

Minutes of the 70th CCM meeting

April 17, 2014

Ministry of Labor, Health and Social Affairs, CCM Office

Members:

Sandra Elisabeth Roelofs - Chairperson

Mariam Jashi, on behalf of David Sergeenko – Minister of Labor, Health and Social Affairs

Nino Kochishvili, on behalf of Philip Dimitrov - Ambassador, Head of EU Delegation to Georgia

Tengiz Tsertsvadze - Infectious Diseases, AIDS and Clinical Immunology Research Center
General Director

Khatuna Todadze - Research Institute on Addiction of the Center for Mental Health and
Prevention of Addiction, Head

Mamuka Japaridze - National Center of Tuberculosis and Lung Diseases, Director

Akaki Lochoshvili - GPIC, Executive Director

Tamar Sirbiladze - USAID, Health and Social Development Office, Director

Giorgi Soselia, on behalf of Lasha Tvaliashvili - Real People-Real Vision

Lasha Zaalishvili – GHRN, Executive Director

David Mikheil Shubladze – LGBT, Director

Maia Kavtaradze – **GOPA/KfW**, Project Coordinator

Rusudan Klimiashvili – WHO, Head of Country Office

Tamar Gabunia – TPP, Chief of Party

Iza Bodokia – HIV/AIDS Patients Support Foundation, Director

Dimitri Kordzaia - Georgian National Association for Palliative Care, Board Chairman

Archil Talakvadze – Deputy Minister of Corrections

Tamaz Marsagishvili, on behalf of Ketevan Natriashvili, First Deputy Minister of Education and Science

Tamar Kochoradze on behalf of Ketevan Tsikhelashvili, First Deputy State Minister of Georgia for Reconciliation and Civic Equality

Amiran Gamkrelidze – NCDC, General Director

Secretariat:

Eka Iashvili – Executive Secretary

Natia Khonelidze – Administrative Assistant

Guests/observers

David Mushkudiani – UNDP, Adviser

Mzia Tabatadze - UNOPS/LFA Senior M&E/Health Expert in Georgia

Vasil Janjgava - FA

Irma Khonelidze – NCDC, Deputy Director

Agenda

16:00 – 16:10	Opening speech /remarks Mrs. Sandra E. Roelofs, Chairperson of the CCM
16:10 – 16:20	Welcome speech /remarks Mariam Jashi – Deputy Minister of Labor, Health and Social Affairs of Georgia
16:20-16:30	Selection procedure of the CCM Chair/Currents status of requesting Technical Assistance CCM Secretariat

16:30 – 16:45	Legislative initiative on TB Control/Discussion Ms. Tamar Gabunia - USAID TB Prevention Project, Chief of Party
16:45 – 17:00	Projects Implementation and Close-Out Status Mr. Akaki Lochoshvili – GPIC, Executive Director
17:00 – 17:15	Current Status of TB and HIV grant agreements/challenges of the transition period Ms. Irma Khonelidze – NCDC, Deputy Director
17:15 –17:45	Questions/Answers and Discussion

Sandra E. Roelofs – greeted the participants and thanked them for coming. Mrs. Roelofs declared that it was her last CCM meeting in the capacity of the Chairperson. Mrs. Roelofs expressed her regret due to the fact that Mr. Sergeenko was not able to attend the meeting. The Chairperson overviewed the agenda and gave the floor to **Ms. Jashi**.

Mariam Jashi – underlined the importance of the recent period. She noted that the problems accumulated in terms of grants’ implementation were successfully dealt with in coordination with the local partners and the GFATM. The great role of MoLHSA was highlighted. Ms. Jashi emphasized full readiness of NCDC with its already established PIU staff for program implementation. The Deputy Minister stated that TB grant agreement was signed and that the HIV grant agreement is anticipated to be signed shortly *. Ms. Jashi referred to the issue of Government’s counterpart financing requirement in terms of ensuring financial sustainability of the programs and stated that maximum harmonization of the components funded by the GFATM and the Government will occur. Ms. Jashi underlined the great role of Mrs. Roelofs as of CCM Chairperson and as of the First Lady. She thanked Mrs Roelofs for her great contribution and dedication and wished her every success in her new role of GFATM Board member from EECA Constituency. Ms. Jashi expressed her regret that Mr Sergeenko was not present due to his commitment to attend a very important meeting happening at the very moment and extended his apologies to the audience.

**HIV grant agreement was fully signed on May 8, 2014*

Sandra E. Roelofs – stated that with New Funding Model approved by the Board she can leave the position with peace in her heart. Afterwards, Mrs Roelofs focused on the changes that would occur in the CCM. Ms. Maia Kavtaradze is leaving the CCM. Current Secretariat staff will be leaving the Secretariat. According to the CCM decree the Chairperson appoints CCM secretariat within two weeks after the new Chairperson's election. Meanwhile a vacancy announcement for the positions of the Executive Secretary and Administrative Assistant will be elaborated according the ToR to be revised by the GFATM and will be placed on the jobs forum: www.jobs.ge. The CCM will elect its Chairperson from its own rather than the exterior resources seeking for a capable candidate without Col. This position will not be announced at the web space. The Chairperson gave the floor to **Ms. Iashvili**.

Eka Iashvili – stated that one of the issues discussed with the GFATM team during a separate meeting with the CCM Secretariat held in March, 2014 was the issue of election of the CCM Chairperson. It was highlighted during that meeting that the process needs to be in full compliance with the regulations and be transparent and democratic. Ms. Iashvili presented some procedural issues of the election of the CCM Chairperson. The CCM decree was referred to and discussed in details. She requested the decision of the CCM regarding the CCM membership of the CCM Chairperson further describing that as stipulated by the decree (article 3, paragraph 3) the CCM elects the Chairperson out of its members. In this case the choice of the candidates would be quite limited especially taking into consideration the fact that a lot of members to face a Col. Thus inclusion of non-CCM member as a potential candidate will expand the choice if needed.

After a thorough discussion it was agreed upon that a person who is not currently a CCM member can be considered being a potential candidate for the position of Chairperson considering his/her admittance to the CCM as a member.

During the discussion on the issue of Col, Ms Mariam Jashi noted that in her understanding, on the basis of the consultation with the GF, a candidate with a presence of a Conflict of Interest can be considered as a potential candidate for the position. During the decision-making process the members will decide how much Col can be a jeopardizing factor for the program

management. It was noted that the issue will be further agreed with the GFATM to avoid any misinterpretation.

The next issue raised by the rapporteur with the request of taking a decision was formation of an ad hoc Committee for selection of CCM Chair. A discussion followed. In response to Mr. Zaalishvili's offer of elaborating a detailed ToR for the Committee Mr. Lochoshvili stated that based on the fact that the function of the committee is only selection of potential (shortlisted) candidate(s) for the position of CCM Chair the Committee can itself decide on the mechanism of presenting candidate(s) to the CCM. Mr. Amiran Gamkrelidze noted that the elections of the Chair are happening mainly on the consensus basis. Thus the primary task of the Committee will be selecting the most appropriate candidate(s)

It was generally agreed upon that a primary task assigned to the Committee would be presenting to the CCM of appropriate candidate/s for the position of the CCM Chairperson. It was noted that it would be appropriate if the Committee firstly considers capable candidate/s within CCM. Following members of the Committee were proposed: Ms. Rusudan Klimiashvili, WHO, Head of Country Office; Mr. David Ananiashvili, PLWD, Director of NGO "Georgia plus Group", OC Chair; Mr. Giorgi Khechinashvili, Member of the Healthcare and Social Issues Committee of the Parliament of Georgia, member of the OC. Both MoLHSA and NCDC could be involved with consultative functions. Due to the absence of Mr. Ananiashvili and Mr. Khechinashvili at the meeting it was decided that their agreement on the participation in the work of the Committee would be agreed with them later on. The Committee will present to the CCM the appropriate candidate/s for the position of the Chair by April 30. The decision on election of the Chair can be made through consensus, by majority of the votes, including the option of electronic voting on no-objection basis.

Lasha Zaalishvili – raised the issue of SOCO Foundation's representation after stepping down of Mrs. Roelofs. He enquired if another NGO would be considered to be admitted to the CCM Membership provided that SOCO would not represent any more at the CCM.

Akaki Lochoshvili – responded that a new CCM Chairperson will be a representative of certain organization (either governmental or non-governmental). Thus occurring changes in CCM

leadership does not automatically mean that a new NGO should be invited/admitted to CCM membership.

Eka Iashvili – briefed the audience that the request to GMS on TA for governance overview and diagnostic was not approved. The CCM was advised to reach out to the French Initiative 5%. Another request to provide TA for the CCM self-assessment was rejected by the GIZ since BACKUP has had to close all the modes of support until the new phase begins, in October 2015. GIZ forwarded the request to the French 5% Initiative. The CCM budgetary and staffing issues were once more presented to the audience in details.

Sandra E. Roelofs – referred to the issue of denomination of the country's allocation amount under NFM and stated that based on the recommendation of the Ministry of Finance the US dollar was selected by the CCM as the currency for the country's allocation amount for 2016-2017. Mrs. Roelofs gave the floor to Ms Gabunia and announced that her candidature was selected by the GFATM to attend the TBTEAM meeting in Copenhagen to be held on 2-3 June, 2014.

Tamar Gabunia – stated that the process of elaboration for a renewed TB control legislation started one year ago in close collaboration with the Parliamentary Committee for Health and Social Issues. The Committee addressed URC with a request to provide technical assistance for strengthening TB control legislation in line with international policies and best practice. A team of legal and public health experts conducted a comprehensive review of existing legislation concerning TB control at the initial stage of work. Afterwards the package developed was shared among a broad range of stakeholders including key national health agencies, professional unions and legal experts. The feedback received was taken into consideration and reflected in the document by the working group. Thus pre-final version of the package was elaborated and presented to the attention of the CCM at today's meeting (presentation attached). Afterwards, the rapporteur focused on the challenges of the National Response contributing to an increased burden of MDR TB with special emphasis on following issues: infection control, availability of anti-TB drugs on the market, inadequate management of side effects, difficult socio-economic circumstances. Ms. Gabunia discussed the novelties of the

Initiative especially those that have budgetary implications. The package describes the Government's commitment that is in some extent reflected in the Law on Public Health. The main highlights of the new package are as follows: main coordinating body of TB control and its functions, the role of Public Health Units; restriction of over-the-counter sales of anti-TB drugs; involuntary isolation as a last resort during poor treatment compliance; monetary assistance for TB patients to encourage DOT attendance. While speaking on the issue of involuntary isolation Ms. Gabunia underlined that after thorough consideration it was decided to formulate the clause as prescribed by WHO regulations: 3 scenarios are proposed. The rules and conditions of involuntary isolation are profoundly described, fundamental human rights are observed. Another issue underlined by the rapporteur was the issue of restriction of a retail sale of 1st line anti-TB drugs, including rifampicin. Ms. Gabunia presented the data obtained from the Drugs State Regulation Agency on the import of 1st line anti-TB drugs. The issue was comprehensively discussed by the audience. Some concerns on necessity of imposing such restrictions regarding rifampicin were expressed. It was decided that the issue will be further discussed in order to reveal the extent of "non-TB" related use of the mentioned drug. Ms. Gabunia described the issue of the absence of social guarantees for phthisiatricians as it has become a matter of special concern and consideration to the TB Center. She stated that the guarantees of the social protection envisaged by the proposed law should be in full compliance with the whole system of social protection in the country. The second important factor of non-inclusion of this issue in the package was considerations towards professional integration.

Afterwards, Ms. Gabunia focused on the Transient Provisions encompassing the roll of sub-legislative acts to be adopted. Special focus was given to the issue of budgetary implications related to monetary support for TB patients and involuntary isolation, screening, development of hospice services. Ms. Gabunia stated that considerations towards amendment of the current Law on Public Health or adopting of a new TB law envisaging proposed legislative changes are on-going.

Mr. Japaridze stated that the expectations towards social guarantees are high among TB personnel. **Ms. Gabunia** noted that the process of development of legislative package is still on-going, additional interactive consultations will be held. **Mr. Gamkrelidze** underlined the

importance of elaboration of the full package of the legislation including sub-legislative acts. He proposed to circulate the documents among the members for additional comments/recommendations.

Sandra E. Roelofs – stated that some acute issues such as: nominating central coordinating agency for the National Tuberculosis Program, infrastructure of pediatric department, the construction of a new Reference Laboratory are still unsolved.

Mariam Jashi – responded that signing of the contract between GOPA and the MoLHSA is anticipated by the end of April. The financial gap will be covered by the Government. The tender will be announced. The Laboratory will become functional by January – February 2015. The MDR building will become operational in the nearest future.

Sandra E. Roelofs – addressed Mr. Talakvadze with the question regarding the number of TB patients in Ksani TB treatment facility expressing the expectation that it should be significantly decreased due to a large-scale amnesty and asked if it would be at all possible to use the facility for the civil sector as well, in case of necessity.

Archil Talakvadze – responded that in December, 2013 the EC and EU completed the assessment of the penitentiary reforms. One of the issues of the mission was assessment of the efficiency of Ksani TB treatment facility. Mr. Talakvadze noted that the significant decrease in TB cases is not observed though the tendency towards decrease can be declared. He agreed that Ksani facility is not operating with a full workload and co-sharing options could be considered.

Amiran Gamkrelidze – stated that all state healthcare programs are currently being revised under the leadership of Ms. Mariam Jashi. NCDC presented to the MoLHSA an explanatory note, containing the recommendation with regard to proper setting of TB infrastructure in the country. The document was developed in consultation with the USAID TB Prevention Project team. Mr Gamkrelidze presented to the audience the recommendations of the NCDC, namely: due to inappropriateness of using premises of Abastumani Hospital as TB treatment facility to put the building for sale and use the sum for another TB facility. Mr Gamkrelidze also brought

up the option of using the physical infrastructure of Ksani Colony TB hospital for the civil health sector as the prisons are much less populated nowadays. He stated that afore-mentioned will be the first step towards integration of the healthcare of penitentiary system into healthcare of the civil sector. Mr Gamkrelidze also emphasized the need for supporting Kutaisi and Zugdidi TB centers as well as the pediatric department of Tbilisi TB Center.

Archil Talakvadze – gave high regards to the notion of Mr Gamkrelidze and stated that one of the priorities of Ministry of Corrections is integration of the healthcare system of penitentiary system into healthcare system of civil sector and that he would look into the matter.

Sandra E. Roelofs – gave the floor to **Mr. Lochoshvili**.

Akaki Lochoshvili – stated that active phase of projects implementation ended on March 31. Currently GPIC implements close-out activities. By June 30 the process of the import and transfer of drugs and supply material to SRs will be completed. The remaining small part of the drugs and material to be imported and transfer to SRs will be managed by the new PR. Mr. Lochoshvili addressed Ms. Jashi with the request to facilitate the process of import permit for ARVs and anti-TB drugs. Afterwards, he underlined the issue of the anticipated programmatic gap under the HIV grant. Due to the fact that the HIV/AIDS Grant agreement is not signed yet, and respectively there is no legal arrangement with the SRs, to ensure continuation of program activities, GPIC was forced to extend agreements for usage of assets with the HIV SRs as it was the only way to avoid program interruption. The rapporteur expressed his surprise with regard to GFATM question on his actions to solve the problem in case NCDC will not manage to sign contracts with SRs by the end of April. He stated that GPIC is not in position to make such a decision. Finally he stated that the ordinary activities related to the close-out period are ongoing.

Mariam Jashi - stated that maximum of efforts will be done to ensure that the HIV/AIDS grant is submitted to the government for Wednesday. Deputy Minister proposed to discuss this issue with legal experts to find a workable solution for ensuring continuation of the program activities.

Khatuna Todadze – stressed that interruption of methadone program should not be allowed. Thus a workable and legally justified solution for avoiding interruption and continuation of the program from May should be found.

Tengiz Tsertsvadze – brought to the attention of the audience all devastating consequences of discontinuation of HIV treatment.

Sandra E. Roelofs – gave the floor to Ms. Khonelidze.

Irma Khonelidze – stated that TB grant agreement has been signed by all parties and become operational. As for HIV/AIDS agreement it was received on April 16 for in-country signature. Ms. Khonelidze described in details all time-consuming procedures to be followed and addressed Ms. Jashi with the request to facilitate the process in order to minimize/exclude the risk of program interruption.

Amiran Gamkrelidze – addressed the audience, especially GPIC and SRs with the request to spare no efforts to ensure continuation of both program. He underlined great commitment and dedication of NCDC PIU staff revealed at this critical stage of programs' implementation.

Rusudan Klimiashvili – announced that visit of WHO consultants is anticipated by the first week of June. Also, the representatives of GLC and GDF missions are enquiring the appropriateness of the time-slot of June 16-20 for in-country visit. The discussion revealed that it would be much more appropriate to schedule the visit after June 20.

Irma Khonelidze – referred to one of the Conditions Precedent to disbursement of HIV agreement envisaging optimization of the HIV treatment protocol and highlighted a paramount importance of the visit of the WHO consultants.

Tengiz Tsertsvadze – expressed his concerns with regard to the planned change in HIV treatment protocol assessing it as significant retrogressive especially taking into account that the patients are already on the treatment regimens of higher standards. Due to this fact the survival rate of the country is the same as in Western Europe and the USA.

The members discussed the issue with consideration of searching for a workable solution in the best interest of the patients.

Mariam Jashi - announced that due to changes of the CCM leadership transitional period has started from now on. Thus the CCM Secretariat is requested to proceed accordingly.

Sandra E. Roelofs – announced that during the transitional period Mr. David Sergeenko, Minister of Labour, Health and Social Affairs, Vice-Chair will execute the functions of the CCM Chairperson until election of the CCM Chair.

Tamar Sirbiladze – in her own name and in the name of the USAID leadership extended deep and heartfelt gratitude to Mrs. Roelofs for her exceptional leadership, collaboration and valuable assistance during these years. Mr. Sirbiladze underlined dedication and professionalism of the current staff of CCM Secretariat. She thanked GPIC for their commitment to work revealed throughout the years. Ms. Sirbiladze wished to Mrs Roelofs and other outgoing members of CCM family every success in all their endeavors.

Tengiz Tsretsvadze – highly emphasized the impact of Mrs. Roelofs' leadership to the successful implementation of the programs and to the strengthening of the healthcare system, and her charitable activities. Prof. Tsretsvadze specially underlined amazing features of her exceptional personality while describing Mrs. Roelofs' participation in the field work reaching out programs beneficiaries at the earliest stage of National Response to HIV/AIDS. Mr. Tsretsvadze specified the great achievements of the country in HIV/AIDS field that in a great extent was ensured by the commitment of Mrs. Roelofs.

All members thanked Mrs. Roelofs for her leadership and guidance. The audience applauded.

Sandra E. Roelofs – thanked the participants and announced the meeting as closed.

Decisions:

1.To establish an ad hoc Committee for selection of CCM Chair; to assign to the Committee the task to present to the CCM the suitable candidate/s for the position of CCM Chair by April 30, 2014;

2. To ensure that vacancy job announcements are placed on the appropriate web-site once the revised ToRs for Secretariat staff is received from GFATM and agreed with the members;

3. The current CCM Secretariat staff will continue working until new staff is selected to ensure smooth handover and transfer of knowledge.

Sandra Elisabeth Roelofs

Natia Khonelidze

Chairperson

Administrative Assistant