are tailored to specific needs of key (sub) populations and service delivery through basic and extended packages, as well as specific additional services for key sub-populations**

List of detailed, suggested interventions/activities under the basic and extended packages, as well as specific additional services for key sub-populations, including interventions for MSM engaging in “chemsex”, drug user in prisons and other closed settings; overdose (OD) prevention and management; community based PrEP; interventions for users of NPS and gender-based violence prevention and post violence care, are outlined in the presentation (attached to the minutes).

- **Interventions for innovative service-delivery systems** that have been piloted in the context of COVID pandemic and should be further developed and strengthened: (1) Vending Machines; (2) online ordering and delivery of HIV-prevention packages. In addition, prevention module includes interventions for community-based PrEP (currently state covers PrEP in health-care settings and all clinical and laboratory monitoring costs and there is additional need for discussion on other key populations to be covered by PrEP). The Objective 1 also has interventions that fall under module 4: Reducing human rights-related barriers to HIV/TB services and includes provision of HIV and HIV/TB- related legal services (expansion of paralegals / “street lawyers”, as well as professional lawyer’s services)
- **Objective 2**

To strengthen the uptake, comprehensiveness and quality of HIV testing, treatment and care services – with a view to reaching the 95-95-95 test and treat goals

- **Main interventions under the module “differentiated HIV testing services”: self-testing and facility-based testing** (the latter involves TA to support implementation of decentralized HIV diagnosis confirmation). Self-testing offered to PWID and their sexual partners/FSW/MSM and their partners/TG; improving access to self-testing by using HIV-testing application and Web platform; introducing HIV self-testing through vending machines; demand-creation for HIV testing services and increase of awareness among the general population and priority populations on HIV infection with the aim of promotion of HIV testing and implementation of decentralized HIV diagnosis confirmation through the network of National labs (its components are included in Objective 3).
- **Under the module “treatment, care and support”, objective 2 includes** interventions such as procurement of 2nd line ARV drugs (15-20%), differentiated ART service delivery and HIV care, scale up of innovative approaches to distribute ARVs and provision of counselling and psycho-social support (including in penitentiary system) are envisaged. It was noted that ARV treatment component is fully transitioned to the State, the financing is sustained and even increased; the activities envisage technical support to sustain the quality. All services will be sustained in Abkhazia, as well as TB program.

- **Objective 3**

- 4 modules include the following components for the objective 3: strengthening institutional and technical capacity of NGOs and government institutions; enabling community, financial, legal and policy environments and resilient and sustainable systems for health (RSSH). Interventions under the objective 3 aim to: strengthen sustainability of the national response to HIV/AIDS, reduce stigma and discrimination and promote human rights and gender equality. The details of a new component - Community-based monitoring – that will involve: i) support for one NGO staff members to monitor and process human rights violations against PLHIV, key populations; and ii) Referral to legal support, were presented to the audience. As for Module envisaging Reducing human rights-related barriers to HIV/TB services it was noted that the budget considerations are still taking place and it will be included at least under PAAR. As for Improving laws, regulations and policies, mainly advocacy is envisaged. The activities of Regional Project and EU project provide opportunity to fully cover all directions of this component.
- As for the population size estimation (PSE) and BSS studies, they are considered under the RSSH component of the funding request.

(Detailed activities of the interventions under each objective presented to the audience are included in the presentation (attached to the minutes))

Irina Javakhadze – Considering limited fiscal space she raised a question regarding financial implications of proposed novelties with purpose of prognosis in terms of sustainability of new activities.

NCDC response- the finalization of the budget is ongoing. All details can be discussed at the separate meeting with the Ministry of Finance. The introduction of proposed innovative activities not necessarily will result in increase of the budget allocations but rather will support development of more cost-effective and results-oriented implementation modalities.

Konstantin Labartkava – as a community member expressed his appreciation with regard to proposed activities, with emphasis to quality of services, human rights, stigma and discrimination, legislative changes. He raised a question regarding the mechanism for procurement of services.

Ketavan Stvilia – responded that the services will be procured through the same mechanism that exist at present for contracting NGO/CBOs through a State tender. As for addressing some limitation, for instance related to guarantee sum required for participation, some technical assistance is envisaged in new proposal for simplification of the procurement procedures.

Mzia Tabatadze – thanked presenters and gave the floor to Mr. Akaki Zoidze.

Akaki Zoidze – presented to the audience recommendations on transition interventions and activities for RSSH elaborated as a result of rapid assessment of transition activities of the TSP included into the HIV and TB NSPs (presentation attached)

Main highlights:

- Purpose: Assessing the progress in transition preparedness and planning for sustainability and integration into the broader health strategy for the next period (2023-2025) of the Georgia HIV and TB programs (1), Elaboration of the recommendations on RSSH and transition activities (2)
- Economic and fiscal context; Political and policy context; Health System Context.
- Status of the Planned Transition Activities in terms of Governance and Health Products Management, HMIS, Human Resources, Service Delivery, Financing
- **Recommendations for RSSH and Transition:**

Module 1: Health sector governance and planning: Intervention: National health sector strategies and financing:

- Support introduction of the national MAF-TB and promote collaboration with various stakeholders within and beyond the health sector.
- Conduct regulatory assessment to identify and elaborate recommendations to organize the registration and quality control for the health products imported by the State, including the disease specific health products supported through the Global Fund grants.
- Support the capacity building of the national agencies responsible for the regulation, procurement, registration and import of the health products currently supported through the Global Fund.
- Development of a strategy for the national laboratory system for public health and diseases control, considering the public-private partnership model.
- Technical Assistance in updating comprehensive Human Resource Development Strategy (HRDS) 2022-2026, to ensure continuous capacity building on HIV/STIs/viral hepatitis/TB for healthcare and social workers.

Module 2: HMIS and M&E

Interventions: Surveys

- Implementation of a combined national and facility surveys to assess the outcomes of PHC reform and with emphasis on PHC and HIV/AIDS and TB services in 2023 and 2025.
- Knowledge, Attitude and Practices (KAP) survey will be conducted in 2023 to assess the progress and set agenda for information campaigns.
- Stigma assessments

Module 3: Human resources for health, including community health workers

Interventions: In-service training (excluding the community health workers)

- Technical assistance in updating the curricula of postgraduate education and professional development of doctors and nurses at PHC level to include aspects of integrated care for HIV infection, viral hepatitis, TB infection control and pandemic preparedness.
- Development and institutionalisation of digital learning platforms (health systems, penitentiary institutions, police, civil society)
- Trainings: Integrated trainings on medical ethics for all facility staff aimed at reducing stigma and discrimination at healthcare settings. This includes confidentiality, informed consent, sensitization on gender and key populations; Provision of integrated care, quality treatment, care and support, preventive and related social services.

Module 4: Community System Strengthening

Interventions: Social mobilization, building community linkages and coordination

- Support advocacy and wider stakeholder and NGOs and CSO engagement in the monitoring of the procurement process and prices for ARV and TB drugs.
- Technical assistance to develop professional competencies, qualification frameworks for various specialists, and accreditation/certification procedures for CSO professional staff.
- Community based monitoring of HIV and TB Services
- Advocacy and CBO capacity building activities
- Awareness raising campaigns for risk groups and general public

Mzia Tabatadze – thanked Mr. Akaki Zoidze.

Final Draft of HIV/TB Funding Request was agreed with the CCM.

Mzia Tabatadze – gave the floor to Ms Irina Javakhadze.

Irina Javakhadze - presented to the audience information on allocations approved by the Law on State Budget, revised plan and actual expenditure (TB, HIV) (presentation attached).

Main highlights:

- 10 years of dynamics of financing Healthcare Programs which demonstrates the tendency of increased allocation; Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia budget of 2022 is equal to 6 027.3 mln GEL; Health care for the population budget 1 791.2 mln GEL and is distributed among four programs: universal Health Care, public healthcare, delivery of health services to the population in the priority areas and postgraduate medical education program;

- Allocations of State budget for the years of 2021 - 2022. The budget law was revised twice in 2021, though the sum was not deducted from any vertical healthcare programs and revision concerned management of COVID-19;
- According to applicable legislation (Budget Code of Georgia), distribution of budget allocations between the programs and sub-programs may occur with a consent of the Ministry of Finance of Georgia and should not exceed 5% of the budget earmarking for the spending institution envisaged in the Annual Budget.
- The specified plans do not reflect funds received within targeted grants, though this is reflected in actual expenditure, which results in 100% increase in actual implementation in comparison with implementation plan;
- Budget parameters for the vertical, HIV/AIDS management and TB management programs are sustained for 2022 with slight increase: 17.2 mln GEL for TB program and 14.1 mln GEL for HIV/AIDS program
- Implementers and sub-programs of 2022 programs; Both HIV and TB programs have three sub-programs and two implementers: National Health Agency and NCDC
- 2022 above allocation requests:
 TB program - 18.4 mln GEL
 Including - 1.2 mln GEL of above allocation request
 HIV program - 17.3 mln GEL
 Including - 3.2 mln GEL of above allocation request. No agreement was reached on requesting additional funds.
- Distribution of allocation by the components (one thousand GEL)
 TB - 17.2 mln gel

Breakdown by the components:

✓ Ambulatory component (including penitentiary system -12 600 GEL per month	2,924.4
✓ Laboratory component	2,000.0

✓ In-patient services	9,200.0
✓ TB drugs, other supply material for penitentiary facilities	37.8
✓ Regional management and monitoring of TB program	37.8
✓ Procurement of 1 st line TB drugs and up to 80% of 2 nd line drugs	2,500.0
✓ Monetary incentive for improved adherence of TB (no more than 25%) and DR TB patients	500.0

HIV – 14.1 mln GEL

Breakdown by the components:

✓ VCT	1 100,0
-------	---------

✓ Ambulatory services	5,300.0
✓ In-patient services	3,100.0
✓ Procurement of 1 st line ARV and up to 80% of 2 nd line ARV	3,100.0
✓ Diagnosis of STIs (syphilis, chlamydia, gonorrhea, Trichomoniasis) and treatment among HIV –infected and KAPs (IDU, female sex-workers, MSM, TG)	500.0
✓ Prevention of HIV among IDUs, MSM, TG, female sex- workers	1 000,0

- Program budgetary indicators for 2022
TB (Program code - 27 03 02 06)
- 1. Spread of TB per 100, 000 population;

2. New TB cases and relapse per 100, 000 population;
3. Coverage of TB patients with TB drugs;
4. Coverage of beneficiaries with adherence incentives.

HIV/AIDS (Program code - 27 03 02 07)

1. VCT and screening rate;
2. Coverage with out-patient and in-patient treatment;
3. Coverage ARV drugs;
4. Home-based care for HIV patients;
5. Number of new HIV cases per 1 000 population.

Ms. Irina Javakhadze expressed her readiness to provide CCM members with any additional details regarding budget indicators. Finally, she stated that report on implementation of 2021 will be received during current month (from the Ministry of Health) and after processing the information will be shared with the CCM.

Irma Khonelidze – raised the question regarding fulfilment of co-financing commitment.

Irina Javakhadze – responded that implementation of only vertical programs and sub-programs are monitored, but any additional components can be seen and discussed further.

Mzia Tabatadze - summarized and stated that components of the HIV and TB NSPs as well as HIV/TB Funding request have been agreed with all CCM. The FR with detailed budget will be shared with the CCM for final endorsement. The Vice-Chair gave floor to **Mr. Konstantine Labartkava.**

Konstantine Labartkava – referred to the acute problems faced by PWUD. Namely legislation which despite slight changes towards liberalization is still problematic for PWUD. Negative attitude of public towards OST and measures to be taken by State stakeholders together with community organizations in this regard. Outdated regulations of OST programs that create substantial obstacles for beneficiaries, e.g. driving license and related employment difficulties. Geographic accessibility (e.g. Kvemo Kartli) and required sensitization of local government bodies. Absence of take away doses regulations became especially acute during the pandemic. The Order permitting 5 day take away doses was abolished again. Mr. Labartkava stated that this issue should be solved and regulated both in short- and long term prospects and asked the CCM, MoH for support.

Mzia Tabatadze – agreed with acuteness of the problem and necessity for taking corresponding measures.

Khatuna Todadze – stated that from February 1, take away permission was abolished and focused on the increased risks due to the pandemic. She referred to the past experience and CCM’s positive involvement and noted that this issue requires immediate solving. As for outdated regulations, the Agreement with Center for Mental Health and Prevention of Addiction was signed within NCDC within the Global Fund project to review all policy and regulatory documents related to OST to support take-home dosage distribution among stable patients. The draft package of changes will be presented to the PWUD community next week, finalized based on their comments and recommendations and submitted to the MoH.

Tamta Demurishvili – referred to the issue of OST and shared the experience regarding prisoners, beneficiaries of the program in Civil Sector and difficulties related to the abstinence syndrome.

Mzia Tabatadze – expressed again concern with regard to abolishment of take away doses temporary permission.

Then she asked the audience with the request to come up with any additional comments/suggestions.

The Vice-Chair thanked everyone for attendance and declared the meeting as closed.

Decisions:

- *Mr. Iliia Ghudushauri, Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia unanimously elected as CCM Chair.*
- *Final draft of TB National Strategy 2023-2025 agreed with the CCM.*
- *Final draft of HIV National Strategy 2023-2025 agreed with the CCM.*
- *Final Draft of HIV/TB Funding Request was agreed with the CCM.*

Mzia Tabatadze

Natia Khonelidze

CCM Vice-Chair

CCM Administrative Assistant