

**Georgia Country Coordinating Mechanism
Oversight Committee**

Meeting dedicated to the discussion of the HIV and TB dashboards for Period 7

March 7, 2016

David Ananiashvili – CCM, Chair of the Oversight Committee;

Nino Lortkipanidze – NCDCPH, PIU, GFATM TB Program Manager

Ekaterine Ruadze – NCDCPH, PIU, HIV M&E Officer

Keti Stvilia - NCDCPH, PIU, GFATM HIV Program Manager

George Kuchukhidze – NCDC, PIU, TB M&E Officer

Alexander Asatiani - NCDCPH, PIU, GFATM HIV M&E Officer

Natia Khonelidze – CCM Administrative Assistant

Irina Grdzeldze – CCM Executive Secretary

The meeting was dedicated to the discussion of any existing or potential challenges observed in GFATM funded programs implementation and discussion the data of HIV and TB dashboards for P7.

Alexander Asatiani– presented the financial, management and programmatic data that constituted the basis for the HIV dashboard for P7.

While speaking on M6 (difference between current and safety stock), Mr Asatiani noted that the Contract with methadone supplier is already signed and all majority of the procedures are arranged. As for the shipment, it will be in the country by the second half of March.

The following information was presented with regards to the programmatic indicators:

Number of MARPs (IDUs, MSM and FSWs) covered with HIV testing and counseling (including provision of results) - Number of PWIDs reached with VCT services during P3 is 9994; Number of 956 MSM and number of FSWs 892. Total number 11,842 (source for the data is electronic dabatase of SRs - GHRN and Tanadgoma).

Number of percentage of MSM reached with HIV prevention programmes defined package of services - Although, there is underachievement in coverage of FSWs, MSM and PWIDs, the SRs has demonstrated improved performance. PR has ongoing communication with SRs how to further improve the coverage data. PDI methodology proved to be effective among MSM in general. The same strategy was successfully tested among FSWs in Telavi. Procurement of

Mobile Ambulatories should further increase coverage of PWIDs. The coverage data for PWIDs doesn't include the secondary clients any more as it was suggested by the GF Management Letter (Clients that were reached by the program beneficiaries and not by outreach workers).

Number and percentage of eligible adults and children currently receiving antiretroviral therapy - 3044 patients were receiving ART as of December 31, 2015.(Source is electronic database of National AIDS Center). The denominator was updated by the NCDC through Sepctrum in June, 2015, as it was requested in the GF Management letter of May, 2015. New Denominator is 4689 (the previous one was 5080). The new figure was provided by surveillance department of NCDC and is agreed with UNAIDS.

Number and percentage of IDUs and FSW reached with HIV prevention programmes-defined package of services - Despite, there is underachievement in coverage of FSWs, MSM and PWIDs, the SRs has demonstrated improved performance. PR has ongoing communication with SRs how to further improve the coverage data. PDI methodology proved to be effective among MSM in general. The same strategy was successfully tested among FSWs in Telavi. Procurement of Mobile Ambulatories should further increase coverage of PWIDs. The coverage data for PWIDs doesn't include the secondary clients any more as it was suggested by the GF Management Letter (Clients that were reached by the program beneficiaries and not by outreach workers).

Percentage of individuals receiving OST who received treatment for at least 6 months - 717 people were receiving OST through GF funding continuously over the period of 6 months . Opening of a new OST center and improved linkages between the GF and the State OST programs has contributed to increased results. The tracking of a patient for 6 month in both programs became possible through the OST module.

Percentage of adults and children that initiated ART with an undetectable viral load at 12 months (<1000 copies/ml) - Over achievement of the indicator is due to high quality of ART implementation and monitoring. (Source: HIS of the National AIDS Center).

Number of patients with HIV Hep C co-infection receiving Hep C treatment – Over achievement of the indicator has resulted from the initiation of the State Hep C Elimination Program that provides free access to highly effective anti-HCV medicine (sofosbovir). Within the GF program patients have free laboratory monitoring of treatment. From July, 2016 the state will take full responsibility for the Lab monitoring.

David Ananiashvili – noted that underachievement of the programmatic indicator # and % of IDUs reached with HIV prevention programs requires further follow up from PR side, such as study of practices, revision of approaches (rotational schedule of mobile ambulatories), conducting of site visits ensuring involvement of OC.

Alexander Asatiani – Noted that PR plans to conduct detailed analysis of Mobile Unit effectiveness during April 2016. Exploration will cover pilot period (November 2015 –

February 2016) and will focus on results achieved by Mobile Units outreach and comparative analysis of accomplishments of Service Centers and Mobile Units. Results will be presented to OC upon completion, no later than May 2016.

Underachievement of the programmatic indicators # and % of MSM and FSW reached with HIV prevention programs requires further follow up from OC side, such as obtaining disaggregated data (Tbilisi and Regions).

Mr. Ananiashvili focused on the quality of 1 ml syringes and stated that it would be appropriate to conduct mini survey by GHRN among IDUs to identify shortcomings of the quality

Alexander Asatiani - Noted that in order to ensure complaints mechanism where SR/SSRs and clients will be able to voice their concerns, as well as investigate the nature of the complaints for resolution and potential changes to practices, GHRN in collaboration with the PR will elaborate mini-survey by to be conducted by May 2016.

Giorgi Kutchukhidze - presented the financial, management and programmatic data of the TB dashboard for P7 (October – December 2015). While speaking on procurement of SLD, Mr. Kutchukhidze specially underlined that the actual expenditures will not be in line with the budgeted sum due to the decreased number of TB patients in the country and lower price of the drugs. The same concerns supportive interventions and procurement of laboratory equipment. The stock out of drugs is not anticipated. Mr. Kutchukhidze announced good results achieved in connection with the following indicator: “Percentage of TB Patients who had an HIV test result recorded in TB register. The over-achievement is also reached with regard to implementation of cash incentive scheme. As for the following indicators: "Number of notified cases of all forms of TB - (i.e. bacteriologically confirmed +clinically diagnosed) (new and relapse)”; “Number of bacteriologically confirmed TB cases in a specified period who subsequently were successfully treated (sum of WHO outcome categories "cured" plus "treatment completed")”; “Number of TB patients enrolled on standardized 1st line treatment in the specified calendar year” the underachievement is directly connected with the actual (decreased) number of TB patients in the country. The rapporteur focused on the underachievement of % of laboratories showing adequate performance in external quality assurance for smear microscopy among total number of laboratories that undertake smear microscopy during the reporting period and stated that such underachievement was due to some technical reasons. The underachievement of % cases with drug resistant TB started on treatment for MDR TB who were lost to follow up during the first six months of treatment requires further follow up from PR to analyze the particular cohort (January- June 2015).

David Ananiashvili – noted that the underachievement of % of laboratories showing adequate performance in external quality assurance for smear microscopy among total number of laboratories that undertake smear microscopy during the reporting period requires follow up from OC with TB center.

The underachievement of % cases with drug resistant TB started on treatment for MDR TB who were lost to follow up during the first six months of treatment, requires further follow up from PR to study the particular cohort (January- June 2015)

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