

Minutes of the 96th CCM meeting
July 31, 2020
Web-based meeting
Agenda

15:00 – 15:10	Opening speech /remarks/ endorsement of the minutes of 95th CCM meeting/endorsement of the agenda Ms. Ekaterine Tikaradze - Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
15:10– 15:15	Addressing the members with the request to declare the presence of the Conflict of Interest Secretariat
15:15 – 15:25	“Strategic Training Partnership to End AIDS in Georgia” – PHT Research Project Overview Mr. Mamuka Djibuti, Partnership for Research and Action for Health, Director
15:25– 15:40	HIV and TB grants implementation status Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director
15:40 – 15:50	Report on Oversight activities Ms. Mzia Tabatadze – Chair of the Oversight Committee
15:50– 16:05	The reasons behind low rate of HIV/AIDS detection in Georgia and the ways for improvement Mr. Tengiz Tsertsvadze - Infectious Diseases, AIDS and Clinical Immunology Research Center, General Director
16:05 – 16:20	Tuberculosis services amid COVID-19 pandemic Mr. Zaza Avaliani - National Center of Tuberculosis and Lung Diseases, Director

16:20– 16:45	AOB/announcements
16:45	Closure of the meeting

Participants

#	CCM Members/Alternates	
1	Amiran Gamkrelidze	NCDC&PH, General Director PR of the GF grants
2	Tengiz Tsertsvadze	General Director, Infectious Diseases, AIDS and Clinical Immunology Research Center SR of HIV grant
3	Zaza Avaliani	National Center of Tuberculosis and Lung Diseases, Director SR of TB grant

4	Irine Javakhadze	Ministry of Finance, Budget department/State and consolidated Budget Formulation Division, Chief Specialist
5	Sophio Bakhtadze	Tbilisi State Medical University, Vice-Rector Alternate member, on behalf of Zurab Vadachkoria
6	Lela Bakradze	Acting Head of Office UNFPA Country Office in Georgia
7	Nino Mamulashvili	WHO Country Office in Georgia OC member Alternate member, On behalf of Silviu Domente Alternate CCM member
8	Nikolo Gviniashvili	Equality Movement, HIV Prevention Program Assistant KAP MSM Community SR of HIV grant
9	Lasha Tvaliashvili	CBO Real People Real Vision, HIV positive community, OC member
10	Mzia Tabatadze	NGO Alternative Georgia, CCM Vice-Chair

		OC Chair
11	Nino Osepaishvili	NGO Georgia Red Cross Society, on behalf of Natia Loladze Alternate CCM member
12	Zaza Karchkhadze	NGO New Way SR of HIV grant
13	Mari Chokheli	NGO Open Society Georgia Foundation, Program manager
14	Nikoloz Mirzashvili	Former TB Patient, Patients Union OC member
15	Giorgi Magradze	Georgian Health Promotion and Education Foundation, TB NGO
16	Lela Tsakadze	NGO Winners Club, Founder TB KAP
#	Guests/Observers/Speakers	
17	Tamar Gabunia	Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, PAAC Chair

18	Irma Khonelidze	NCDCPH, Deputy Director General, GFATM PIU, Director
19	Nana Nabakhtevli	LFA, UNOPS, Finance Expert
20	Nikoloz Chkhartishvili	Infectious Diseases, AIDS and Clinical Immunology Research Center
21	Nino Badridze	Infectious Diseases, AIDS and Clinical Immunology Research Center
22	Akaki Abutidze	Infectious Diseases, AIDS and Clinical Immunology Research Center
23	Otar Chokoshvili	Infectious Diseases, AIDS and Clinical Immunology Research Center
24	Natalya Zakareishvili	UNFPA
25	Tornike Khonelidze	Office of the State Minister of Georgia for Reconciliation and Civic Equality
26	Mamuka Djibuti	Partnership for Research and Action for Health, Director
27	Tamar Zurashvili	Policy and Advocacy Specialist
#	Secretariat	
28	Irina Grdzelidze	Executive Secretary
29	Natia Khonelidze	Administrative Assistant

Mzia Tabatadze - greeted the participants, thanked them for joining the meeting and announced the 94th CCM meeting as opened. Ms. Tabatadze one more time expressed her gratitude towards the CCM members for wide support of her candidacy, electing her as a CCM

Vice-Chari and expressed her believe in successful cooperation. The Vice Chair announced that the CCM Chairperson, Ekaterine Tikaradze is at Samegrelo Region at the moment attending an event and might join the meeting later on. Ms. Tabatadze overviewed an agenda and asked the members to come up with any suggestions/additions.

The minutes of 95th CCM meeting were enddorsed, the agenda of the meeting was endorsed.

Irina Grdzelidze – stated that COI declaration forms were distributed among the members before the meeting and addresses the members with the request to declare the presence of the Conflict of Interest if any.

The presence of the Conflict of Interest was not declared by any member presented at the meeting.

Mzia Tabatadze - gave the floor to Mr. Mamuka Djibuti.

Mamuka Djibuti - overviewed the PHD Research Project Strategic Training Partnership to End AIDS in Georgia (the presentation attached). Main focus of the presentation:

- **Donors and partners:**

Donor:

The US National Institute of Health (NIH)- Fogarty International Center (FIC)

Partners:

Georgian Research Partners (GRP) include:

- National Center for Disease Control and Public Health (NCDCPH)
- National Center for TB and Lung Disease (NCTLD)
- Health Research Union (HRU)
- Curatio International Foundation (CIF)
- Institute of Social Studies and Analysis (ISSA)
- Partnership for Research and Action for Health (PRAH; the key in-country implementer of this program).

Main partner - TSU; GRPs research leaders are TSU faculty.

US Institutions:

- The State University of New York Downstate Health Sciences University (SUNY-DMC)
- University at Albany School of Public Health (UAlbany SPH)
- New York State Department of Health AIDS Institute (NYSDOH-AI)
- The Center for Drug Use and HIV/HCV Research (CDUHR) at the New York University (NYU) School of Global Public Health

Program Leadership

Dr. Mamuka Djibuti, MD, PhD will serve as the contact PI for this project, Jack A. DeHovitz, MD, MPH, MHCDS will serve as an MPI, Mark Kuniholm, PhD will serve as co-PI and UAlbany site PI.

- **History of NIH/FIC long-standing successful cooperation** which serves as a basis for the program presented. Importantly the main implementer of the program is Georgia Institutions and the alumnus of the projects implemented as a result of the cooperation are involved in the implementation of the program.
- **Focus:**
Implementation research for the first step of HIV care cascade
 - HIV care continuum gap remains a major problem in the country of Georgia. To help improving national efforts for successful implementation of “End AIDS” strategy in the country this project will build capacity in conducting implementation science research that will address gaps in HIV care in the country. The country has made remarkable progress on the right side of the cascade from diagnosis through viral suppression and is approaching fast-track targets for ART and viral suppression. Nevertheless, the significant gap in HIV case detection undermines accomplishments in treatment provision. While Georgia has the highest viral suppression rates of the 14 countries in Eastern Europe and Central Asia, it has the lowest percentage of PLWHIV who are diagnosed. The main reasons is low coverage of Most at risk population with HIV testing. Thus, addressing these implementation gaps in national HIV/AIDS response will be the major research focus of this grant project. While presenting statistical data, Mr. Djibuti noted that some of them need update.
- **Implementation Study**
 - Scientific study of the interventions, strategies and tools that promote improved quality and outcomes of healthcare programs/services;

- The subject matter is the methods to introduce the specific research into routine healthcare and to improve implementation outcomes.

- **The plan of the Program**

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hLong-term training: 10 TSU doctoral students (2 cohorts) will be trained for eight months in the US, four months completing selected public health coursework at UAlbany SPH and four months in a practice-based internship at the NYSDOH-AI; all 10 doctoral students will be trained and mentored at public health doctoral program at TSU.

-tShort-term training: 30 post-doctoral students/researchers (in addition to 10 doctoral students) and faculty will receive implementation research training conducted jointly by US and TSU faculty and NGO partners.

- Building institutional capacity - TSU doctoral program, research partners. Such partnership is designed to ensure joint implementation of the educational and research components of the program, when educational component will be implemented at the basis of TSU and research component by the research partners. Both Georgia and US-based mentorship is envisaged by the program.

Initial activities:

- a- Project launch; September 16; CCM members, all relevant stakeholders will be invited to project launch conference;
- i- Partners working Meeting; September 17-18;
- n- Announcement of application for the doctoral program; March 2021
- Selection of the 1st cohort of doctoral students; September 2021

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- **The research component of the Program** with main focus on implementation research on HIV/AIDS and co-infections based on priorities pre-defined in accordance with the existing needs.

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- **The role of the CCM**

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- Contribution to defining the priorities for the research proposals

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- Support introduction of the research results into the practice

The role of the CCM as of one HIV/AIDS, TB Coordinating Authority in the country in the process of the implementation of the Program and achieving valuable outcomes was highly emphasized. At the end of presentation, the rapporteur expressed his deep gratitude towards First Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, Tamar Gabunia, NCDC&PH, Director General, Amiran Gamkrelidze and to all partners for tremendous support.

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Mzia Tabatadze – thanked Mr. Jibuti and addressed the audience with the request to come up with any questions/comments.

The Vice-Chair highly emphasized the practical importance of the program in terms of strengthening National Response and

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accordingly the importance of informing CCM starting from the initial phase of the processes. The Vice-Chair gave the floor to Ms. Irma Khonelidze.

Irma Khonelidze – Ms. Khonelidze thanked Mr. Jibuti for a very important initiative and stated that the data on detection rate is indeed outdated though still very low.

Ms. Khonelidze presented the important developments in HIV and TB grants implementation with focus on COVID-19 influence on the programs and challenges posed during the quarantine period. The comparative analysis of the 6-month period (January-June, 2020) amid COVID-19 and the same period of the previous year was presented to the attendees (presentation attached); the focus was given to service delivery to SW, IDUs, MSM as the most affected during the quarantine period. The main indicators assessed and analyzed: counselling and testing; coverage with prevention package; number of people living with HIV currently receiving antiretroviral therapy; suspicious and conformed TB cases (2020). The decline in coverage with services was most dramatic in April both in terms of HIV and TB. The positive trends appeared in June with 9% increase in coverage with *counselling and testing* for IDUs and the coverage decline reduced by 11% for MSM, while SW target achievements is still very low. As for *coverage with prevention packages*, the trends for improvement is especially visible for IDUs, as for MSM and SW despite slight improvement, the dynamic for improvement can not be named as significant. As for *number of people living with HIV currently receiving antiretroviral therapy*, the indicator has been recently changed. The change of the indicator had been proposed by the AIDS Center earlier and recently approved by the CCM. The percentage as per a new indicator is 85%. Though the enrolment of new patients during the assessed period was static due to COVID-19 and just slight increase is observed. **TB Program**. Number of TB cases is close to January-February data; though the rate of testing of suspicious cases decreased almost twice in April and returned to January-February rate starting from June. **Program interventions**. The CCM was constantly informed on ongoing developments. The following interventions were specified once again: support to increased demand for online services is ensured; the stock of drugs increased and home delivery services is performed in case of need. VOT has been expanded into the regions. WHO recommendation has been adopted and all TB confirmed cases undergo COVID-19 testing. The AIDS Center addressed the Ministry with the same request and such approach in terms of HIV testing is fully supported by NCDC. Other important developments of recent period were specified as follows: 2 components of the GF HIV program have been transitioned to the State Program: STI services for KAP and testing of beneficiaries within Harm Reduction Program. The transition was made successfully, though some issues in terms of accounting and registration in Abkhazia emerged for testing component.; the solution has been found. As for the second component, active consultation with the representatives of GHRN is ongoing with the purpose for successful completion of hand-over. The work in the direction of RBF to integrate service delivery is actively ongoing with the TA of the consultants hired by the Global fund. The

extended consultative meeting has been planned for August 6; more detailed information will be shared next week; community organizations, all stakeholders will be invited. The rapporteur referred back to the PAAC meeting where Spectrum HIV/AIDS estimates were presented and discussed. Due to shortcomings of some technical parameters, the unrealistic results were received. As a result of the intense consultations with UNAIDS, the GF, with active involvement of AIDS Center it was agreed that this year only estimation will be published; the work and the communication with the UNAIDS and other relevant stakeholder aimed and fine tuning technical parameters will be continued to come up with realistic results. Ms. Khonelidze expressed her hope that PAAC, as CCM main consultative platform will take a leading role in this process. Afterwards, the rapporteur outlined the Global Fund's immediate response to COVID-19 which made available US\$1 billion to the countries through: COVID-19 Response Mechanism (1) and Grant flexibilities (2) and specified the Global Fund's support to Georgia in responding to the COVID-19 pandemic through both channels. Ms. Khonelidze referred to the communication of the CCM Secretariat of July 30 regarding the increased \$235,000 funding and reallocation of \$317,609 within priority 2, in total of \$552,609 for procurement of additional COVID-19 tests, requiring a decision from the CCM side. The rapporteur provided the comprehensive details of the breakdown and the further explanation of the reallocation within COVID-19 proposal.

Mzia Tabatadze – thanked Ms. Khonelidze and asked the audience with the request to come up with questions/comments.

Tengiz Tsertsvadze – reiterated that the AIDS Center did not sign the COVID-19 proposal since they did not find optimal the distribution of priorities, activities, requested amount. As stated by Mr. Tsertsvadze, the proposal does not envisage the needs of the AIDS Center; the only component designated for the AIDS Center was procurement of Thermo Fisher Scientific's automated RNA/DNA extraction system.

Prof Tsertsvadze underlined the leading and explicit role of the Center in clinical management of the COVID-19 versus prevention, where the role and the merit of NCDC is huge. Prof. Tsertsvadze stated that starting from the early onset of the pandemic, the AIDS Center has not received any assistance. Prof. Tsertsvadze noted that currently there are a lot of pledges of support to the Center and expressed the doubts that they will be fully accomplished.

Mzia Tabatadze – addressed the audience with the request to provide additional comments if any. The Vice-Chair expressed her hope that the pledges will be fulfilled this time and the needs of the AIDS Center, especially in terms of infrastructure will be fully addressed which will create the environment where HIV patients will be treated with respect and dignity. Afterwards, Ms. Tabatadze presented to the members the brief overview of the recent OC activities. The detailed information, including dashboards and the MoM of OC meeting have been already sent to the members earlier.

The web-based OC meeting was convened on June 25, 2020. OC work plan and CCM Transition Plan status update, HIV and TB dashboards for 2019 Q 4 and 2020 Q1 were presented and discussed. There was no delay/underachievement in terms of finance and management indicators, no stock out was observed. **HIV program.** In the first Quarter of 2020 some programmatic indicators were not achieved largely due to the State of Emergency and total lockdown introduced by the Government in response to the COVID-19 pandemic. As a result, targets for testing PWIDs and SWs were underachieved. Slightly better result was observed in terms of testing MSM on HIV (83% of the target), enrolling eligible persons in PrEP was also suboptimal. **TB program.** The difference in current stock and safety stock for Cycloserine and unexpected overstock of Clofazimine is explained by fast-changing treatment guidelines.

Mzia Tabatadze gave the floor to Mr. Tserstvadze.

Tengiz Tsertsvadze – greeted the attendees, CCM members, First Deputy Minister, Director General of the NCDCPH.

Prof. Tsertsvadze presented to the audience the reasons behind low rate of HIV/AIDS detection in Georgia and the ways for improvement (presentation attached). Prof. Tsertsvadze stated that the acuteness of the issue to be discussed requires a physical gathering versus online meeting and asked the stakeholders to conduct a meeting in order to discuss the issue of low detection and finally come up with the feasible solution. The rapporteur referred to Declaration “End HIV epidemics in Georgia” and its goal to eliminate Hepatitis C and end HIV/AIDS in Georgia by 2025 and one more time addressed the audience with the request to use unique opportunity of Hep C Program to end HIV epidemic in the country and thus to enable Georgia to become the first country in the world that defeated two chronic infections. Currently despite the steps undertaken in terms of integration of HIV detection into the Hep C program the outcomes are not satisfactory that evidences non-sufficiency and inappropriateness of the efforts undertaken. While speaking on the rationale behind low detection rate in Georgia, Prof. Tserstvadze named termination of the HIV testing among risk groups in 2013-2014. The activity was resumed in 2015 but the efforts undertaken by the relevant stakeholders appeared not to be sufficient for filling the gaps. Thus, routinely planned interventions can not be resulted in increased HIV detection rate and robust, aggressive interventions, serious motivation are required.

The main highlights of the presentation:

- *The UNAIDS strategy* aimed at ending the AIDS epidemic. The strategic milestones for 2020 (90-90-90) and 2030 (95-95-95) set for achieving the ultimate goal of ending the epidemic were presented and discussed. Prof. Tsertsvadze explained that ending of AIDS epidemic versus elimination pertaining to Hep C means absence of new cases of infection (or almost no new cases).

Prof. Tsertsvadze reiterated the importance of harmonization the goal of ending AIDS epidemic with the timeline of Hep C elimination set as of 2025.

- *The strategic milestones of National HIV Strategy for 2020* which are identical to those of the UNAIDS strategy. Georgia has set an ambitious goal to achieve the UNAIDS targets of 2030 by 2025.
- *Dynamic of detection rate in Georgia* with focus on the years of 2016-2020 where the static trend is obvious and no increase is observed despite the efforts undertaken, including integrated screening program, increased financing of the screening component for CS organizations; moreover, in 2020 the decrease is observed in comparison with the same period of 2019 (314 versus 352), though this trend can be associated with COVID-19.
- *Coverage with treatment and virus suppression rate in Eastern Europe*
Georgia has a leading position in terms of coverage with treatment (86%); all efforts are done to achieve the UNAIDS and National target by the end of the year. The target of virus suppression is overachieved and constitutes 91% (the second position after Ukraine).
- *Detection rate in Eastern Europe*
Georgia is on the 8th position in the region with very low detection rate equal to 65%.
- *Dynamic of estimated new infection cases according to SPECTRUM calculated based on a new formula.* Prof. Tserstvadze underlined that there are serious doubts on reliability of the data. The intensive communication with participation of Nikoloz Chkhartishvili, Otar Chokoshvili from the AIDS Center, NCDC was undertaken. The intensive work is ahead with two possible outcomes: agreement with the presented data (1); redefining of the data (2). Prof. Tsertsvadze underlined the importance of physical gathering in order to discuss and come up with the feasible decisions.
- *The main challenge - undiagnosed HIV*
High rate of undiagnosed HIV (35% of estimated number of HIV infected persons) represents a serious challenge; such a big percentage of undiagnosed persons poses a threat of spreading infection and creates a significant barrier for ending the epidemic.
- *Late HIV detection - a main mortality factor.*
Prof. Tserstvadze referred to the rate of undetected HIV and noted that strong though indirect marker pointing out to significantly high rate (though not so high as per SPECTRUM) might be 54% of late diagnosis (out of this - 33% on advanced stages of disease).
Results of late detection:
Mortality per 100 patients annually:
21.72 – among late diagnosed
2.25 – among timely diagnosed
Expenditure per 1 patient annually:
\$ 1.394 - timely diagnosed

\$ 606 – late diagnosed

- The main highlight - *the distribution of 310 new detected cases (7 months of 2020) by institutions.* 46% of the cases are detected by AIDS Center and contracting organization; 31% – by in-patient clinics (highlighted that HIV detection is not mandatory for clinics; addressed the Deputy Minister with the request to consider hospital sector as an important tool for increasing detection rate and to impose the mandatory HIV testing at the hospital sector); 11.6% - by integrated HIV, TB and hepatitis C screening program in primary care (implemented by NCDC); 3,4% - by other state programs; 8% – by non-governmental organizations. **Prof. Tserstvadze highlighted that such low rate of cases detected by the NGOs amid increased testing has repeatedly become the subject of discussion and consideration; the possible rationale behind it might be that undiagnosed patients are concentrated not just among most at risk populations, but among hidden population, accordingly the strategy of interventions requires significant revision. The necessity to urgently discuss this notion in order to decide upon its correctness and on taking corresponding measures was stressed by Prof. Tserstvadze.**
- *Integrated HIV/TB and Hepatitis C Program*
62 00 individuals tested; 36 HIV patients (0,06%) – revealed.
- *The recommendations of AIDS Center aimed at increased HIV detection:*
 - Integration of HIV testing within the framework of Hep C state elimination program (the steps are being undertaken but require further expansion and equalization of HIV testing with Hep C testing)
 - Introducing of routine HIV testing in Health Care Sector including primary healthcare and **hospital sectors** (the importance of hospital sector was highlighted once again)
 - Further expansion of already existing programs in Health Care Sector and Civil Sector based on clinical signs and risk
 - **Strengthening of active case-finding and expansion of coverage with testing among most at risk populations (especially MSM and hard-to-reach (hidden population). Prof. Tserstvadze addressed NCDC, the Ministry, NGOs to meet and to discuss the most effective ways of reaching hidden populations, the ways to improve HIV detection rate.**
 - Wild-scale access to self-testing, especially among most at risk population

At the end of the presentation Prof. Tsertsvadze addressed the audience with the request to take effective and meaningful steps towards increased HIV detection rate.

Mzia Tabatadze – addressed the audience with the request to raise any questions/comment; stressed the utmost importance of the issue raised by Mr. Tserstvadze and discussing presented recommendations with wider circle of stakeholders. She proposed to organize a workshop to consider and to discuss the reasons of low HIV detection, and explore potential ways for improvement; highlighted the importance of active participation of CS in the process; expressed her commitment to be involved.

Irma Khonelidze – totally agreed with the notion for necessity of the stakeholders meeting to come up with innovative ideas and mechanisms of implementation and expressed the readiness to get involved; reiterated the importance to continue technical discussions regarding UNAIDS Spectrum in order to end up with the most reliable data.

Mzia Tabatadze – agreed with the importance of discussing technical parameters of SPECTRUM and stated that the experience of other countries in terms of reliability of the data they receive through SEPCTRUM estimates could be informative. She stressed that if there were some other countries that share similar concerns regarding the estimation, it could be assumed that some parameters/or formulas used by the software might be critically reviewed and further refined through participatory and collaborative process with UNAIDS. Ms. Tabatadze gave the floor to Mr. Avaliani.

Zaza Avaliani - provided the attendees with information on Tuberculosis services in Georgia amid COVID-19 pandemic (presentation attached).

Main Highlights:

- *WHO prognosis on negative impact of COVID-19 on Tuberculosis*
Mortality statistics: 1.49 million deaths in 2018 and 1.85 million estimated deaths in 2020.
- *The structure of Global Death due to Various Causes and COVID-19; the TB caused deaths is on the second position*
- *The comparison of TB and COVID caused deaths in Global Fund Eligible countries worldwide (as of July, 2020)*
59, 625 COVID-19 deaths; 713, 332 TB deaths.
- *The comparison of TB and COVID-19 deaths in Global Fund Eligible counties in WHO European Region (as of July, 2020)*
Number of cases of COVID-19 - 260,890
Number of TB cases - 59,953
Mortality statistics: 4,868 COVID-19 deaths; 6,622TB deaths

- *WHO Information Note on Tuberculosis and COVID-19 (as of April, 2020)*
All measures should be taken to ensure continuity of services for people who need preventive and curative treatment for TB. Support to essential TB services should be maintained. People centered delivery of TB prevention, diagnosis, treatment and care services should be ensured in tandem with the COVID-19 response.
- *Tuberculosis Epidemiological Situation in Georgia amid COVID-19 (as of January-June, 2020)*
 - Number of cases and mortality
Number of confirmed TB cases - 1012; number of confirmed novel coronavirus cases – 930
TB fatal outcomes – 35; COVID-19 fatal outcomes – 15
- *Impact of COVID-19 on TB detection in the period of January-June, 2020; comparative analysis with the same period of 2019*
The decrease in detection rate is observed. In total the number of registered TB cases is reduced by 25%. The decreased detection rate is explained by quarantine and limitation of transportation, the psychological factor (fear, stigma) due to functioning of the Fever Center in the premises of TB center can be added.
- *The comparative analysis of the number of GeneXpert tests performed in January-April, 2019 and January – April, 2020*
The decreasing trend is especially obvious in April (897 versus 2187 in 2019 (59% decrease) that can be explained by the very same reasons as in case of decrease in detection rate)
- *Implemented Interventions:*
 - Access to services
 - The whole network of TB service providers was fully mobilized – the continuity of the diagnosis, preventive, treatment service delivery was not interrupted;
 - Starting from March all patients on ambulatory treatment in Tbilisi and regions were shifted to distance DOT treatment;
 - Home delivery of one-month stock of TB drugs was done through program vehicles and by nurses;
 - 90% of DR TB patients and 30% of sensitive TB patients have been receiving and still receive VOT;
 - The doctors and nurses conduct regular telephone consultations with the rest of the patients with the purpose of monitoring and management of general conditions and adverse events; Analogously to American and European sites, the Georgian site was specially created and offered to the patients.

Prof. Avaliani announced that just recently Red Cross Society mobilized essential food packages for 262 DR TB patients and expressed his gratitude towards Red Cross Society for such valuable assistance.

- Clinical Management

In 2020 with help of local and international experts financed within the framework of the Global Fund and Phthisiologists and Pulmonologists Association grant, the following guidelines/protocols were developed:

- The guideline on management of TB in Children;
- The guideline on TB infection control;
- **The clinical protocol on clinical management of COVID-19 and TB coinfection elaborated in close collaboration with Mr. Tengiz Tsretsvadze and his team of experts; Mr. Avaliani specially highlighted the importance of this guideline and expressed his gratitude towards Mr. Tengiz Tsertsvadze.**
- The guideline and protocol on respiratory rehabilitation;
- Despite extremely overloaded agenda, the relevant Committee of the Ministry of Health considered the guidelines and all of them were approved by the Ministerial Order.

Prof. Avaliani added that TB Manual has been fully translated and will be distributed among medical society and academic institutions.

- *Participation in fight with the pandemic*

-Starting from February, 2020 NCTLD has been directly participating in fighting with the pandemic;

- The Children in-patient unit was temporarily remodeled and starting from May 2020, was functioning first as quarantine facility and then as a Fever Center;

- In both cases the Center was staffed with the personnel of TB Center, who enthusiastically performed their duties with full compliance with infection control measures.

- *Report on Performed Activities*

- The number of people that underwent quarantine - 150

- the number of the patients served by Fever Center – 169; Out of this, number of confirmed COVID-19 cases - 5

- The number of COVID-19 tests performed within the State Program – 1072; out of this, PCR- 672, Sars-Cov-2 express GeneXpert test – 280, rapid antibody tests-120

- Number of other people (program other than state program) tested for COVID-19 – 334. Prof. Avaliani stressed that TB Center was the first institution where testing both for TB and COVID-19 using GeneXpert cartridges was ensured and personally thanked Prof. Gamkrelidze for this.

None of the ambulatory and hospital patients, staff of the NCTLD and the persons referred to the Center for medical examination have been tested COVID-19 positive so far.

- *Difficulties/Challenges*
- **Non-sufficient number of PPEs (respirators), especially in the regions;**
- **Need for increased financial support to infection control measures;**
- **In some district facilities due to COVID-19, the phthisiologists were temporarily transferred to another cabinet or sent to the leave, though the services were not interrupted;**
- **4 cabinets (Abasha, Martvili, Khoni, Terjola) with constant inflow of the patients have been posed under the possibility of closing. The issue was solved for 3 cabinets, while the issue of a cabinet in Terjola (with staff consisting of one nurse) is still unresolved. According to Mr. Avaliani, it's a systematic challenge. Starting from 2018 the social responsibility agreement with the private companies where majority of TB cabinets are located has not been renewed. Thus the issue of possible closing of some cabinets has been reactivated. The dialogue with the private companies is ongoing. The Ministry has been addressed. Mr. Avaliani expressed his hope that with active involvement of the Ministry, the issue will be solved positively in terms of legalization of the TB cabinets.**
- **The delivery of one-month stock of TB drugs to the patients maximally decreased the risk of COVID-19 among the patients though negatively affected the practice of monthly visits to doctors (new kind of stigma – COVID-19 related stigma emerged).**

Mr. Avaliani announced that the initiative of the Ministry regarding Lungs Rehabilitation Center in Abastumani has been resumed after lifting of COVID-19 related restrictions. In parallel with the CCM meeting, the first flow of the beneficiaries from Abkhazia is entering the Center. Next week the Head of government of the Autonomous Republic of Abkhazia, Ruslan Abashidze will be visiting the Abastumani Center. The active communication is ongoing with the management of Trade Union and State Service of Veteran Affairs regarding the patients to be transferred to the Center.

At the end of his presentation, Prof Avaliani extended deep gratitude to local and international partners for assistance rendered.

Mzia Tabatadze – thanked Prof. Avaliani for such an interesting presentation and for implementing critically needed interventions.

To summarize the meeting, the Vice-Chair proposed to have a list of Action Items at the end of every CCM meeting where most critical issues raised during the meeting will be listed and draft plan for addressing these issues will be outlined. Dr. Tabatadze, then proposed two action items:

1. Dr. Tabatadze referred to the CSO Forum conducted in February 2020, and proposed that at the next CCM meeting she would make presentation about the problems/suggestions that were brought up by civil society organizations during the last forum. To make sure that such forums are action-oriented, all the challenges raised by CSO should be further discussed by CCM, and then, based on the needs, small working groups can be created that will track the status of the resolution. These groups will be also accountable to provide brief status updates to the CCM members during the next meetings.
2. Ms. Tabatadze offered the CCM to organize a meeting with involvement of all interested stakeholders, including the Civil Society in order to discuss the concerns raised by Mr. Tsertsvadze, namely low HIV detection, and almost miserable share of NGO sector in detecting new HIV cases in the country. She told that it will be interesting to hear the opinions and explanations from all parties, and to achieve consensus among stakeholders on how to intensify targeted testing for improving HIV case detection in the country.

None of the members objected the offer.

Mzia Tabatadze – asked the attendees if there were any other topics to be raised; then thanked them for active participation and announced the meeting as closed.

Mzia Tabatadze

Natia Khonelidze

CCM Vice-Chair

CCM Administrative Assistant