

Georgia Country Coordinating Mechanism

Oversight Committee quarterly report (March 2019 – May 2019)

And

May 31, 2019 OC Meeting Minutes

Meeting Participants:

Mzia Tabatadze – CCM CSO Sector, Oversight Committee;

Nino Mamulashvili – CCM ML/BL Sector, Oversight Committee

Davit Jikia – CCM TB KAP (Alternate),

Ketevan Stvilia - NCDCPH, PIU, GFATM HIV Program Manager

Maka Danelia – NCDC, PIU, TB M&E Officer

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

Nino Vakhania - NCDCPH, PIU, GFATM Programs Financial Manager

Nino Vakhania - NCDCPH, PIU, GFATM Programs Financial Manager

Ia Kamarauli - **Ministry of Internally Displaced persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia, Chief Specialist**

Natia Khonelidze – CCM Administrative Assistant

Irina Grdzeldze – CCM Executive Secretary

On May 31, 2019 the first meeting of the renewed Oversight Committee was held at the **Ministry of Internally Displaced persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia**. The core principles of the oversight and the dashboard tool were presented to OC members and discussed in details. Ms. Mzia Tabatadze was nominated as a candidate to the position of the OC Chair, further to be presented and agreed with all CCM. The updated OC work-plan covering the period of March 2019-February 2020 was agreed at the meeting.

During the meeting HIV and TB dashboards for 2018 Q4 and 2019 Q 1 were discussed. No existing or potential challenges were observed in GFATM funded programs implementation.

Maka Danelia presented the financial, management and programmatic data that constituted the basis for the TB dashboard for 2018 Q 4 and 2019 Q 1.

While discussing the financial part of dashboards it was noted that all disbursements are done in a timely manner. The discrepancy between cumulative budget and actual expenditure to a large extent is caused by the savings derived from the procurement done through the tender and exchange rate variance. It was underlined that all activities are executed as planned. The reporting from SRs is done timely. Stock out of the medicines was not observed.

Ms Danelia announced good results achieved in connection with the following indicator:

Overachievement was observed regarding to the indicator: *Percentage of new and relapse TB patients tested using WHO recommended rapid tests at the time of diagnosis -94 patients achieved versus to 80 planned in Q4 (2018) and 94 patient versus 80 in Q1(2019)*

The underachievement of the following indicator -Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment has been improved in Q 1 in comparison with 2018 Q2 – 75 cases vs to the planned 112, however still remains lower than initially planned for the following reasons:

The decreasing trend in case notification does not appear to be a result of a decline in the number of individuals screened or diagnostic tests performed. During the reporting period 94% of new and relapse TB patients were tested with rapid diagnostic methods (GeneXpert), which significantly exceeded the target. The country introduced active case finding to cover hard-to-reach populations. WHO assessment based on a robust and sustainable surveillance system, also proved that the trend reflects a genuine reduction in incidence. Correspondingly, the estimated TB incidence was reduced from 116 in 2012 to 86 in 2017 (latest available data). The same trend is true for MDR cases share of which fluctuated around the similar level. As a result, we have observed the underachievement of related coverage indicators (MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment and MDR TB-other 2: Number of cases of XDR TB enrolled on treatment.

The underachievement is observed on the following indicator MDR TB-other 2: Number of cases of XDR TB enrolled on treatment achieved 8 vs to the planned 16 cases. The number includes bacteriologically confirmed XDR TB cases. Slight underachievement is directly connected with the actual (decreased) number of TB patients in the country.

Alexander Asatiani– presented the financial, management and programmatic data that constituted the basis for the HIV dashboard for Q 4 (2018) and Q1 2019. It was noted that similar to TB program there is no delay/underachievement in terms of finance and management indicators. The saving is caused by the procurement done through the tender and exchange rate variance.

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

Slight underachievement was observed in all indicators in Q 4 (2018) however in Q 1 the improvement of the indicators is obvious.

The good news was shared by PR that the problem related to the dissatisfaction of certain beneficiaries with the quality of 1 ml syringes still has been solved. In agreement with the GF the 1ml insulin syringes have been procured under state procurement regulations. Before procurement the samples were delivered to the beneficiaries for testing. After receiving their positive feedback on the quality the syringes were procured.

Recommendations:

- Based on the presented results, it is obvious that TB incidence in Georgia is declining; therefore, the targets set in the PUDR should be revised accordingly to be able to measure to what extent the TB grant is achieving intended results.
- Through the communication with stakeholders and PLHIV, it was revealed that the AIDS Center under TGF HIV grant does not receive condoms for free distribution among PLHIV and their partners. Recently, condoms procured by the HIV grant were delivered to partner NGOs, including HIV/AIDS Patients Support Foundation. However, we recognize that only part of HIV+ community members are in contact with the Foundation, and many infected persons do not have access to free condoms. It is recommended that the NCDC in agreement with the Patients Support Foundation ensure delivery of certain amount of condoms to the AIDS Center (not only in Tbilisi, but also in all regional cities).
- In general, it is highly desirable that while submitting the dashboard, the PR/SRs complete the “comments” section for programmatic indicators, particularly for underachieved and overachieved (i.e. 183%) ones. Sharing experts’ opinion may be indicative that either the targets or the reported results are not properly defined and require revision.
- National HIV program is encouraged to revise established procedures to let stable patients (with good adherence report) have a three- or 6-month supply of their daily ARV drugs instead of the usual one-month supply. This will lessen the burden of time and money associated with regular visits to the clinic; therefore, it may improve the enrollment and treatment adherence.