



**Minutes of the 84th CCM meeting  
November 11, 2016  
Ministry of Labor, Health and Social Affairs of Georgia**

**Participants:**

#	CCM members	
1	David Sergeenko	Minister of Labor, Health and Social Affairs of Georgia CCM Chair
2	Tamar Gabunia	URC LLC CCM Vice-Chair
3	Amiran Gamkrelidze	NCDC&PH, General Director PR of GFATM grants
4	Tengiz Tsertsvadze	General Director  Infectious Diseases, AIDS and Clinical Immunology Research Center, SR
5	Zaza Avaliani	National Center of Tuberculosis and Lung Diseases  Director, SR
6	Khatuna Todadze	Center for Mental Health and Prevention of Addiction, GFATM funded methadone substitution therapy program, SR
7	Tamaz Marsagishvili	Deputy Minister of Education and Science
8	Irine Javakhadze	Ministry of Finance, Chief Specialist of Budget Department/State and Consolidated Budget Formulation Division
9	Tamta Demurishvili	Ministry of Corrections, Head of Medical Department

10	Rusudan Klimiashvili	Representative of WHO Georgia Country Office, OC member
11	Natalya Zakareishvili	Alternate member, on behalf of Lela Bakradze UNFPA, Assistant Representative
12	Tsisana Shartava	Alternate member. On behalf of Archimandrite Adam -Vakhtang Akhaladze  Patriarchate of Georgia, Head of Public Health Department
13	Zurab Vadachkoria	Rector of Tbilisi State Medical University
14	Elguja Meladze	Employers' Association of Georgia, President
15	Lasha Abesadze	Alternate member, on behalf of Konstantine Labartkava NGO New Vector , Board Chairman, SSR
16	Izoleta Bodokia	NGO HIV/AIDS Patients Support Foundation, Director, SR
17	Davd Kakhaberi	Alternate member. On behalf of Paata Sabelashvili MSM Constituency
18	Madlena Khutsishvili	CBO PAPA
19	Maia Butsashvili	NGO HRU, Director, OC member
20	Kakha Kvashilava	NGO GHRN, Board Chairman, SR
21	Tamar Bortsvadze	NGO MdM, Senior Advocacy Officer, Chair of OC
22	Nikoloz Mirzashvili	Former TB Patient, Patients' Union, Board Member, OC member
23	Nino Osepaishvili	Alternate member, on behalf of Natia Loladze, NGO Georgia Red Cross Society, President

Guests/invitees		
24	Nino Berdzuli	Deputy Minister of Labor, Health and Social Affairs of Georgia, Chair of PAAC
25	Irakli Katsitadze	LFA, team leader
26	Akaki Zoidze	Curatio International Foundation, TSP technical team leader
27	Ketevan Chkhatarashvili	Curatio International Foundation, President
28	Maka Danelia	Policy and Advocacy Specialist
29	Irma Khonelidze	NCDC&PH, Deputy General Director GFATM PIU, Director
30	Alexander Asatiani	NCDCPH, GFATM HIV M&E Officer
31	Giorgi Kutchukhidze	NCDCPH, GFATM TB Program Manager
32	Ketevan Stvilia	NCDCPH, GFATM HIV Program Manager
33	Mzia Tabatadze	Curatio International Foundation, Consultant
34	Ketevan Mindeli	GRCS, Head of Health and Care Department
Secretariat		
35	Irina Grdzeliidze	Executive Secretary
36	Natia Khonelidze	Administrative Assistant

### **Agenda**

15:00 – 15:10	<b>Opening speech /remarks/ endorsement of the agenda</b> Mr. David Sergeenko - CCM Chair, Minister of Labor, Health and Social Affairs of Georgia
15:10 – 15:15	<b>Addressing the members with the request to declare the presence of the Conflict of Interest</b> Secretariat
15:15 – 15:45	<b>Presentation of the draft transition plan</b> Mr. Akaki Zoidze – Curatio International Foundation, TSP technical team leader

15:45 – 15:55	<b>The overview of the CCM integration study report conducted by Euro Health Group /possibilities for obtaining additional technical assistance</b> Ms. Tamar Gabunia – CCM Vice-Chair
15:55 – 16:05	<b>Discussion</b>
16:05 – 16:20	<b>HIV and TB grants implementation status</b> Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU Project Director
16:20– 16:30	<b>Report of the Oversight Committee - Ms. Tamar Bortsvadze – Chair of the Oversight Committee</b>
16:30– 16:45	<ul style="list-style-type: none"> <li>• <b>Dashboard for HIV grant Period 2 and TB grant Period 9</b> Mr. Alexander Asatiani – NCDCPH, GFATM PIU, HIV M&amp;E Officer Mr. Giorgi Kuchukhidze – NCDCPH, GFATM PIU, TB Program Manager</li> <li>• <b>Introducing of the Oversight Committee recommendations</b> Ms. Tamar Bortsvadze – Chair of the Oversight Committee</li> </ul>
16:45– 16:55	<b>The overview of the 47th Union World Conference on Lung Health</b> Mr. Zaza Avaliani - National Center for Tuberculosis and Lung Diseases, Director
16:55- 17:20	<b>AOB/announcements</b> <b>Stop TB Partnership Call for Proposals/Proposal of Georgia Red Cross Society</b> Ms. Nino Osepaishvili – Georgia Red Cross Society, Health and Care Department
17:20	<b>Closure of the meeting</b>

**List of abbreviations**

AIDS - Acquired Immune Deficiency Syndrome

CBO - Community Based Organization

CCM – Country Coordinating Mechanism

CoI – Conflict of Interest

EPA – Eligibility and Performance Assessment

GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria

GHRN \_ Georgia Harm Reduction Network

GRCS – Georgia Red Cross Society

HIS - Health Information System

HIV - Human Immunodeficiency Virus

HRU – Health Research Union

KAP – Key Affected Population

LFA – Local Fund Agent

MdM - Médecins du Monde

MDR - Multi-Drug Resistance

M&E - Monitoring and Evaluation

MoLHSA – Ministry of Labor, Health and Social Affairs

MoU - Memorandum of Understanding

MSM - Men who have Sex with Men

NCDC&PH – National Center for Disease Control and Public Health

NCTLD – National Center for Tuberculosis and Lung Diseases

NFM – New Funding Model

NGO - Non-Governmental Organization

NCTLD – National Center for Tuberculosis and Lung Diseases

OC – Oversight Committee

OST - Opioid Substitution Therapy

PAAC - Policy and Advocacy Advisory Committee

PAPA - Positive Attitude Positive Action

PIP – Performance Improvement Plan

PIU - Project Implementation Union

PR – Principal Recipient

PWID – People who Inject Drugs

SR - Sub-recipient

SSR – Sub-sub-recipient

TB - Tuberculosis

TSP – Transition and Sustainability Plan

URC – University Research Corporation

UNFPA – United Nations Population Fund

WHO - World Health Organization

**David Sergeenko** – greeted the participants and thanked them for coming. The Chairperson overviewed an agenda and addressed the members with the request to declare the presence of the Conflict of Interest if any, to fill out the CoI forms and to raise any comments/objections with regard to the agenda items of the 84th CCM meeting if any.

*The agenda of the 84th CCM meeting was endorsed;*

*The COI forms were filled out and are kept at the CCM Office. None of the CCM members presented at the meeting declared the presence of COI in respect to the agenda of the 84th CCM meetings.*

**David Sergeenko** – gave the floor to **Mr. Akaki Zoidze**

**Akaki Zoidze** – at the beginning of the presentation Dr. Zoidze introduced the methodology of the development of TSP. The following timeline was presented and agreed: in the week following the CCM meeting the plan incorporating stakeholders' comments, including those made at the CCM meeting will be shared with the CCM for review. Two weeks will be given for additional comments. By the end of December the final draft which will incorporate the costing for TSP interventions will be presented. Afterwards, the draft TSP was presented to the audience. The presentation (attached) covered objectives and specific activities related to the following areas: external environment; internal environment (financial resources, human resources, health information systems, governance, accountability, procurement and supply chain management, service delivery, organizational capacity and transition planning).

Two problematic issues were identified in the **external environment**: restrictive drug policy might be a hindering factor for HIV/AIDS Response and tendering procedures which are considered challenging the participation of financially/organizationally weak CSOs (e.g. difficult to present the bank guarantee required in the tender application).

*The following objectives and planned activities were presented:*

**Objective:** Creation of conducive legal environment for HIV national response

**Activities:** Increase coordination among stakeholders: relevant government bodies, Parliamentary committees, civil society - the National Platform on Drug Policy Reform; Initiation of legislative changes and monitoring of their implementation; Support development and enforcement of the Four-pillar Drug Policy, Anti-Drug Strategy and Action Plan.

***Objective: Creation of enabling environment for CSO engagement in HIV and TB national response***

***Activities:*** Identify the barriers for CBOs contracting in the State Procurement Law and relevant regulations in case of need to develop a detailed operational manual; Assess and build capacity for TB CBOs to satisfy the state procurement requirements.

While speaking of **financial resources** the following problematic issues were identified: following the gradual reduction in donor funds, the financial burden placed on the MoLHSA will substantially increase, which may not be fully accommodated within the funding ceiling amount set for the MoLHSA and the deficit/incommensurability of funding of operational research and prevention programs targeting KAPs.

***Objective:*** Ensure financial and allocation efficiency for national response (HIV and TB).

***Activities (HIV):*** Conduct National HIV/AIDS spending assessment and develop the annual report; Allocate commensurate funding for prevention programs targeting KAPs; Align state funds allocation to epidemiological priorities; Advocate for state funding to support HIV related research, including second generation epidemiological studies; Engage relevant ministries, city mayors and municipalities to ensure multi-sectoral national HIV response.

***Activities (TB):*** Support policy dialogue and advocacy for filling the gaps in the financing of the National TB Program; Allocate commensurate funding for prevention programs for KAPs and social support services; Ensure mobilization of funding of continuous professional development for TB personnel.

The following problematic issues were identified in the sphere of **Human Resources:** Lack of institutionalization of donor funded training programs into formal education and professional development system; staffing in the TB control - age, geographical imbalance and lack of motivation.

***Objective (HIV): Ensure adequate staffing in HIV response***

***Activities:*** Development of policy for continuous education and professional development of human resources for HIV/AIDS programs, including CSO personnel (within unified education and professional development policy); Integration of HIV training modules in the undergraduate and postgraduate education system; Provision of training of trainers, including that for academia staff on HIV related topics; Revision of HIV/AIDS diagnostic and treatment guidelines.

***Objective (TB):*** The nationwide implementation of the human resources plan and Results Based Financing mechanism for the integrated and patient-centred model of TB care (the activity which will be piloting under NFM TB grant).

***Activities:*** Monitor and support the implementation of long-term plan for the integrated model for TB services; Support the scale up of Results Based Financing mechanism for nationwide implementation.

**Objective (TB):** Ensure production and continuous professional development policy of human resources for TB program, including policies for CSO staff.

**Activities:** Develop policy for production of professional competencies/qualification framework, course accreditation, and certification for non-medical staff/CSO personnel as well as medical personnel; Policy dialogue and advocacy to ensure allocation of public funding for Continuous Professional Development courses; Introduction of free of charge residency courses for Pulmonologists; periodic revision and updates for TB care guidelines; Support the institutionalization of TB training through integrating training modules into formal education system; Support the trainings of trainers for TB.

The following problematic areas were identified in the sphere of **Information System:** standardization of the data collection and disaggregation; analytical capacity of staff; second generation surveillance studies are fully funded by the GFATM; TB data are not routinely analyzed and used in decision-making; TB HIS system is not fully integrated into National HIS System.

**Objective (HIV):** Sustainable integration and development of Health Information System in HIV national response.

**Activities:** Monitor of the HIS strengthening interventions and the process of full integration of surveillance, monitoring and reporting system.

**Objective (TB):** Improve the health information systems for TB.

**Activities:** Monitor the process of full integration of advance monitoring and reporting system planned under new TB grant; Train TB staff in the information system's use.

While speaking on the Governance the rapporteur focused on the following: the legal power of the National HIV/AIDS and TB strategies; the harmonization of the National HIV Program with Hepatitis C Elimination Program. According to the opinion of various stakeholders it will be necessary to clearly identify the functions and responsibilities in the National TB Program especially after completion of transitional period.

**Objective (HIV):** Improve HIV program governance.

**Activities:** Develop costed HIV/AIDS National Strategy for 2018-2021 and Action Plan; Advocacy for approval of the HIV/AIDS National Strategy for 2018-2021 and Action Plan by Government resolution; Advocacy for implementation of recommendations from the CCM evolution study.

**Objective (TB):** Improve governance for TB program

**Activities:** Ensure further codification of the roles and responsibilities for TB program implementation through the relevant normative acts; Strengthen the coordination mechanism of CCM and ensure its sustainability based on the results of CCM evaluation study; Engage the relevant government agencies to explore and implement the regulatory mechanisms (e.g. licensing requirement) for private providers to retain the TB services beyond the mandated period (2018).



While speaking on **Accountability** it was pointed out the non-existence of official channels for dissemination of HIV and TB programmatic and financial data.

**Objectives (HIV and TB).** Improve programs accountability to disseminate programmatic and financial data to key actors and wider public.

**Activities:** Develop program outcome dissemination and communication strategy to ensure transparency and access to programmatic and financial data (HIV and TB); regularly publish and make accessible the programmatic and financial reports on HIV/AIDS program implementation to all interested parties, including the CBOs, beneficiaries and wider public.

The following issues were highlighted in the area **Procurement and Supply Chain Management:** The procurement HIV and TB medicines (partially) and of health products for prevention and treatment is managed by NCDC; it is not decided yet which national agency/structure will assume this responsibility after completion of the GFATM grants.

**Objective (HIV and TB):** Maintain the effective and functional procurement and supply chain for the HIV/AIDS and TB health products.

**Activities:** Perform the procurement and supply chain assessment (by the end of 2017) for health products; Plan and implement capacity building for the national agency responsible for the procurement and supply (provided that a new entity will take over the procurement responsibility).

While presenting **Service Delivery** component current non-existence of approved national standards for Harm Reduction programs and the need to establish mechanisms for long term engagement of private providers in TB service delivery were mentioned.

**Objective:** Improve HIV service delivery

**Activities:** Advocate for approval of HIV prevention and harm reduction service national standards; Training of CSO staff to support implementation of national HIV prevention standards.

**Objective (TB):** Support the implementation of the integrated, patient-centered care and prevention model

**Activities:** support the implementation and monitoring of long-term master plan for the integrated model for TB services; Mobilization of funding for implementation of the quality improvement systems.

The following objective and activities were presented to the audience under the area of **Organizational Capacity.** **Objective:** Strengthen the organizational capacity of the dedicated TB management agency to improve coordination and management of national programme. **Activity:** To implement capacity building activities in order to enhance the role of National TB Council as the coordination body for the national TB program.

The following objectives were introduced while speaking on the **Transition Planning**  
**Objective: Ensure that the Transitional Plan is actionable and legally binding**

**Activities:** Approve the **Transitional Plan** with actionable indicators and milestones through the Government Resolution; Establish functional unit - external monitoring system or Technical Coordinator, who will be responsible for monitoring the implementation of not only TSP, but also achievements of targets set in the NSP/TGF CN and Plan amendment accordingly. Dr. Zoidze focused on the issues of the Establishment of functional unit and further explained that several options will be introduced in order to make a final decision.

**David Sergeenko** – thanked Mr. Zoidze and opened the floor for discussion.

**Tengiz Tsertsvadze** –addressed the Ministry and all relevant stakeholders with the request to ensure maximum possible mobilization of resources including financial ones for HIV response which is especially important in transitional period. Prof. Tsertsvadze raised an issue of further integration of Hep C and AIDS program stating that albeit some steps in this direction have been undertaken the more systematic approach towards integration is required. Then, Prof. Tsertsvadze stated that in his opinion the detection rate of HIV among IDUs reached by CSOs has been decreased despite the increased resources towards prevention activities and addressed the Ministry and the CCM with the request to assign the task to study this issue to a group of specialists with the purpose of identification of the reasons. Prof. Tsertsvadze expressed his willingness the CCM meetings to be more strategically focused (e.g. periodic technical review of implementation of HIV response activities) versus observed current trends towards prevailing operational/procedural issues.

**David Sergeenko** – addressed the issue of possible low detection rate of HIV among IDUs raised by Mr. Tsertsvadze and stated that such facts require systematic approach such as meticulous study from the institution in charge (e.g. Oversight Committee) for timely identification of potential bottlenecks hindering reaching of set targets if any. The Chairperson re-confirmed his notion on better utilization of such an instrumental tool as CCM for addressing the strategic issues e.g. HIV related stigma and discrimination and on the necessity for taking more proactive actions against stigma aimed at its ultimate elimination. The Minister referred to good results achieved in this direction within the Hep C elimination program. As for the notion of Mr. Tengiz Tsertsvadze on the necessity to pay a due attention to HIV response the Chairperson stated that there is no ground to suppose the diminish of the attention and addressed the representatives of all sector to come up with innovative ideas on optimal utilization of allocated resources. As for harmonization of AIDS and Hep C elimination program Mr. Sergeenko one more time reaffirmed the appropriateness and readiness for synergizing HIV prevention efforts with the Hep C elimination program and called for immediate steps of organizational nature for its implementation. The notion on the preference of a proactive role and innovative approaches versus mere identification of the problems was expressed.

**During the discussion of the draft TSP the following issues were brought under the special focus:** **Financial resources** – it was noted that the examples of other countries experience in terms of the share of total public spending on HIV and TB would be very useful; **Information System:** integration of health information system for both diseases into already developed E-Health Models (such as electronic registers of NCDC and comprehensive E-Health System of MoLHSA).

**Mr. Tserstvadze** – responded to the question of Ms. Maia Butsashvili on the on the rationale behind the statement on detection rate among IDUs and stated that in terms of increased funding and high prevalence of HIV among IDUs the number of HIV detected among IDUs reached by CSOs should be higher.

**David Sergeenko** – gave the floor to **Ms. Tamar Gabunia**.

**Tamar Gabunia** – overviewed the CCM integration study conducted by Euro Health Group, funded by the Global Fund, Switzerland and Germany (presentation attached). The following topics were covered. **Specific Objectives of the study:** to analyze the functionalities of the selected CCMs (Ethiopia, Georgia, Ghana, Guinea, Moldova); to assess opportunities/challenges for improved health sector coordination; to identify options for integration of the CCM into existing national health sector bodies; to analyze data collected by the Office of the Inspector General from CCM audits (Bangladesh, Madagascar, Morocco and Zimbabwe). **Findings:** Georgia CCM considered “fully-integrated” though this classification is undermined by the CCM’s legal authority; there is an unanimous consensus that CCM should continue after the GFATM phase out from the country; transition planning is already underway; the CCM, to the date, has been well-functioning due to strong leadership, technical competency and CCM Secretariat; uncertain future for CSOs engagement in disease control post-Global Fund. **General Recommendations:** 1. “Evolutionary Model” – provide a guided evolution for each CCM based on an initial assessment and country context. 2. For each CCM a decision tree must be developed accounting for all most relevant integration factors and be utilized in choosing the path for the CCM’s integration/evolution. Transition and sustainability planning should begin as soon as possible. This may require revision of CCM framework documents and other related government documentation (when possible). In case of any revision particular attention should be paid to the continued adherence to the GFATM principles of transparency, accountability, democratic decision-making and civil society participation. 3. For integration or evolution purposes, further examination of CCM’s functionality need to be done in addition to the EPA and PIP. Unless the basic functional foundation is in place, the CCM should not take any additional responsibilities or make fundamental changes in its operation. However, discussions about the CCM’s evolution or integration can be initiated even this case. This will require the GFATM Secretariat to develop guidance for this functional standard to be obtained for integration/evolution discussions to begin. While presenting this recommendation the CCM Vice-Chair focused on the results of EPA conducted in September 2014 and the improvements made. 4. When applicable, CCM framework documents should be revised to formalize linkages between the CCM and other health sector bodies. When feasible, corresponding documents for the other health sector bodies should be revised to reflect a formal links to the CCMs. If needed, more detailed MoU can be developed between the partner bodies to address issues such as shared membership, developing shared agenda items for information sharing and formal inter-body coordinating sub-structures. To strengthen government leadership of the CCM long-term technical support may be needed. 5. The Global Fund Secretariat must issue clear guidance for CCMs regarding the issue of country autonomy/ownership and what will be the core principles that must be followed to continued access to funding. 6. The Global Fund must provide clear guidance for CCMs on the future of the CCM sub-committees and the Secretariat and when necessary ensure that ministries include sufficient line item budgeting for CCM activities. 7. When possible the Global Fund should build on previous work done on CCM integration or evolution and document the procedures in countries that are currently undergoing the process. The Global Fund Secretariat should develop guidance for CCMs to complement “The Global Fund Sustainability, Transition and Co-financing Policy” which focuses almost solely on programmatic and financial transitioning. **Options for Georgia CCM transformation.** 1. Maintain the status quo (supported by majority of participants of the study); 2. Disband the CCM after GF (rather theoretical option); 3. Keep CCM within the MoLHSA and apply CCM tools and practices (supported by the majority); 4. Become a sub-committee of another broader body; 5. Become an Oversight body (to oversee transition process and national programs); 5 Merge with some existing body; 6. Create a public-private implementation unit and use the CCM as a framework. **Main risks to Georgia CCM integration.** 1) Transition plan does not adequately address CCM issues (e.g. CCM disbands or future role is unclear). Low – in terms of possibility of occurrence, high in terms of magnitude of

impact. 2) Government of Georgia fails to (adequately) budget for future CCM and CCM Secretariat. Legal status of CCM remains unresolved. Medium - in terms of probability of occurrence, high - in terms of magnitude of impact; 3) Civil Society has reduced presence and participation on post-GF CCM. Medium - in terms of probability of occurrence, medium - in terms of magnitude of impact; 4) leadership turnover of both CCM Chair and Vice-Chair reduces CCM functionality. High - in terms of probability of occurrence, medium - in terms of magnitude of impact. **Future Steps.** To reflect options for CCM transformation in the TSP; To select the optimal option and review the possibilities (including legal environment) for its implementation; to mobilize TA for CCM transformation by 2017. The Vice-Chair stressed that the decision on the option for CCM transformation should be decided upon by the CCM. During the presentation the issue of receiving further technical assistance around the topic of CCM evolution was favorably received and agreed by all CCM members presenting at the meeting. It was also announced that as URC operations in the country has been prolonged. The issue of election of a new Vice-Chair has been postponed and Ms. Tamar Gabunia will continue serving as a CCM Vice-Chair.

**Tamar Gabunia** – gave the floor to **Ms. Irma Khonelidze**.

**Irma Khonelidze** – updated the audience on the current status of the GFATM grants implementation. The following issues were presented:

- The NFM GEO-T-NCDC grant has been approved by the Global Fund Board. The Grant Confirmation has been submitted to the Cabinet of Ministers and once the approval is secured will be sent back to the Global Fund with in-country signatures. Implementation period of the grant is January 1, 2016 – December 31, 2019.
- As it is already known by the CCM the Global Fund approved using the funds saved under the TB grant for establishment of two TB ambulatories. All necessary procedures for one site have been successfully implemented and the contract with the company selected through tender will be signed by the end of November. Ms. Khonelidze extended special thanks to the staff of the MoLHSA, namely Mr. Bibilashvili, NCTLD for valuable assistance. As for the second site due to some problematic issues with the land spot the procedures took longer than planned. The Global Fund added the sum to the new TB grant and thus the sum will be utilized for establishment of TB ambulatory under NFM TB grant.
- The process for ordering the 1<sup>st</sup> line drugs for both programs under the state budget has been initiated.
- On November 2-3, 2016 the ministerial delegation attended EECA Regional Consultation on Expanding Access to Affordable and Quality Assured Antiretroviral and Antituberculosis medicines in Minsk, Belarus. The presentation on the country's procurement practice provoked vivid interest of the participants.
- OST transition should be completed before Transition Plan is finalized. The series of very productive meetings have been conducted with the representatives of Healthcare Department of MoLHSA and Narcology Center. The work on this direction will be continued.
- IOM is planning the launch the regional program on Oversight of Tuberculosis and HIV/AIDS on borders among migrant population on December 1. NCDC and IOM agreed to organize joint event dedicated to 1 December; IOM itself will provide all stakeholders with more details later on.

**Tamta Demurishvili** – pointed out to the importance of the proper functioning of OST program in the penitentiary system and thus to the significance of close involvement of the Ministry of Corrections in the working meetings and discussions around OST transition. Ms. Demurishvili mentioned importance of service delivery and consolidated procurement.

**Khatuna Todadze** – stated that the steps on OST integration into the state budget are being undertaken. Ms. Todadze stated that the procurement of drugs will be done solely within the GFATM program until the end of the year and this timeline will allow avoiding shifts during the transition to the state program.

**Tamar Gabunia** – presented to the attendees the main components of the Regional Program TB-REP and outcomes of the meeting held in Vienna, Austria. The Program is being implemented by PAC (Center for Health Policies and Studies) in collaboration with WHO Regional Office for Europe in eleven countries. The project aims to support 11 countries in the region in health systems strengthening for establishing people centered TB care model. A blueprint on the new model which will define the main parameters of the program is being developed and will be implemented on national levels. In Georgia a National Group Mechanism has been established. The members of PAAC and other relevant stakeholders are unified into the HSS-TB REP Group. Mr. Amiran Gamkrelidze has been appointed as a Focal Point of the project. By the end of December the first meeting of the Group is planned. The group will work in close coordination with the regional implementing partners.

**Tamar Bortsvadze** - greeted the participants and expressed deep gratitude to the CCM for nominating her as a Chair of OC and a representative of the country in the OC for the Regional Program “Harm Reduction Works - Fund it!” Ms. Bortsvadze one more time presented to the audience the composition of the recently renewed OC and outlined the main directions of the oversight activities implemented during the period August – November 11, 2016. Meeting dedicated to the discussion of the HIV dashboard for Period 2 and TB dashboard for Period 9 was conducted on September 26, 2016. The dashboards with the recommendations of the OC have been shared with the CCM by-email and will be presented at the meeting later on. The two site visits were implemented during the reporting period: the visit to LGBT Resource Centre conducted on October, 12, 2016 and the visit to “New Vector” - on November 1, 2016. During both site visits the following positive trends were revealed: effective communication with the PR, timely fund disbursement, effectiveness of using mobile ambulances for reaching underserved at risk populations, especially for those living in rural areas in Kvemo Kartli, further improvement of data collection and management (adoption of open access software tool - SyrEx by NCDC ) is anticipated. During the site visit it was noted that in order to more effectively target and meet the needs of beneficiaries, a more systematic and institutionalized approach is required in terms of a comprehensive approach towards HIV prevention among PWID and their sexual partners. During both site visits concerns regarding tendering procedures challenging the participation of financially/organizationally weak CSOs (e.g. bank guarantee) were underlined by the participants. In this light, Ms. Bortsvadze addressed the CSOs with the request to be more active during the transition planning. To address the problem, the LGBT Georgia tries to use modern means of raising funds, such as crowd-funding. However, the resources mobilized via crowd-funding were not enough for the bank advance for tenders. In September “New Vector” faced difficulties paying rent. This was caused by a bank delaying issue of advance payment guarantee to the GHRN (the rent was paid a month late). However, this problem has not affected the implementation of the project in any

way. In the upcoming period, there will not be disruptions similar to this because the current programme (started in September 2016) already provides grants up until the end of December 2017. The highly stigmatized and discriminative environment existing in the country is a hindrance for LGBT Georgia hiring an office space for the implementation of its activities. Thus they were sharing their space with another organization, but, in line of extension of the organization's activities, this will not be sufficient to adequately implement the project.

Geographic accessibility to HIV preventive services for MSM in the regions remains problematic, especially considering the highly stigmatized environment in the country. In addition to the offices functioning in Tbilisi, Kutaisi and Batumi, opening of two more resource centers in Gori and Zugdidi is planned for the upcoming year. The issue of attracting qualified staff was underlined during the site visit to MSM resource center. Most of the staff was hired on a part-time basis during the previous grant where the organization was serving as an SSR of Tanadgoma. This kind of arrangement is generally not suitable for attracting qualified staff and now as known several employees were hired on a full-time basis.

*Comment: the full report of the site visit to LGBT resource center was shared with the CCM in advance of the CCM meeting.*

**Alexander Asatiani** - in the absence of the representative of LGBT Georgia at the moment of discussion, answered the question of Ms. Bortsvadze regarding the current status of hiring an office space and stated that the organizations managed to find an appropriate space though they had to change the legal name of the organization (*The Office will move in December 2016*).

**The CCM members expressed their deep satisfaction with regard to the work undertaken by the Oversight Committee and one more time expressed the idea of a paramount importance of the oversight activities for smooth implementation of the GF programs.**

**Tamar Gabunia** – thanked Ms. Borstvadze. The Vice-Chair addressed the CSOs representatives of the CCM and PAAC to get more actively involved in the transition planning and asked them for effective information sharing with the Civil Sector. Ms. Gabunia pointed out that all PAAC meetings are open and expressed her dissatisfaction with regard of low admittance of the transition planning meetings by the CSOs representatives. The Vice-Chair referred to the issue of expanding the packages services and called for more concrete suggestions.

**The CCM members expressed their notion to get directly to the topic of presenting the recommendations of the OC due to the fact that the dashboards were already disseminated among the CCM and there were no questions with regard to the data presented.**

**Alexander Asatiani** – referred to the issue of low HIV detection among IDUs raised by Mr. Tsertsvadze. He strongly opposed this notion and stated that the detection rate in Harm Reduction settings has been significantly raised. The mobile ambulatories have greatly contributed in this progress. He stated that the data is available and can be

presented. He greatly emphasised the suggestion on integration of HIV data into one centralized HMIS. The work on this direction will be continued.

**Tamar Bortsvadze** – presented to the members the recommendations of the Oversight Committee for HIV - P2 dashboard (April - June, 2016).

- In response to M6 of the dashboard showing slight variance of the safety stock and current stock the recommendation is as follows: Further follow up and meticulous attention is required towards ensuring there are no disparities between the current and safety stock of 1 mg syringes. Ms. Bortsvadze stated that this issue has been already addressed by PR and necessary quantity of the product has been ensured.
- “Ensuring sufficient provision of good quality syringes and needles, especially to those HR sites that have a considerably high number of old, low-quality needles and syringes. In addition, in the future, purchases of needles and syringes that are considered and approved by PWIDs’ themselves should be conducted.” Ms. Bortsvadze noted that a mini-survey was conducted by GHRN to document the reasons for dissatisfaction among beneficiaries. The results of the study were shared with the OC and the CCM. PR with GF’s agreement started purchasing 1 ml syringes locally having prior consultations with the beneficiaries in order to ensure the high quality of the product and beneficiaries’ satisfaction.
- In response to the Programmatic indicator: Number of percentage of MSM reached with HIV prevention programmes - defined package of services. Ms. Bortsvadze noted that though there is a slight underachievement in coverage of MSM, the performance has been considerably improved in the last couple of quarters. The OC has issued the following recommendation: “Collecting and analyzing segregated data by age to see the HIV programme’s coverage of young MSMs, as well as coverage of urban and rural target populations.”

The Chair of the Oversight Committee stated that the OC has a general recommendation regarding timeline and activities of the Methadone Substitution program in terms of transition from donor to domestic support with the purpose to ensure smooth transition and expressed her satisfaction due to the fact that the effective steps in this direction are being implemented. She expressed her willingness to be involved in further discussion on the topic. Ms. Bortsvadze stated that in her opinion the financial barriers for GF programs beneficiaries to be enrolled in the State Program should be given due consideration and the study should be conducted to ensure maximum uptake of those beneficiaries who are receiving the substitution therapy with the support of the GF after the donor phases out.

**Alexander Asatiani** – confirmed that following the results of the study conducted by GHRN and in agreement with the GFATM the procurement of the 1 ml syringes is done locally in consultation with the beneficiaries. The proportionate distribution will be ensured.

**Irma Khonelidze** – expressed deep gratitude towards GHRN for efficient work undertaken in terms of feedback on quality of the product (1ml syringes) during the assessment phase. She expressed her concern that the issue concerns only on concrete product and stated that the issue of expanded list of the products the beneficiaries are agree to consume can be further considered, and role of GHRN in informing clients is quite significant.

**Khatuna Todadze** – stated that all risks related to OST programs transition are being thoroughly discussed with the PR, MoLHSA representatives, beneficiaries themselves. She presented to the members the risk and benefits of fully financing of GF program beneficiaries by the State Program. The work is on-going. The OC will be notified on the next meeting to ensure their participation in discussions.

**Tamar Gabunia** – stated that the discussion should be continued in working format. She highly emphasized the involvement of the OC in discussions and in identification of any other issues requiring strategic approach. Close cooperation of OC members with PAAC is warranted as PAAC, based on its mandate is designed for considering and issuing recommendations on such strategic component of the transition planning.

**Tamar Bortsvadze** – presented to the members the recommendations of the Oversight Committee for TB - P9 dashboard (April - June, 2016).

- The underachievement of some indicators (P3, P5, P6) is due to overall decrease of TB patients. Therefore, revision of current targets is suggested.
- The slight underachievement with regard to the percentage of previously treated TB patients receiving DST was due to the fact that several patients who failed the ongoing MDR TB treatment were assigned the new treatment regimen (pre-XDR or XDR TB), with no further need for first line drug susceptibility testing (DST).

Ms. Bortsvadze mentioned that both programs are being implemented successfully and no serious bottlenecks have been identified.

**Giorgi Kutchukhidze** – further explained that in agreement with the GFATM the targets have been revised for new TB grant under NFM, which will start from January 1, 2017. The targets set for current grant will remain unchanged thus the variance between the target set and the results is still anticipated in the dashboards for P10 and P11.

***The dashboards attached.***

**Tamar Gabunia** – one more time thanked the OC for effective work undertaken and gave the floor to Mr. Zaza Avaliani.

**Zaza Avaliani** - overviewed of the 47th Union World Conference on Lung Health held in Liverpool on October 26-29, 2016. Mr. Avaliani presented to the members a slogan, main topics of the conference and details of Georgia participation at the event (the document is attached). The format of the conference was outlined in details. Mr. Avaliani stated that in light of strengthening Civil Society engagement in TB control the



Georgian delegation had series of meetings with relevant stakeholders. The mission of Community engagement coordinator to Georgia (start date November 21, 2016) aimed at support for community engagement initiative around the STREAM study has been scheduled on the sidelines of the conference. The representation of Georgian delegation at the conference was unprecedentedly high. The preliminary planning of participation at various workshops, plenary sessions enabled our delegation to get all new knowledge and innovations presented. Georgian delegation had 15 presentations in total. The delegates from the country were invited to co-chair two symposiums. A lot of presentations were developed in co-authorship with Georgian colleagues. Georgia repeatedly was named as a leading country in terms of TB control. One of the various presentations of the delegation was presented at the highest ranked session. The process of introducing of new drugs including management and monitoring of safety provision in our country was one of the highlights of the conference. The Minister's order # 0118/N has been actively discussed. Georgian experience has been a highlight during two-day training of technical advisors organized by USAID Bureau for Global Health. NCTLD has received a letter of gratitude from Bureau containing the big list of countries which had gained the benefit from learning Georgian experience. Ms. Irma Khonelidze and Mr. Giorgi Kutchukhidze had a meeting with international partners. The recommendation on creation of the internationally accredited training center had been issued during the meeting. NCTLD in coordination with NCDC will work towards the creation of such center which can be based at new TB laboratory. During the meeting organized by Ms Khonelidze and Mr. Kutchukhidze the collaboration for involvement of TB activities in the Hep C ECHO project had been discussed. Mr Avaliani expressed special gratitude to NCDC and MoLHSA for such opportunity. Mr. Avaliani highlighted the importance of proper management during TB-Hep C co-infection, including pediatric TB. The creation of intercommunication net between the Center and regional institution will also contribute to effective implementation of ECHO project. During the meeting with French colleagues aimed at discussion of the project funded by 5% initiative the French side extended special thanks to NCTLD, NCDC and MoLHSA for proper management of the cases of Georgian citizens referring to French clinics. The main messages in TB control are: fighting with resistance with new drugs, short regimens, people-oriented approach, innovative technologies and increased funding.

**Tamar Gabunia** – gave the floor to **Ms. Nino Osepaishvili**.

**Nino Osepaishvili** - presented to the members the main components of the proposal elaborated in partnership with Georgia Patients Union and “New Vector” under TB REACH’s Wave 5 call for proposals. The members expressed their enthusiastic support to the activities encompassed by the proposal and it was decided to issue a letter of a strong support to the project.

## **Decisions**

**The draft TSP with consolidated comments will be shared with the CCM on-line for additional comments in the week following the CCM meeting for additional comments. The work on development of the TSP to be continued.**

**David Sergeenko**

**Natia Khonelidze**

CCM Chair

CCM Administrative Assistant

Annexes:

1. Presentation of draft TSP;
2. Presentation on CCM integration study;
3. HIV dashboard for period 2;
4. TB dashboard for period 9;
5. Document outlining participation of Georgia Delegation at the 47<sup>th</sup> Union world Conference on Lung Health, 26-29 October, 2016.

