

Georgia Country Coordinating Mechanism

Oversight Committee

Meeting dedicated to the discussion of the HIV for Period 2 and TB dashboard for Period 9

September 26, 2016

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Rusudan Klimiashvili – CCM ML/BL Sector, Oversight Committee

Tamar Kashibadze – CCM GO Sector, Oversight Committee

Nikoloz Mirzashvili– CCM TB KAP, Oversight Committee

Eka Sanikidze –Oversight Committee Consultant

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

Nino Vakhania - NCDCPH, PIU, GFATM Programs Financial Manager

Natia Khonelidze – CCM Administrative Assistant

Irina Grdzolidze – CCM Executive Secretary

The meeting was dedicated to reviewing the data of HIV dashboards for P2 and TB dashboard for P9.and discussing any existing or potential challenges observed in GFATM funded programs implementation.

Giorgi Kuchukhidze described in details the dashboard tool to newly elected Oversight Committee members. Afterwards he presented the financial, management and programmatic data that constituted the basis for the TB dashboard for P9.

While speaking on procurement of Second Line TB Drugs, Mr. Kuchukhidze 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 stock out of drugs is not anticipated. Mr. Kuchukhidze announced good results achieved in connection with the following indicator:

Overachievement was observed regarding to the indicator *Percentage of TB Patients who had an HIV test result recorded in TB register- 89 patients achieved versus to 75 planned*

The over-achievement is also revealed with regard to the *Number and percentage of M/XDR-TB patients on treatment receiving cash incentives for better adherence to treatment during out-patient phase* indicator (84% patients achieved versus to 75% planned).

The rapporteur underlined the progress on the following indicator that was underachieved during the previous reporting period. “% 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 (100 % achieved)” and stated that such improvement was due to the proper follow up from PR side on existed technical problems.

The positive change was also observed on the following indicator. *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* (100% achieved). PR continues to follow up the particular MDR TB cohort (reported for the P8 - January- June 2015) The indicator *Number of and percentage of TB patients on 1st line treatment receiving cash incentives for better adherence to treatment* was also overachieved 82% achieved vs to 70% planned.

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*” slight underachievement is directly connected with the actual (decreased) number of TB patients in the country.

Slight underachievement on the following indicator - *Laboratory-confirmed X/MDR-TB patients enrolled on second line anti-TB treatment in the specified calendar year (107 achieved vs to 129)* is also connected to the decreased number of TB patients. The slight underachievement with regard to the *Percentage of previously treated TB patients receiving DST (87 achieved vs to 100 planned)* is caused due to the fact that several patients failed the ongoing MDR TB treatment and were assigned the new treatment regimen (pre-XDR or XDR TB), with no further need for first line drug susceptibility testing (DST).

Alexander Asatiani– presented the financial, management and programmatic data that constituted the basis for the HIV dashboard for P1.

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) achieved number is 17529 vs 17039 planned (102,9%), the overachievement of this indicator is due to the effective work of mobile ambulatories and outreach work.

Number of percentage of MSM reached with HIV prevention programmes defined package of services – Achieved number 2376 vs 2975 planned. There is a slight underachievement in coverage of MSM, however the performance has been considerably improved during the P5. PR had continuous communication with SRs how to further improve the coverage data. PDI methodology proved to be effective among MSM in general. Additional outreach work was organized for FSWs.

Number and percentage of eligible adults and children currently receiving antiretroviral therapy –

3373 patients were receiving ART as of July 1, 2016.(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). In July this year

AIDS Center has provided new estimates for number of PLHIV in Georgia which is 10400 for adults and 51 is for children, as the country has moved to treat all strategy, the denominator was changed accordingly in the current report.

Number of prisoners covered with VCT (HIV testing and counselling, including provision of results) - Achieved number (3237 vs 3675 planned – 88,1%) the slight underachievement of this indicator is caused due to the decreased number of inmates in prisons in general.

Number and percentage of IDUs reached with HIV prevention programmes - defined package of services– Over achievement (19830 vs target 19389) of the indicator is caused due to successful implementation of mobile unit practice in the program.

Number and percentage of FSWs reached with HIV prevention programmes - defined package of services - *Overachievement(1924 vs target 1828) is caused by increased coverage with outreach activities*

% of individuals receiving OST who received treatment for at least 6 months- 759 people from the pool of recruited or transferred patients during the period of July -December, 2015 were receiving OST through GF funding continuously over the period of 6 months . Opening of a new OST center and improved linkage and possibility of movement between the GF and the State OST programs has contributed to increased results. The tracking of a patient for 6 months in both programs became possible through the e-health OST module.

Number of patients with HIV Hep C co-infection receiving Hep C treatment – Overachievement 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.

Alexander Asatiani noted that following Oversight Committee recommendations, 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.

Keti Stvilia raised the issue regarding timeline and activities of the Methadone Substitution program in terms of transition from donor to domestic support.

OC thanked the PR for the work undertaken. OC decided to work on recommendations via online communication within the next 2 weeks and present them at the upcoming CCM meeting.

Tamar Bortsvadze

Chair of the Oversight Committee

Irina Grdzeldze

CCM Executive Secretary