



**Minutes of the 88th CCM meeting**  
**November 24, 2017**  
**Ministry of Labor, Health and Social Affairs of Georgia**

**Participants:**

#	CCM members/alternates	
1	Tamar Gabunia	CCM Vice-Chair URC LLC
2	Amiran Gamkrelidze	NCDC&PH, General Director PR of GFATM grants
3	Tengiz Tsertsvadze	Infectious Diseases, AIDS and Clinical Immunology Research Center  General Director  SR of HIV grant
4	Zaza Avaliani	Director of National Center of Tuberculosis and Lung Diseases  SR of TB grant
5	Khatuna Todadze	Center for Mental Health and Prevention of Addiction
6	Merab Gotsiridze	MoIA, Head of Medical Department, alternate member to Mr. David Vardiashvili, MoIA, Deputy Minister
7	Tamta Demurishvili	Ministry of Corrections  Head of Medical Department
8	Tamar Sirbiladze	USAID, Health and Social Development Office, Director
9	Nino Mamulashvili	Alternate member to Ms. Rusudan Klimiashvili, WHO Georgia, Public Health Officer
10	Rima Beriashvili	Alternate member to Mr. Zurab Vadachkoria Rector of Tbilisi State Medical University
11	Konstantine Labartkava	GenPUD, NGO New Vector, KAP IDU SR of HIV grant
12	Izoleta Bodokia	NGO HIV/AIDS Patients Support Foundation. KAP HIV SR of HIV grant

13	Madlena Khutsishvili	CBO PAPA
14	Kakha Kvashilava	NGO GHRN, Board Chairman SR of HIV grant
15	Lela Tsakadze	NGO Winners Club, TB KAP
16	Nikoloz Mirzashvili	Patients' Union, Former TB Patient, member of OC
17	David Kakhaberi	“ “Equality Movement” HIV/AIDS Prevention National Program Coordinator. KAP MSM
	Guests/Observers/Invitees	
18	Tim A. Clary	EHG consultant, Team leader
19	Sanja Matovic	EHG consultant
20	Nana Nabakheteveli	LFA
21	Irma Khonelidze	NCDCPH, Deputy Director General, GFATM PIU, Director
22	Tamar Zurashvili	PAS
23	Ketevan Stvilia	NCDCPH, GFATM PIU, HIV program manager
24	Nana Rukhadze	Non-CCM member, NGO HIV/AIDS Patients Support Foundation
25	Lasha Tvaliashvili	Non-CCM member, NGO Real People – Real Vision
	<b>Secretariat</b>	
26	Irina Grzelidze	Executive Secretary
27	Natia Khonelidze	Administrative Assistant

### Agenda

15:00 – 15:05	<b>Opening speech /remarks/ endorsement of the agenda/ endorsement of the minutes of the 87th CCM meeting</b>  Ms. Tamar Gabunia – CCM Vice - Chair
15:05 – 15:10	<b>Addressing the members with the request to declare the presence of the Conflict of Interest</b> Secretariat
15:10 -15:20	<b>HIV and TB grants implementation status</b>  <b>Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU, Project Director</b>

15:20 -15:30	<p><b>The process of preparation of funding requests/timelines/development of HIV NSP</b></p> <p><b>Ms. Irma Khonelidze – NCDCPH Deputy Director, GFATM PIU, Project Director</b></p>
15:30 – 15:45	<p><b>Reselection of the current Principal Recipient of the Global Fund grants</b></p> <p>–</p> <p><b>National Center of Disease Control and Public Health as a Principal Recipient of the GFATM grants/Discussion/decision</b></p> <p>Ms. Irina Grdzleidze – CCM Executive Secretary</p>
15:45 – 16:00	<p><b>HIV/AIDS in Georgia: Prospects for ending the epidemic</b></p> <p>Mr. Tengiz Tsertsvadze - Infectious Diseases, AIDS and Clinical Immunology Research Center, General Director</p>
16:00 – 16:20	<p>Mr. Tim A. Clary - EHG consultant Ms. Sanja Matovic - EHG consultant</p>
16:20-16:35	<p><b>Discussion</b></p>
16:35– 16:45	<p><b>Report of the Oversight Committee</b></p> <p><b>Ms. Maya Butsashvili – OC member, HRU, Director</b></p>
16:45 - 16:50	<p><b>AOB/announcements</b></p>
16:50	<p><b>Closure of the meeting</b></p>

**List of abbreviations**

AIDS - Acquired Immune Deficiency Syndrome

ART – Antiretroviral treatment

CBO – Community Based Organization

CCM – Country Coordinating Mechanism

CoI – Conflict of Interest

CSO – Civil Society Organization

EECA – Eastern Europe and Central Asia

EHG – Euro Health Group

GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria

GHRN \_ Georgia Harm Reduction Network

GIZ - Deutsche Gesellschaft für Internationale Zusammenarbeit

HCV - Hepatitis C virus

HIV - Human Immunodeficiency Virus

HRU – Health Research Union

IDU – Injecting Drug User

IOM – International Organization for Migration

LFA – Local Fund Agent

MdM - Médecins du Monde

MoIA – Ministry of Internal Affairs

MoLHSA – Ministry of Labor, Health and Social Affairs

MdM – Médecins du Monde

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

NIAID/NIH - National Institute of Allergy and Infectious Diseases/National Institutes of Health

NSP – National Strategic Plan

OC – Oversight Committee

OST – Opioid Substitution Therapy

PAAC – Policy and Advocacy Advisory Committee

PAS – Policy and Advocacy Specialist

PIU - Project Implementation Union

PLHIV - People living with HIV

PMTCT - Prevention of mother-to-child transmission

PR – Principal Recipient

PTF - Prevention Task Force

SDG – Sustainable Development Goals

SR - Sub-recipient

TA – Technical Assistance

TB – Tuberculosis

UN – United Nations

UNAIDS - The Joint United Nations Programme on HIV/AIDS

UNFPA - United Nations Population Fund

URC – University Research Corporation

USAID - United States Agency for International Development

WB – World Bank

WHO - World Health Organization

**Tamar Gabunia** – greeted the participants and thanked them for coming. The Vice-Chair announced that due to non-availability of Mr. David Sergeenko, CCM Chair in the country she will be presiding the meeting. Ms Gabunia noted that if no objections with regard to the agenda items the meeting can be declared as open. Afterwards she addressed the members with the request to fix the presence of the Conflict of Interest if any and complete the CoI forms.

*The agenda of the 88th CCM meeting was endorsed; the minutes of the 87<sup>th</sup> CCM meeting were approved. The presence of the COI in connection with agenda item encompassing selection of the PR was disclosed by the PR and SRs attending the meeting.*

The Vice-Chair gave the floor to **Ms. Irma Khonelidze**.

**Irma Khonelidze** – presented to the members the current status of programs implementation and stated that mainly the activities are on-going as per the plan set. She also stated that the programs implementation was thoroughly discussed with Ms. Gyongyver Jakab, FPM during her visit to Georgia. Afterwards, Ms. Khonelidze focused on the topics of the savings within current HIV and TB Programs. The reasons that caused savings under the programs were identified as follows: alterations of timing of some planned activities (1), savings made during the procurement process (2) and exchange rate variance (3). The communication regarding

reallocation of the saved funds was held with Ms. Jakab and program implementers. The following reallocation had been planned:

*TB Program:*

- 1) Implementation of the zero TB initiative in the region of Adjara. The interest and the readiness from the side of the Government of Autonomous Republic and the Global Fund are in place. The preparatory work is on-going;
- 2) The initiative proposed by NCTLD on holding Regional TB conference in Tbilisi (tentative dates – May or September 2018) aimed at sharing experience and progress achieved in MDR TB management among the participants;
- 3) Construction of DOT center in Gldani. The necessary permissions had been obtained, The higher estimated cost for construction has emerged (the City Government request to modify exterior design).

*HIV Program:*

- 1) The notion of considerations towards adding case management component to HIV, Hep C and probably to STI programs had been fixed during the consultations with GHRN;
- 2) Expansion of active case detection among risk-groups including IDUs;
- 3) Renovation of auto-park. The Global Fund had agreed to consider this reallocation request in case of proper justification
- 4) Expansion of PreP (pre exposure prophylaxis);
- 5) The OST program was successfully fully transitioned to the state budget starting from July 1, 2017. During last three months the number of beneficiaries has been increased by 1000 people. The Global Fund expressed readiness to support expansion of the program (mobile OST).

**Tamar Gabunia** – thanked Ms. Khonelidze and addressed the audience with the request to raise questions/comments.

**Konstantine Labartkava** – on behalf of the patients highly emphasized and expressed the gratitude for planned expansion of OST program. Afterwards Mr. Labartkava focused on some regulatory mechanism of OST program namely on take-away doses of the methadone. He specified the disadvantages of the absence of regulations permitting take away dosages and noted that this issue needs to be solved. He called the audience for consolidation of efforts for introducing this practice which will greatly contribute to reintegration of the beneficiaries into society and will increase the effectiveness and benefits of the program both in terms of treatment and re-socialization of the patients.

**Irma Khonelidze** – reiterated that the possibilities for expansion of OST program were discussed with the Global Fund. Currently the specific needs and details should be elaborated from our side and submitted to the donor. Afterwards, Ms. Khonelidze referred again to the savings of the current programs and some deliberations towards reprogramming for due and effective utilization of the funds allocated within the current allocation period. Ms. Khonelidze presented to the members the loan buy-down mechanism and stated that currently the consultations among the MoLHSA, GFATM and World Bank are on-going. Once/if the agreement is reached savings will be used for the MoLHSA and WB/GF project appraisal

document development. Otherwise the reprogramming/reallocation proposals should be prepared as soon as possible to allow the country effective utilization of the saving under the programs within the current allocation period. As it was widely discussed with the CCM members and all stakeholders per GFATM allocation letter any remaining funds from an existing grant, unused by the start of the new allocation period, will not be additional to the allocation amount. Therefore, decision on the loan buy-down should be made without further delay.

**Tamar Gabunia** – stressed the importance of effective utilization of remaining funds and stated that the CCM is ready to be fully involved in supporting any activities needed to be undertaken. Afterwards, the Vice-Chair referred to the topic of funding requests preparation, one more time presented to the audience the agreements reached and the mechanisms identified for continuation requests development emphasizing the role of the PAAC in the process and asked Ms. Khonelidze to update the audience on the current status/novelty regarding preparation of programs continuation requests.

**Irma Khonelidze** – one more time presented to the audience new allocation utilization period and timeframe of the current HIV and TB grants. Ms. Khonelidze informed the audience on a new window for submission of funding requests with the deadline of August 6, 2018. In case of shifting to a newly emerged submission window there is no risk for program interruptions taking into account the anticipated timeline for signing of new grant agreements. For planning purpose the GFATM anticipates the decision of CCM on the submission window no later than December 1, 2017. Ms. Khonelidze asked the audience to come up with the decision on submission date. She added that funding requests should be based on HIV and TB NSPs. HIV NSP covers the period of 2016-2018, TB – 2016-2020. Thus HIV NSP covering the period beyond 2018 should be elaborated. Strategic objectives for TB beyond 2020 should be set. Afterwards Ms. Khonelidze focused on the topic of resource mobilization for NSPs development/revision and stated that the assistance is anticipated from the UN and WHO. The Global Fund from its side can help the country facilitating discussions with the WHO on the format of the assistance. The certain amount from the GF program can also be allotted.

**Tamar Gabunia** - stated that since the agreed application approach is program continuation request, more technically intensive work is anticipated in terms of renewal of the NSPs and called upon active engagement and participation. The Vice-Chair referred back to the positive experience of the country regarding elaboration of current HIV and TB Strategic Plans and expressed her hope that upcoming process will be similarly transparent and of a representative nature. Afterwards, the Vice Chair focused on the topic of selection/reselection of the PR. She stated that the evidences indicate on well performance of the current PR and there is no doubt on the compliance of their work with the standards. The current PR achieved and sustains high performance rate. Thus the issue of the re-selection of current PR can be brought to the attention of the CCM if there is no objection from the CCM side. The issue can be finally decided at the nearest CCM meeting. Afterwards the Vice-Chair gave the floor to Ms. Grdzeldze for presenting more details.

**Irina Grdzeldze** – added that the CCM Secretariat will inform the Global Fund once the decision is made.

**Tamar Gabunia** – addressed the members with the request to come up with any questions regarding preparation of funding continuation requests.

**Konstantine Labartkava** – asked to specify new allocation utilization period for both grants.

**Irma Khonelidze** – responded that as per allocation letter the utilization period for HIV grant is July 2019 – June 2022, for TB grant: January 2020 – December 2022.

*The CCM members did not object to shift to a new submission date. The CCM agreed to submit continuation requests in Window 6 - August 6, 2018.*

**Tamar Gabunia** – gave the floor to Prof. Tsertsvadze.

**Tengiz Tsertsvadze** – presented to the attendees HIV/AIDS situation and prospects for ending the epidemic (the presentation attached). Mr. Tsertsvadze focused on the following:

Joint efforts of the AIDS service and other governmental, non-governmental and community organizations working in HIV/AIDS field, allowed Georgia to avoid wide-scale HIV epidemic and its serious negative impact.

However, the epidemic in Georgia continues to steadily grow with approximately 1000 new infections occurring annually and the number of people living with HIV reaching 12 000. This should be urgently addressed at government level and requires effective response activities. Otherwise HIV situation in the country will further worsen in near future resulting in heavy human toll and devastating economic impact.

*The number of HIV registered cases (6711). Estimated number of HIV infected as per Spectrum (12000); Distribution of Reported Cases by Transmission Category.* Heterosexual contacts are in leading position. Though the cumulative number is almost similar with IDUs (44.4% and 43.1% respectively) the dynamic of recent years demonstrate growing rate of epidemic among heterosexual contacts. The 3<sup>rd</sup> place in hierarchy of transmission categories falls on MSMs (10%). The trends show dramatic increase of HIV transmission among MSMs versus decrease among IDUs which is connected with wide-scale interventions among this particular group including successful activities of Harm Reduction Network which resulted in raising of awareness on prevention methods. The growing rate of HIV transmission among MSM should be taken into consideration in all HIV/AIDS response activities; countries success in HIV/AIDS response and as an indirect but solid evidence of this - the comparison of *spread of HIV/AIDS and Hep C; Annual increase of estimated number of PLHIV (dynamics of the 2010-2016)*. Thus the corresponding response measures to address this tendency are required; Afterwards Mr. Tsertsvadze presented in details the possible optimal mechanisms for addressing this undesirable trend. Prof. Tsertsvadze presented to the audience *health target for SDGs goal 3* envisaging ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combatting hepatitis, water-borne diseases and other communicable diseases by 2030 stressing that **the end of epidemic** is set as a target and thus it should be the landmark for the country. Then the rapporteur presented *the UNAIDS strategy* aimed at ending the AIDS epidemic. Prof. Tsertsvadze further explained that ending of AIDS epidemic versus elimination pertaining to Hep C means absence of new cases of infection (or almost no new cases); The strategic milestones for 2020 (90-90-90) and 2030 (95-95-95) set for achieving the ultimate goal of ending the epidemic were presented and discussed. Versus leading position of Georgia in term of Hep C elimination Georgia is not *in the list of the countries which managed to achieve or close to achieving 90-90-90 targets*. The initiative to be presented is aimed at ultimate achieving of



this target; The strategy: *treatment as prevention* as a main tool for ending epidemic was presented in details; *the components of combined HIV prevention* were brought to the attention of attendees; it was noted that versus some challenges in detection Georgia was among the first countries implementing *early ART* (starting from 2015); Georgia is in leading position among EECA countries in terms of the rate of *viral suppression* (88%) and thus is close to achieving one of the 90-90-90 targets; while speaking on *detection and treatment cascade* in EECA, prof. Tsertsvadze alerted the audience on low detection rate fixed in Georgia (42%) though emphasizing the fact that despite low detection rate the treatment rate is still high and prevails in comparison with other EECA countries (32% and 28% respectively); the chart presenting *number of detected cases in comparison with estimated number of new infections* was presented and noted that substitution portion of detected cases does not fall on new cases (the year of 2016: 1200-new cases, 719 -detected). While speaking on challenges of early detection Prof. Tsertsvadze presented *the distribution of detected cases (2016-2017) by institutions* and stated that 55% of the cases are detected by AIDS center and contracting organizations. Prof. Tsertsvadze noted that such distribution indicates at late HIV detection in the country. Mr. Tsertsvadze stated that the important component of the ending epidemic concept is strengthening of testing among risk-groups though general population should be also covered. Mr. Tsertsvadze highlighted that *PMTCT* is place in Georgia since 2005 and that there is no HIV cases among newborns during the last two years.

Finally Mr. Tserstvadze presented to the members the initiative entitled “***end AIDS epidemic in Georgia***”. The framework of the initiative was presented at the meeting of Georgia AIDS Association held on November 20. The meeting was attended by a broad range of stakeholders including those representing Civil Society/Community organizations. Many of them expressed their support and readiness to be part of the initiative. The initiative will be presented in details on December 1 at the conference dedicated to AIDS Day. Prof. Tsertsvadze took this opportunity and invited all attendees to the conference. *The components of the initiative are: test all (1); treat all (2); end the AIDS epidemic (3)*. Afterwards Mr. Tsertsvadze presented the rationale behind this ambitious initiative and stated that the existence of Hep C elimination program provides unique opportunity for achieving the first target of UNAIDS 90-90-90 strategy. *The way of achieving the target was specified as follows: integration of HIV and HCV testing within the framework of Hep C elimination program (1) – involves minimum additional costs; Expand HIV indicator disease and risk behavior guided testing in healthcare and civil society settings (2)*. *The scenario of development of the epidemic in case of implementing the initiative (scenario 2) versus scenario of the development of the epidemic in case of sustaining the current approach (scenario 1) for 2018-2030 demonstrating huge advantages of the initiative was presented. Namely, intensified diagnosis rate will result in the following: 90-90-90 achieved by 2020; 95-95-95 achieved by 2025; Dramatic decrease of new cases, morbidity and mortality; maintaining the number of HIV/AIDS patients on the same level; costs will be saved. The following components of scenario 2 versus scenario 1 were presented in details and discussed: The number of new diagnosed cases (increase in 2019-2020, dramatic decrease in 2021-2025, maintenance of the same level in 2025-2030), number of people on ART, out-patient treatment expenditures (increase in the first 5 years and maintenance of the same level afterwards), in-patient treatment expenditures (the same tendency of increase in the first years and dramatic decrease and maintenance of the level achieved afterwards) and overall treatment expenditures for 2018-2030*

with total of 29.7 mln GEL savings. Prof. Tsertsvadze informed the audience on introduction of the concept of the Initiative during the *meeting with Prof. Anthony Fauci, director of NIAID/NIH*. Prof. Fauci declared that Hep C Program provides a unique opportunity to end epidemic in the country. Finally Prof. Tsertsvadze announced that Georgia **has a realistic and unique chance to become the first country in the world that defeated two chronic infections: Hepatitis C and HIV/AIDS.**

**Tamar Gabunia** – thanked Mr. Tsertsvadze and highly appreciated this initiative. She stressed the good timing for starting the deliberations taking into account that the country is in the process of updating HIV and TB National Strategies.

**Konstantine Labartkava** – on behalf of patients association highly praised the presented initiative. He referred back to the precedent of Hep C program when joint efforts of Government Sector and community organizations as well as all relevant stakeholders brought the great success. One more time on behalf of IDU community, TB patients, HIV community he confirmed the readiness and willingness of involvement of the resources of community organizations into this initiative.

**Khatuna Todadze** – thanked Prof. Tsertsvadze for interesting and comprehensive presentation and highly praised the initiative.

**Rima Beriashvili** – raised the question regarding mortality rate.

**Tengiz Tsertsvadze** – responded that the mortality rate is relatively low and represents 13%. Mainly mortality is connected with late detection. Thus the rate will be significantly reduced with intensification of the detection.

**Amiran Gamkrelidze** – highly appreciated the initiative presented by Mr. Tsertsvadze and stated that he had already expressed his support to this important initiative at the meeting of Georgia AIDS Association. Afterwards Prof. Gamkrelidze presented to the audience the world trends directed towards elimination of number of diseases. While speaking on chronic diseases he expressed the notion towards rationality on integration of HIV detection into the Hep C program. Afterwards he focused on TB micro-elimination activities in Adjara region envisaging putting in place Zero TB Initiative which will be initiated starting from 2018. Prof. Gamkrelidze presented some TB epidemiological data in Adjara region and emphasized the importance of intensification of detection and diagnosis both in terms of TB and HIV. He presented some scientific developments in the field of Hep B and HIV and stated that there is a possibility that before 2030 the slogan- end AIDS epidemic - would be altered to - eliminate AIDS epidemic. Afterwards, Prof Gamkrelidze referred to some preliminary financial estimates of the new initiative presented by Prof. Tsertsvadze and expressed the notion on feasibility of implementation of this approach. The issue needs to be widely and thoroughly discussed with the MoLHSA and other decision-making bodies as it requires political and financial support. Mr. Gamkrelidze referred to pilot HIV/TB and HCV integrated screening service delivery model program in Samegelo Region which is based on integrated screening on TB/HIV and Hep C by primary care providers with effective referral to specialised care in the region and follow up services. He expressed the notion on possibility to pilot the presented Initiative in some regions of Georgia and negotiating this issue with newly elected local regional authorities. He one more

time reiterated the importance of the possibility to defeat these three diseases under one umbrella and his full support to the initiative. Mr. Gamkrelidze noted that preliminary consultations with the Global Fund on allocation of current grant savings had been conducted and stated that the some savings can be directed towards the presented initiative or towards other activities.

**Tamar Gabunia** – thanked Mr. Gamkrelidze and Mr. Tsertsadze and one more time stressed the importance of the presented initiative. The Vice-Chair announced that since the quorum is observed the members can get back to the issue of PR reselection.

**Irina Grdzeliidze** – to the attention of the members who joined the CCM later reiterated that as per discussions it is planned to submit the funding requests within the newly emerged window, namely August 6. Though before submission the CCM should take a decision on selection/reselection of the PR. She referred back to the year of 2015 when current PR – NCDCPH was unanimously re-elected as the PR for new grants under NFM. Thus she addressed the members with the question if there is an objection with regard to re-selection of the current PR. She reminded to the audience that those members affected by CoI (SRs, MoLHSA, PR itself) will not participate in decision-making.

*None of the members presented at the meeting objected reselection of the current PR. No objection was expressed in regard with a new deadline for submission of the continuation requests.*

**Amiran Gamkrelidze** – in order to avoid any potential influence on the final decision regarding PR proposed to shift to e-voting.

**Tamar Gabunia** – with CCM members' concurrence, agreed with this notion and stated that the issue will be put to e-vote on no-objection basis among the members without CoI by the Secretariat. The concrete timeline will be set. Moreover the members are free to address the PR with the questions if any and the Secretariat will ensure the feedback from the PR.

*It was decided that the issue of reselection of current PR – NCDCPH will be finally decided through e-voting on no-objection basis.*

**Tamar Gabunia** – gave the floor to EHG consultants to present the first draft of the CCM transition plan.

**Tim Clary** – presented to the audience the brief outline of the draft CCM transition plan. Mr. Clary noted that Georgia is pioneering the way for other CCMs by starting development of the plan. He stated that though Georgia will not be transitioning from Global Fund funding until 2022 there is some preparatory work that should be done ahead of that time and number of the different steps to be undertaken is outlined in the draft plan. Afterwards he presented the experience of other countries where the CCMs had been disbanded or continued existence only for few years after the Global fund phase out. In this term Georgia is in a different position since the Government resolution #220 makes the CCM One National Coordinating Body. The main components that need to be decided were specified as follows: 1) How the Transition Plan will be implemented and monitored; 2) What is the capacity needs to be built within the CCM to ensure continuation of existence after the Global exit; 3) How the CCM will be financed. The work with the CCM Secretariat and PAAC will be continued to fill some information gap that still exists specifically around the issue of financing. It was reminded to the audience that out of

7 options of CCM evolution Geo CCM has selected option 1 envisaging maintenance of the status quo with some changes on functions and responsibilities. The in-country stakeholders see the CCM as a well-functioning body and as per Global Fund Eligibility and Performance Assessment it really functions well. The main suggested potential changes for modifying resolution #220 reflected in the draft plan are as follows: 1) The scope of the CCM. To remove malaria from the CCM's title. To extend its mandate to, at a minimum, Hepatitis C and sexually transmitted infections or to expand to all communicable diseases; 2) Number of CCM members. Having 30 members in G-CCM can be considered excessive considering Georgia's total population; 3) Taking into account the Global Fund exit in 2022 the terms specific to the Global Fund grants e.g. "Principal Recipient" should be modified or removed. The requirements imposed by the Global Fund will disappear though there is a high recommendation to remain some of the obligations e.g. 40% representation of the Civil Society. Mr. Clary informed the audience that the draft plan had been thoroughly discussed at the PAAC meeting of November 22. The PAAC continues work on the draft document. The deadline for comments set as of December 8. The revised by the consultants plan will go to the broader CCM and MoLHSA for discussion. Mr. Clary specified that the current contract under this specific assignment expires by the end of 2018. Mr. Clary focused on possibilities of providing additional technical assistance through GIZ. It can be assistance with revision of framework documents, other capacity building needs as membership renewal, introduction of new dashboard tool. The version of the dashboard used by Geo CCM is an old one. On November 21 at the meeting with the PR and Chair of the OC the consultants presented new dashboard tool. The new version of dashboard is more user-friendly and provides more details for monitoring the programs. Besides, it can be used for monitoring the programs other than supported by the Global Fund. Thus if decision is made by the CCM the TA from GIZ on implementation of a new dashboard can be received.

**Tamar Gabunia** – expressed deep gratitude to the consultants for the work undertaken. The Vice-Chair indicated to the complicity of the process aimed both at sustainability of the CCM and the programmatic sustainability after the Global Fund exit. Speaking of the mandate of the CCM Ms. Gabunia stressed that broadening of the mandate can greatly contribute to the sustainability of the CCM. Afterwards she indicated to the negative experience of other countries which failed to preserve the CCM and stated that the preparatory work starting now can help to avoid emergence of this eventuality for Geo CCM. Ms. Gabunia also referred to the issue of the structure of the CCM and doubted the rationality for adding more sub-structures. It is difficult to determine exactly the TA need currently. It can be TA directed towards capacity building, advocacy e.g for mobilization of resources, introduction of new mechanisms and tools such as a new dashboard. Vice-Chair addressed the members with the request to express their ideas.

**Khatuna Todadze** – thanked the consultants for extensive work. She doubted the appropriateness of correlation with other countries while speaking on the potential number of CCM members.

**Tamar Gabunia** - announced that just few moments before starting CCM meeting it became known that Ms. Maya Butsashvili will not be able to participate due to health problems thus the OC report will be presented at the next CCM meeting. Ms Gabunia opened the floor for announcements.

**Amiran Gamkrelidze** – outlined the activities to be implemented in Adjara region and expressed the willingness to conduct the World TB Day in Batumi. He announced that on November 25 HIV/TB and HCV integrated screening service delivery model program in Samegrelo Region will be introduced. Samegrelo-Zemo Svaneti region has the highest burden for all three diseases outside of Tbilisi. It is one year pilot program financed by the Global Fund.

The implementer selected through the tender is Georgian Family Medicine Association. The model is based on integrated screening on TB/HIV and Hep C by primary care providers with effective referral to specialised care in the same region and follow up services; On November 30-December 1 the 3<sup>rd</sup> meeting of TAG will be conducted. The meeting will summarize activities undertaken within Hep C elimination program, the progress and challenges will be discussed.

**Irma Khonelidze** – announced that NCDC in partnership with PTF, IOM, UNFPA, MDM is organizing an event dedicated to the World AIDS Day on December 1 and invited all attendees to participate.

**Konstantine Labartkava** – announced that at the meeting of TAG the first precedent of integrating Hep C elimination program on the basis of community organization namely “New Vector” will be brought to the attention of the audience. He stated that currently “New Vector” provides the broadest range of harm reduction services. He announced that the event dedicated to the 10<sup>th</sup> anniversary of the organization will be conducted at the premises of NCDC on December 21 and invited all attendees to participate.

**Tamar Gabunia** – announced that TB Coalition had been officially registered and highly emphasized this fact. This activity had been facilitated by the grant financed by the Stop TB Partnership and implemented by Curatio International Foundation (CIF). Within the framework of the same grant the collection of feedback from civil society on the most problematic issues in TB control that require addressing on a strategic level has been done. The document is ready and will be shared with the CCM.

**Irina Grdzeliidze** – referred to the topic of Georgia representation in the EECA constituency of the Global Fund Board. *It was agreed that one representative from Civil Sector and one from Government Sector will be nominated by the CCM.* An e-mail communication from the Secretariat will follow. She briefly introduced draft Code of Conduct document shared with the members earlier and reminded to the audience that the input from the members is anticipated. It was agreed that the Secretariat one more time will share the document with the CCM for soliciting inputs. The deadline for comments was set as of December 14, 2017.

**Natia Khonelidze** – announced that Mr. Tamaz Marsagishvili is no longer represents MoE since the change of the job. Thus the Ministry will be approached with the request to delegate another candidacy to the CCM. She highly emphasized the level of involvement of Mr. Marsagishvili in all CCM activities and his great contribution to CCM work.

*The members expressed their gratitude towards Mr. Marsagishvili, former Deputy Minister of Education and a prominent scientist for his great commitment and valuable support to all CM activities. It was offered and agreed that the CCM will issue an official letter of gratitude.*

**Tamar Gabunia**- thanked the attendees and announced the meeting as closed.

#### **Decisions:**

- **To submit program continuation requests to the Global Fund within the Window 6, on August 6, 2018;**
- **To put the issue of reselection of current Principal Recipient – National Center for Disease Control and Public Health as PR for Global Fund grants under new allocation period on e-vote on no-objection basis.**

- **To nominate two representatives from the country (from Civil Sector and Government Sector) to the EECA Constituency.**
- **CCM membership term for Mr. Tamaz Marsagishvili to be ended due to change of job position. The Ministry of Education and Science will be addressed with the request to nominate a new candidate for CCM membership.**

Tamar Gabunia

Natia Khonelidze

CCM Vice-Chair

CCM Administrative Assistant

Annex

- **HIV/AIDS in Georgia: Prospects for ending the epidemic**