

Minutes of the 76th CCM Meeting
January 30, 2015

Ministry of Labor, Health and Social Affairs of Georgia

David Sergeenko – CCM Chair, Minister of Labor, Health and Social Affairs
Tamar Gabunia – CCM Vice-Chair, USAID Funded Georgia Tuberculosis Prevention Project, Chief of Party
Amiran Gamkrelidze – NCDCPH, General Director
Tamaz Marsagishvili - Deputy Minister of Education and Science
Tengiz Tsertsvadze - General Director of Infectious Diseases, AIDS and Clinical Immunology Research Center
Zaza Avaliani – Director of National Center for Tuberculosis and Lung Diseases
Zurab Vadachkoria - Tbilisi State Medical University, Rector
Tamar Sirbiladze - USAID, Health and Social Development Office, Director
Rusudan Klimiashvili - WHO, Head of Country Office
Nino Kochishvili - EU Delegation, Project Manager
Tamar Natriashvili – Former TB Patient
Mariam Velijanashvili - Georgian National Association for Palliative Care, Secretary General
Lasha Tvaliashvili - Real People – Real Vision, Executive Director
David Mikheil Shubladze – LGBT Georgia, Executive Director

Secretariat:

Irina Grdzeldze – Executive Secretary
Natia Khonelidze – Administrative Assistant

Guests/observers

Valeri Kvaratskhelia – Deputy Minister of Labor, Health and Social Affairs
Mzia Tabatadze - Program Health and Monitoring and Evaluation Specialist, GFATM/LFA
Andrei Mosneaga - TB Advisor, IUATLD/USAID
Vyacheslav Kushakov - FEI expert, International HIV/AIDS Alliance, Team Leader
Giorgi Kuchukhidze – NCDCPH, PIU, GFATM TB project M&E Officer
Alexander Asatiani - NCDCPH, PIU, GFATM HIV Project M&E Specialist
Nino Tsereteli – “Tanadgoma”, Executive Director
Ketevan Chkhatarashvili – “Curatio”, President

Agenda

14:00 – 14:10	Opening speech /remarks
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	Mr. David Sergeenko - CCM Chair, Minister of Labor, Health and Social Affairs of Georgia
14:10 – 14:15	Addressing the members with the request to declare the presence of the Conflict of Interest Secretariat
14:15 – 14:20	The issue of shifting CCM membership from Mr. Dimitri Kordzaia, Georgian National Association for Palliative Care, Board Chairman to Ms. Mariam Velijanashvili, Secretary General Secretariat
14:20 – 14:40	Introduction of TB National Strategic Plan outline Mr. Andrei Mosneaga - TB Advisor, IUATLD/USAID
14:40 – 15:00	Discussion/Agreement on key TB NSP Priorities
15:00 – 15:20	Introduction of HIV/AIDS NSP outline Mr. Vyacheslav Kushakov – FEI expert, International HIV/AIDS Alliance, Team Leader
15:20 – 15:40	Discussion/Agreement on key HIV NSP Priorities
15:40-15:55	Global Fund Projects implementation status Mr. Amiran Gamkrelidze - NCDCPH, General Director
15:55 – 16:05	Sustainability of GFATM funded methadone substitution program from the year of 2016 Ms. Khatuna Todadze - Center for Mental Health and Prevention of Addiction, GFATM funded methadone substitution therapy program, Director
16:05 – 16:20	The issue of PR selection/review of PR criteria Ms. Tamar Gabunia – CCM Vice-Chair, Georgia Tuberculosis Prevention Project, Chief of Party, URC
16:20 – 16:35	Discussion/agreement on PR criteria and nomination/selection procedure
16:35 – 16:45	Current issues/announcement (Implementation plan for bedaquiline, TB supervision component/introduction of TB electronic module)

David Sergeenko – greeted the participants and thanked them for coming. The Chairperson overviewed an agenda and gave the floor to Secretariat.

Irina Grdzeldze – addressed the members with the request to declare the presence of the Conflict of Interest if any. She briefly outlined the nature of the discussions to be held and the decisions to be made at the meeting and further in relation with PR selection/nomination process.

It was agreed by the attendees that due to the Conflict of Interest MoLHSA, current PR, SR/SSRs should not participate in the PR selection and nomination processes.

The CoI forms were filled out by the members and collected by the Secretariat.

Irina Grdzeldze – put the issue of shifting CCM membership from Mr. Dimitri Kordzaia, Board Chairman of the Georgian National Association for Palliative Care to Ms. Mariam Velijanashvili, Secretary General to the vote.

The letter from Mr. Kordzaia, an extract from the meeting of the Board of Georgian National Association for Palliative Care, CV of Ms. Mariam Velijanashvili was circulated among the member earlier.

The issue was agreed by all members and Ms. Mariam Velijanashvili was unanimously admitted to the CCM membership by all presented members.

David Sergeenko - congratulated Ms. Velijanashvili and gave the floor to **Mr. Andrei Mosneaga**.

Andrei Mosneaga – presented to the audience the draft outline of the TB National Strategic Plan (2016-2020) agreed upon during the extended consultations with the members of TB Working Group/in-country stakeholders and extended a deep gratitude to the partners involved in the preparation process (presentation attached). Mr. Mosneaga stated that the work is still on-going. The rapporteur outlined the reasons for necessity of revisiting NSP and outlined the process of the NSP preparation. Afterwards, he outlined a draft post-2015 Global Tuberculosis Strategy Framework adopted by WHO noting that the parts in red in the presentation represent the components highlighted by WHO and/or having special meaning within the country context. The special attention at the country level should be given to engagement of communities, civil society organizations, and strengthening public-private partnership. Research to optimize implementation and impact, and promoting innovations has to be revitalized at the National level. Universal health coverage policy is in line with newly adopted concept of Healthcare reforms in Georgia for 2014-2020. Afterwards, proposed framework for the Georgian TB NSP 2016-2020 was presented to the audience. Mr. Mosneaga specified the Goal and Targets of the strategy, presented the structure of the document. The three strategic objectives and strategic interventions by each objective were presented. Mr. Mosneaga emphasized that the specific impact of the NSP to special needs and groups (TB/HIV, prisons) will be taken into consideration. The rapporteur presented GFATM investment priorities for TB in EECA and emphasized key challenges to be addressed in the new NSP.

David Sergeenko – thanked Mr. Mosneaga for excellent work undertaken. The Chairperson noted that the strategy should be implemented by in-country stakeholders. Mr. Sergeenko assessed the document presented as an excellent start-up. He noted that a lot of work is ahead due to hopefully reachable but a little bit ambitious targets set. The Chairperson opened the floor for discussion.

Tamar Gabunia – extended gratitude to Mr. Mosneaga and working group for extensive work. The Vice-Chair brought the attention of the attendees to the target: "Maintaining the proportion of MDR-TB among new cases under 15% and among previously treated TB cases – under 40%" Mr. Gabunia underlined that the target should be revisited taking into consideration that currently percentage of MDR-TB among new cases is 11,7 % and among previously treated TB cases – 38%". The strategy should aim for improvement in MDR TB control or at worst maintaining the status quo.

Zaza Avaliani – stated that the TB Center is a participant of the process of NSP development. There is specific vision of the Center including of those related to institutional development which in its turn can be considered separately from general view. He underlined the importance of the following aspects: effective utilization of existing resources, infrastructural development, structural reorganization, establishment of strategic view regarding TB management approaches (e.g recommended by international organizations activation of and shifting priorities to out-patient services), legislation issues. Next week a meeting will be held at TB Center. The outcomes of the meeting will be presented to the working group.

Amiran Gamkrelidze – extended his gratitude to Mr. Mosneaga and appreciated his high expertise in TB issues and deep knowledge of country's contextual environment. In the process of NSP development the close collaboration with the TB programs implemented in the country is ensured. He focused on the peculiarities of the new NSP in terms of given reality. Namely: The new NSP is being elaborated in the period of transition from donors' to governmental support. Thus the NSP and especially Plan of Action should deliberately reflect the process of transition. These details should be taken into consideration while developing of the long-term budget planning. Mr. Gamkrelidze stated that once a month coordinating meetings with participation of donors and in-country stakeholders is being convened. These meetings aimed at enhanced coordination have already had very important outcomes. The NSP should explicitly reveal the issues of infrastructure which is one of the main issues to be addressed especially in terms of prioritization of out-patient services. This issue needs special discussion at the MoLHSA and newly established TB Council. The very acute issue of Human Resources for TB program should also be duly reflected in the NSP which requires relevant support.

David Sergeenko – brought the attention of the audience to several issues of TB control. It requires detailed budgeting to understand financial needs during the transitional period and afterwards. The decision can be made only based on the well-justified and properly costed budget. The Chairperson called to elaboration of concert needs and the budget (with 10% accuracy) for solving the infrastructure issues, which can be dealt with by TB Council. Thus the planning leading to decision-making process should be initiated. The Chairperson raised an issue of possible application of method of positive and negative incentives to TB control. The example of screening and early diagnostic of cancer diseases used worldwide was presented. The Chairperson called TB Council to elaboration of the strategic view on positive and negative incentives within the shortest possible period of time. At given period only positive incentive is applicable. Introducing restrictive measures (negative incentive) for stimulating adequate treatment behavior can also contribute to achieving TB control objectives. This can be involuntary isolation of TB patient when appropriate. Mr.Mosneaga was asked to provide his expert input on the discussion above.

Andrei Mosneaga – stated that NSP will have detailed budget, the infrastructure needs will be included. He agreed with the speakers that even the perfectly elaborated Plan needs to be duly implemented. He thanked the Minister for his intention to get governmental approval of the NSP in addition to CCM endorsement.

The attendees agreed on key TB NSP Priorities. The further details, including the comments made at the meeting to be discussed within the technical group with involvement of all relevant stakeholders.

David Sergeenko – gave the floor to **Mr. Kushakov**.

Vyacheslav Kushakov – presented an outline of the Revised HIV National Strategic Plan (attached). Mr. Kushakov extended his gratitude to Mr. Mosneaga for presenting references to global and regional guidance for TB strategy that is equally relevant for HIV. Afterwards the rapporteur presented the needs for revisiting existing HIV NSP which are related to external triggers, the achievements reached and the changes happened. Afterwards, Mr. Kushakov focused on the achievements and the issue of addressing existing challenges such as growing prevalence of HIV (MSM critical); limited coverage of interventions (numbers, geography and hidden segments); poor detection of HIV and late presentation for treatment; limited quality of BCC; limitations of surveillance and monitoring data; Imperfections of legislation and lack of operational policies/standards; Widespread stigma. The challenges identified made the achieving of the goal set towards reversing epidemic more difficult and a matter of long perspective though still realistic and achievable. The proposed revisions to the current NSP were outlined. Afterwards, Mr. Kushakov presented Cascade of Care (Engagement in Care Continuum) diagram. He underlined that the cycle is completed and ended by virus suppression which is a big achievement though the loss of patients/clients occurs at each stage of HIV care continuum. Thus the specific tasks to eliminate such loss was elaborated and presented to the audience. The main challenge was identified as follows: How to reach PLHIV for further engagement in care cascade? One of the new dimensions was specified as better integration of prevention and treatment. The rapporteur presented prevention and care cascade on PWID example with gaps identified and noted that the specific task is to lose as less people as possible. Then, Mr. Kushakov presented challenges for care and treatment for people with history of injecting drug use noting that the treatment outcomes for IDUs are slightly worse than for the rest of the population. The standing point is to include the activities that makes treatment outcome improved for this specific category of patients. Mr. Kushakov presented **Overarching goal of the Strategy, strategic objectives and interventions by each objective**. Focus and funding level of Strategic interventions 1.4 HIV prevention efforts targeting youth are still to be discussed. While speaking of strategic intervention 2.2 (Reduce morbidity and mortality due to TB and HCV co-infections) Mr. Kushakov referred to PWID. Strategic intervention 2.3 (Ensure provision of care and support services for PLHIV) to be implemented in close collaboration with CSOs and associations of PLHIV. Strategic intervention 3.1 . (Sufficient funding allocation for HIV response) will outline clear processes for budgeting for relevant structures to be able to timely adjust budget in accordance with the development of the epidemic. The strategic intervention 3.2 (Improved policy environment and stakeholder coordination (includes addressing stigma and greater involvement of PLHIV and KAPs) envisages improved legislation issues for PIDs and regulations on operational level for enabling to deliver good services (e.g

operation of mobile service delivery units). Strategic intervention 3.3. (Ensured access to strategic information) envisages improved monitoring and surveillance.

Afterwards, Mr. Kushakov presented some pictures for better understanding and visualization of slight nuances of the risks that face people injecting drugs. Mr. Kushakov mentioned the need for targeting non-injecting drug users as well.

Mr. Kushakov presented Impact & Outcomes by the end of 2018. The increased state funding was rated as the most difficult taking into consideration the huge increase needed according to rough estimates based on the GAFTM co-finance requirements and WTP mechanism. Treatment Effectiveness indicators and preliminary Coverage Targets were presented to the attendees.

Mr. Kushakov focused on the funding issues and outlined the creative strategies that can be used to bridge the anticipated gaps. Finally, the rapporteur presented illustration of required funding dynamics for the years of 2010-2018.

David Sergeenko – opened the floor for discussion.

Tengiz Tsertsvadze – thanked Mr. Kushakov for extensive work and for excellent presentation. Mr. Tsertsvadze summarized the key points of the presentation and stated that Georgia is still in leading position in the region of Eastern Europe in terms of treatment and with regard to cascade of inclusion of detected HIV cases into the treatment services. Though Georgia is still outsider in terms of the coverage of high-risk groups with testing and preventive interventions which results in late diagnosis. The main challenge was identified as detection of as many HIV positives as possible and their engagement into the programs. Prof. Tsertsvadze highly rated the strategy named treatment as prevention. The detection is much more difficult task than engagement. The latter is duly addressed. Prof. Tsertsvadze outlined the difficulties of the transitional period and presented three possible scenarios: Sustaining of existing total funding; reduction of existing total funding and increase of existing total funding. The first scenario makes possible stabilization of the epidemics; the second scenario will lead to worsening of outcomes and the third one will allow reversing of the epidemics. Prof. Tsertsvadze underlined the importance of the NSP that will be submitted for endorsement and close collaboration between CCM, AIDS Center, other in-country stakeholders. The role of MoLHSA in the process was underlined. Mr. Tsertsvadze addressed the Minister with the request of his personal involvement as well as involvement of the Deputy Minister. Afterwards, Mr. Tsertsvadze referred to the ambitious and critically important program of elimination of Hepatitis C and raised an issue of possible linkages between HIV/AIDS response and the mentioned program in terms of testing of certain high risk groups and their coverage with preventive interventions.

David Sergeenko – referred to the three possible scenarios presented by Mr. Tsertsvadze and explicitly noted that worsening of the epidemiological situation due to decrease of funding is not the realistic one and there are only considerations towards sustaining or improving results. While speaking of low coverage of high risk groups the Minister referred to the issue of possible linkage with the Hepatitis C program in terms of testing and addressed the members to the Hep C working group to give to this notion due consideration. The afore-mentioned will dramatically increase the coverage and represents a very cost-effective approach. Taking into consideration a high motivation of the beneficiaries testing on HIV can be added to inclusion criteria.

Amiran Gamkrelidze – added that there are two programs that are currently under finalization: relatively small-scale “Emergency Plan” and large-scale plan on elimination of the Hepatitis C. HIV testing of certain groups is envisaged by both programs but in much more extend in the bigger Plan. The legal issues of HIV testing should be definitely properly considered. Mr. Gamkrelidze presented to the audience the components of the Hepatitis C Program. The NSP should definitely reflect the fact that the number of patients on ARV treatment will be increased due to extended coverage as well as increased motivation for inclusion into the methadone substitution program that will become immanent after launching of Hepatitis C program.

Nino Tsereteli – highly emphasized the discussed linkages of the two programs and noted that the specificities of the certain high risk groups, e.g MSMs and FSW should be given due considerations.

Tamar Sirbiladze – heighthed high prevalence of the epidemic among MSMs. The sexual transmission mode of HIV has become dominant.

David Sergeenko – noted that the format of the CCM meetings envisages discussion and agreement on the main modules and the details can be discussed in another format.

The attendees agreed on key HIV NSP Priorities. The presented HIV NSP outline was endorsed by the attendees. The further details to be discussed within the technical group with involvement of all relevant stakeholders.

David Sergeenko – gave the floor to Mr. Amiran Gamkrelidze.

Amiran Gamkrelidze – presented to the audience current status of GFATM programs implementation. He noted that the transition from former PR to current one has been completed smoothly. The contracting of SRs has been conducted through tender process. The significant challenges in implementation of both programs were not observed. The problem with supply material (HIV program) has been addressed successfully. The Management Letter for the Progress Update 1 covering the period 01 April 2014 -30 June 2014 for the GEO-T-NCDC and the Management Letter for the Progress Update 1 covering the period 01 April 2014 -30 June 2014 for the GEO-H-NCDC have been received. The main recommendations of Management Letters have been presented. The GA has been updated. The work of development of HIV and TB NSPs is on-going successfully and thus the strategy documents to be finalized in due time. 2015 state budget envisages procurement of first line TB drugs and first line ARV drugs. The communication with t GFATM regarding using of Pooled Procurement Mechanism is ongoing.

TB Program:

- The work on PUDRs is on-going; The new data will be generated and reflected into the dashboard; significant obstacles in programs implementation is not anticipated
- Nine Gene Expert machines were procured and delivered to the country. They will be distributed country wide by mid of February
- The usage of services of regular post for sputum transportation has been scaled up and currently is put in place in Eastern Georgia as well. Implementation plan for bedaquiline has been developed with technical assistance of USAID/URC. All prerequisites for import and use of the bedaquiline in the country will be performed

HIV program

- The work on PUDRs is on-going; The program audit will be performed in the current quarter; The new data will be generated and reflected into the dashboard
- It is planned to open a new methadone substitution therapy service centers
- Some performance targets in prevention activities are being revisited by the GFATM and became more achievable

The detailed overview of both programs submitted by PR and distributed among all CCM prior to the meeting attached.

Tamar Gabunia – updated the audience on the current status of introduction of Bedaquiline. Ms. Gabunia noted that a substantial progress is observed and the country is about to meet the WHO 5 pre-conditions. In her capacity of the director of TPP she addressed the members of newly established TB Coordinating Council with the request to further proceed in order to solicit the approval of the Council as soon as possible. The Healthcare Department of MoLHSA has been already approached with the request to facilitate the discussion/endorsement of Bedaquiline Implementation Plan by the Council. Electronic health management module for TB program has been developed, piloted and is ready for a full scale implementation. It is important to launch the module officially under the governmental decree to ensure that all providers report TB related data electronically. Due to the interest of CCM to the supportive supervision component the NCDC was addressed with the request to submit the relevant documentations to the OC with the purpose of its further review. Ms. Gabunia expressed the readiness to support the relevant technical work within the framework of USAID funded TPP.

Khatuna Todadze – presented to the audience the main components of the OST program and the considerations towards its sustainability from the year of 2016 (the presentation attached). Ms. Todadze presented the statistical data and stressed that the main mode of transmission of HIV is still injection drug use; the main narcotics used are opioids. Starting from 2014 the use of desomorphine was substantially restricted due to the more strict control from MoLHSA. The rapporteur presented to the audience the two mechanisms of the treatment of opioid dependence. Afterwards the rapporteur focused on the substitution therapy which is from one hand represents the cost effective and efficient method (WHO, 2009) and from the other hand efficient method of harm reduction, resocialization and decriminalization among opioid-dependent patients. Afterward, Ms. Todadze presented the stages of introduction of the substitution therapy in the country. In 2005 the GFATM funded pilot program was launched. The program has been substantially scaled up and starting from 2008 the government has been co-financing the program. To the date 20 substitution therapy centers are functioning county-wide. Out of this – 14 are financed by the government; 5 – by the GFATM and one is a private center (buprenorphine-naloxone program). Almost all regions are covered; 2700-2800 patients are enrolled. Afterwards the cumulative number of patients and dynamics of OST GFATM program in penitentiary system was presented. Ms. Todadze underlined that the programs are implemented by Center for Mental Health and Prevention of Addiction. The rapporteur outlined the issue of rehabilitation of the patients stating that there are only three GFATM funded centers functioning and underlined their importance. Ms. Todadze presented the financial data of GFATM funded programs and expected outcomes by the end of 2015 as well as funds envisaged by the state

budget. A gradual decrease in GF funding will require a substantial increase of domestic funding to sustain the program.

David Sergeenko – underlined the acuteness of the issue presented and stressed the need for further thorough consideration and detailed discussion. The Chairperson highlighted the importance of analytical assessment of the data of 2014 when due to efficient Government's interventions the access to opioids was dramatically decreased. In addition, the Illicit Traffic in Narcotic Drugs and Psychotropic Substances was almost eradicated. The Minister referred to the issue of the number of the patients needed substitution therapy and presented dynamics and stated that the increase in the year of 2014 can be connected with the non-existence of waiting list that became possible due to the implemented interventions. The duration of the therapy should also be given a due consideration.

At the discussion followed it was decided that the issue will be thoroughly analyzed and discussed.

Tamar Gabunia – presented to the audience for agreement the procedure for selection/nomination of the Principal Recipient of the GFATM grants under New Funding Model (presentation attached). At the beginning of the presentation CCM one more time comprehensively discussed the CoI issue and it was one more time agreed that the SRs/SSRs, representatives of MoLHSA, existing PR will not participate in the procedure and decision-making due to the existence of the Conflict of Interests.

The GFATM requirements were presented in details. The criteria and procedures were thoroughly discussed and agreed (criteria attached). The following steps of the procedure were agreed:

- The e-voting on either selection of the new PR or nomination of the current PR among the CCM members without CoI. The confidentiality of the choice made by the participants of the voting will be observed
- The CCM and PR will be notified on the results of the voting;
- In case the decision to nominate current PR is made by majority of votes, the CCM Secretariat, Vice-Chair and the members of OC without CoI will assess the level of compliance of the PR with the criteria by means of the matrix presented, according to the GFATM and LFA reports;
- To notify the CCM on the results of the assessment;
- At the next CCM meeting the secret ballot on the election of the current PR will be held. The CCM members without CoI will participate;

It was decided that the CCM Secretariat will continue communication with the GFATM Secretariat with the purpose to further specify the details and to strictly follow the GFATM regulations; The e-mail communication with the CCM members will be continued in order to have finally agreed procedure before the next CCM meeting.

Comment: The Secretariat had communication with the GFATM and CCM as per decision of the meeting. The steps of the procedure were further fine-tuned and agreed as follows:

Step 1:

The decision to nominate the current PR should be made, based on the review of the compliance of the PR with the minimum criteria by the CCM Secretariat, Vice-Chair and the members of OC without CoI. Main Source: the GFATM Management Letter, where Global Fund feedback and rating is summarised.

Step 2:

The Secretariat will summarize the results of the assessment of the level of compliancy and notify all CCM members by e-mail.

Step 3:

To organize a secret ballot on the selection of the new PR or nomination of the current PR during the next CCM meeting, instead of the e-vote. The outcomes of the voting to be discussed extensively and the decision to be documented. If the CCM members decide to initiate a new selection process for another PR, then the CCM will need to initiate a proper PR selection process. NCDC will be notified by a separate letter additionally on the results of the voting.

Tamar Gabunia – reiterated the importance of timely addressing the following issues: 1) Approval of bedaquiline implementation plan and meeting of WHO 5 pre-conditions; 2) Full operationalization of the USAID/URC electronic module; 3) Review of the TB Program supportive supervision component.

David Sergeenko – stated that with his direct involvement the meeting of the TB Coordinating Council will be convened urgently in order to properly address all acute issues raised by Ms. Gabunia.

The Chairperson thanked the attendees for active participation and involvement and announced the meeting as closed.

Decisions:

- 1. To shift CCM membership from Mr. Dimitri Kordzaia, Board Chairman of Georgian National Association for Palliative Care to Ms. Mariam Velijanashvili, Secretary General;**
- 2. To approve TB NSP outline. The further details, including the comments made at the meeting to be discussed at the meetings of the technical group and relevant consultative meetings with involvement of all stakeholders;**
- 3. To approve HIV/AIDS NSP outline. The further details, including the comments made at the meeting to be discussed at the meetings of the technical group and relevant consultative meetings with involvement of all stakeholders;**
- 4. The information on the sustainability of GFATM funded methadone substitution program from the year of 2016 was heard at the meeting. The discussion to be continued with consideration of the analytical assessment of the data of the year of 2014;**

5. **The agreement on the procedure of PR selection/nomination procedure and criteria to be considered being reached (the criteria attached). The CCM Secretariat will continue communication with the GFATM Secretariat with the purpose to further specify the details and to strictly follow the GFATM regulations;**
6. **The information on Implementation plan for bedaquiline, TB supervision component, introduction of TB electronic module was heard at the meeting. The afore-mentioned will become the topics of discussion at the nearest meeting of TB Coordinating Council. The meeting to be convened at the nearest future period of time; TB supervision component to be additionally studied by the Oversight Committee;**
7. **To distribute the decision points of the 76th CCM meeting among all CCM members by e-mail and get electronic endorsement**

Comment: the decision points were distributed among the CCM members and the e-endorsement has been got. The finally agreed PR nomination/selection procedure see above

David Sergeenko

Chairperson

Natia Khonelidze

Administrative Assistant

Annexes:

Annex 1

TB National Strategic Plan (2016-2020) outline

Annex 2

HIV/AIDS National Strategic Plan outline

Annex 3

Overview of GEO-H-NCDC program implementation

Annex 4

Overview of GEO-T-NCDC program implementation

Annex 5

Presentation on sustainability of GFATM funded methadone substitution program from the year of 2016

Annex 6

Principal Recipient Minimum criteria

Annex 7

The presentation on the procedure for selection/nomination of the Principal Recipient of the GFATM grants under New Funding Model