

## **Georgia Country Coordinating Mechanism**

### **Oversight Committee**

#### **Site visit to TB Center**

**December 25, 2014**

**David Ananiashvili** – Chair of the Oversight Committee;

**Tamar Gabunia** - Vice-Chair of the CCM, USAID Georgia Tuberculosis Prevention Project, Chief of Party

**Irina Grdzeldze** – CCM, Executive Secretary

**Natia Khonelidze** – CCM Administrative Assistant

**Nino Lortkipanidze** – NCDC, PIU, GFATM TB Program Manager

**George Kuchukhidze** – NCDC, PIU, M&E Officer, GF TB project

**Zaza Avaliani** - National Center of Tuberculosis and Lung Diseases, Director

**Nino Lomtadze** - National Center for Tuberculosis and Lung Diseases, GFATM TB Program, Coordinator

**Ucha Nanava** - National Center for Tuberculosis and Lung Diseases

**Marina Janjgava** - National Center for Tuberculosis and Lung Diseases

#### **Purpose of the visit:**

Assessment of the current status of implementation of GFATM funded GEO-T-NCDC program

#### **Comment:**

Analysis of the implementation period covering July 1, 2014 – September 30, 2014 revealed the following:

1. Delay in receipt of information on new cases of TB. Delay of one to two months;
2. Data delay for the indicator: Percentage of TB patients who had an HIV test result recorded in the TB register
3. Out of 110 patients starting treatment for MDR-TB during Jan-March 2014, 7 (6.36%) were lost to follow-up during first six months of treatment (6.36%).

The study of the reasons or factors contributing to emergence of afore-mentioned bottlenecks has a paramount importance

**The objectives of the visit:**

1. Review of the recording-reporting system of TB cases and revealing the reasons for data delay in data base;
2. Review implementation challenges of Cash Incentive Scheme.
3. Review of the challenges in the sphere of drug supply management. The optimal mechanism and procedure for procurement of 1<sup>st</sup> line TB drugs
4. Discuss the optimal mode of cooperation with the PR
5. Agree on the most optimal format of cooperation between TB Center and CCM

**Methodology:**

- Discussion with the Project Implementation staff (1-2 persons); The topics of discussion: existing challenges, mechanism of improvement
- Discussion with TB data manager

**Mr. Zaza Avaliani** reviewed the current status of TB control in Georgia with main focus on existing challenges such as: high M/XDR TB burden, decreased follow up rate, need for defining responsibilities and improvement in coordination between various actors in TB care, building capacity of clinical and managerial staff, preventing community transmission of TB, need for better involvement of the primary care providers, need for improvement of infection control and the legislative framework, need for raising awareness among TB patients.

**Mr. David Ananiashvili** presented to the audience the purpose and main features of the oversight. Afterwards he focused on the challenges revealed by the dashboard: issue of data delay, low follow up rate and address the audience with the request to thoroughly analyze aforementioned for finding solution.

At the discussion followed the attendees comprehensively discussed the existing TB reporting and recording system. The lack of HR was identified as a problem (only 11 coordinators including Penitentiary System are available). The experience of other countries was discussed as well. It was explicitly noted that maximum of efforts is done to minimize the data delay. Full scale introduction of the USAID/URC electronic module was named as a solution of the problem. The short-term solutions of the challenge were identified as follows:

***Percentage of TB patients who had an HIV test result recorded in the TB register***

- Shifting previous experience of HIV testing form the regional level to district level by providing rapid tests to all TB units.
- Inclusion in the existing form (TB 10/12) the status of HIV testing (without showing test result) which will display the coverage of the beneficiaries. The provision of the incentives for the physicians and conducting training are planned.

It was explained that the latter novelty requires corresponding amendments in the national guidelines. However, this can be achieved immediately as the Ministry is currently working on formalization of new TB reporting and recording forms.

***Delay in receipt of information on new cases of TB***

Substantial gap between receiving bacteriological and DST results was named as the main reason of the delay.

Linking of USAID/URC module with existing electronic laboratory data management module was mentioned as the solution for this problem. The technical details will be further discussed among relevant technical team. The tentative timeframe was specified as end of January, 2015.

The overall improvement of data gathering and timely reporting can be done through using the services of regular post in the regions without internet access and/or relevant technical infrastructure.

The lack of HR at the district and regional level was mentioned again. The challenges regarding TB drug management were discussed. The importance of facilitation of country wide introduction USAID/URC electronic module and its adaptation to current needs was underlined. The MoLHSA is to play a great role in it.

The issue of legislative obligations for using electronic reporting system should be given due consideration upon full scale functioning of USAID/URC module.

While discussing the current implementation status of Cash Incentive Scheme it was mentioned that the scheme is in place and the substantial progress is observed due to enormous efforts of all stakeholders involved in its implementation. Some delay in payment is observed. All challenges of the implementation are mainly related to paper-based work is to be overcome once the USAID/URC module is functional. This issue to be discussed at the CCM and to be brought up to the attention of the Council established by the Ministerial Order N 01/282 O of November 11, 2014.

The audience discussed the following issues: sustaining of TB service delivery by private providers; preparation of the guidelines and protocols regarding new TB drugs, including Bedaquiline; status of pediatric services etc. Finally it was agreed that the list of acute issues should be prepared and submitted to newly established Council with the request of further discussion.

**Dr. Zaza Availiani** responded to the question of Mr. David Ananiashvili regarding procurement of 1<sup>st</sup> line TB drugs. He underlined the following: strict measures of control; procurement of optimal quantity of drugs; proper management of drug distribution among TB sites; proper monitoring of expenditures; identification of financial resources (optimization of existing, increased state funding, external donors' support). The possible mechanisms of procurement under the state procurement law were comprehensively discussed. Sustaining of the existing logistics and procurement system was mentioned as one of the options. It was noted that state procurement regulations should be strictly observed.

**Mr. David Ananiashvili** raised the issue of communication between TB Center and OC and encouraged Center team to address the OC with any issues even on a daily basis. An absence of communication problems with the PR was observed. **Ms. Tamar Gabunia** underlined the importance of supportive supervision component that will be the matter of further discussion at the next meeting and in between. Meanwhile all related documentation to be studied by the OC.

Mr. Zaza Avaliani highlighted the importance of up to date approaches, and raising awareness among general population

**Conclusion.**

**The attendees agreed on the following recommendations as interim measure:**

***Percentage of TB patients who had an HIV test result recorded in the TB register***

- Shifting previous experience of HIV testing from the regional level to district level by providing rapid tests to all TB units.
- Inclusion in the existing form (TB 10/12) the status of HIV testing (without showing test result) which will display the coverage of the beneficiaries. Training of health care personnel on new reporting and recording forms will be supported by the USAID Georgia TB Prevention Project.
- Obtain information on implementation of supportive supervision by the National Center for Tuberculosis and Lung Diseases and initiate the process of its review by the OC and relevant experts.

***Delay in receipt of information on new cases of TB***

Explore opportunities for linking of newly developed e-TB module (USAID/URC) with Laboratory electronic system to facilitate real time data exchange.

David Ananiashvili

Chair of the Oversight Committee

Irina Grdzeldze

Executive Secretary