

Minutes
of
Policy and Advocacy Advisory Council Meeting: 5

The PAAC meeting was held at the Ministry of Labour, Health and Social Affairs on September 22, 2016 at 11:30.

Objectives:

Update on and review of transition plan development.

Attendees:

Irma Khonelidze – National Center for Disease Control and Public Health (NCDC), Deputy Director
Tsovinar Sakanyan – The Global Fund, Fund Portfolio Manager
Olga Avdeeva - The Global Fund, Sustainability and Transition Specialist,
Akaki Zoidze - Curatio International Foundation (CIF), expert team leader
Denis Godlevskiy – AIDS Healthcare Foundation, Advocacy manager, Eastern Europe
Anna akowicz – AIDS Healthcare Foundation, Deputy Chief, Europe Bureau
Zoya Shabarova, - AIDS Healthcare Foundation, Europe Bureau Chief
Irakli Katsitadze – LFA, team leader
Ms. Khatuna Todadze - Center for Mental Health and Prevention of Addiction, Director of GFATM funded methadone substitution therapy program
Giorgi Soselia – GFATM/NCDC M&E officer
Eliso Bichashvili - Ministry of Corrections of Georgia, Medical Department, Chief Specialist
Tamar Kashbadze - Ministry of Corrections of Georgia, Medical Department, Regulatory Division, Chief Specialist
Lali Janashia – Georgia TB coalition, chairperson of Patients Union
Mzia Tabatadze - Curatio International Foundation (CIF), HIV expert
Tea Jibuti – Curatio International Foundation (CIF), TB expert
Natalia Gordeziani – CIF, Project Coordinator
Irina Grdzeldze – CCM, Executive Secretary
Natia Khonelidze – CCM, Administrative Assistant
Maka Danelia – PAAC, Policy and Advocacy Specialist

The participants were welcomed by Dr. Irma Khonelidze, who presented the meeting objectives and agenda, and outlined the main steps in transition plan development.

Dr. Akaki Zoidze described the process of transition plan development and the progress achieved this far. He made emphasis on the priority issues to be addressed by the transition plan as identified by the stakeholders. He also mentioned that the technical team will finalize the transition plan by the end of 2016, however, due to significant developments in state the health programs such as Hepatitis C and implementation of GF grants within the new funding model that will change the gaps to be covered by the transition plan, the latter shall be updated by the end of 2017-2018.

Dr. Tsovinar Sakanyan underlined the importance of successful transition for the sustainability of programs. She mentioned that that GF intends to work with countries and mobilize internal and external resources not just to develop the transition plan but also see the progress with transition while GF is still present in the country. The plan development is underway and Georgia has demonstrated certain progress regarding integration in the state funded programs but a lot still has to be done. The transition plan is a living document so the need in revision and update is understandable. The main goal is to have the countries prepared as well as possible to ensure sustainability of programs in a comprehensive way, including not only treatment but also preventive services, and avoid drawback in terms of epidemics.

Dr .Olga Avdeeva raised a question regarding the scope of the transition plan, if it implies transition from GF funding only, includes other donors or health reforms and restructuring the system. Transition plan is a country document based on the country need. But still we need to know the country objectives in terms of sustaining the resource requirements, if the fiscal space is available in the country to reach the expected coverage and impact as per initial strategic plans, and if there is no fiscal space what steps will be taken by the countries.

Dr. Zoidze – it is basically transition from the GF funding, although other developments in the country will also be taken into consideration. The key issue will be the fiscal space, therefore we have reviewed the existing specific disease strategies and reform plans. GF grants within the new funding model already imply development of several mechanisms that will promote program sustainability.

Dr. Mzia Tabatadze – we have identified a list of activities related to critical gaps in HIV program such as legislation change to avoid health service access barriers, integration of donor developed training modules into formal education system, advocacy for investment in health research. Guidelines are endorsed but standards should be developed for HIV prevention services. Dr. Tea Jibuti emphasized that in addition to that engagement of civil society and private sector in TB care require special attention.

Dr. Sakanyan asked about the vision of outpatient care model and private sector involvement.

Dr. Zoidze underlined that the concept note to be implemented from 2017 includes piloting of new models such as pay for performance or results-based financing to ensure that private providers are motivated to provide these services both on organizational and individual levels. We hope that GF grant will ensure technical assistance to develop and pilot these models and transition plan will support national implementation. Along with the legislation this is the crucial issue for sustainability. The state cannot obligate private providers to keep these services so they have to be encouraged by the financing schemes. Besides, pay for performance is a mechanism to promote referral from primary care and improve treatment adherence.

Dr Khonelidze – this might be an area for advocacy and policy dialogue. It should also be mentioned that current TB hospital care financing is creating wrong incentives. WHO supports the Ministry of Labour, Health and Social Affairs in development of active purchasing, benefit package, integration of some services into the benefit package and financing mechanisms so we can expect their input.

Dr .Avdeeva asked if efficiency analysis of pay for performance has been done to identify potential savings so that the government is able to absorb funding of all the activities currently covered by the donors.

Dr. Zoidze responded that comprehensive financial projections have not been done in the country. However, funding projections for the transition plan and gap analysis will be presented. As for efficiency of pay for performance, the evidence is inconclusive but there are successful examples,

especially in case of outpatient TB care and this is why we need a pilot to develop the model most suitable for the country.

Dr. Khonelidze emphasized the importance of considering new opportunities such as for instance regional activities initiated by GF and other donors. Representatives of AIDS Healthcare Foundation expressed satisfaction with the proactive efforts from the country side taken for transition and sustainability and also declared openness to support the national stakeholders on the most problematic issues, especially in regards with development of patient-centered approaches and covering hard to reach populations as well as advocacy for critical issues. Besides, the Foundation works with CSOs to build their capacity and train non-medical personnel, works on community mobilization and also runs medical programs, assists in integration of TB and HIV activities.

Dr. Sakanyan expressed willingness to collaborate with the AIDS Healthcare Foundation in order to explore all opportunities to advocate and support Georgia in the period of transition. She also outlined the several regional initiatives that may be beneficial for the country. These initiatives are ECOM – related to advocacy on MSM issues, ECUO – exploring HIV care cascades in several countries to identify gaps and come up with solutions, EHRN - working on harm reduction issues and City Platform for 5 cities including Tbilisi that will start next year. The latter will pilot the options for engagement of municipalities in the service provision and also do city size estimation and city prevalence studies. So by the end of 2017 good model for Tbilisi will be developed that may be replicated in other cities and is important for transition.

Dr. Khonelidze mentioned the technical assistance expected from TB-Rep project, summarized the meeting and thanked the participants.

Decision points:

The draft transition plan will be presented to PAAC and CCM by the end of October and shared for comments with the GF team in early November, 2016.

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