

Minutes  
of  
Policy and Advocacy Advisory Council Meeting: 6

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The PAAC meeting was held at the NCDCPH on November 7, 2016 at 15:00.

**Objectives:**

Presentation of the draft transition plan.

**Attendees:**

Nino Berdzuli – PAAC chair, Deputy Minister of Labor, Health and Social Affairs  
Tamar Gabunia - CCM Vice-Chair, USAID funded Georgia Tuberculosis Prevention Project  
Natalia Zakareishvili – UNFPA, Program Analyst  
Khatuna Todadze – Center for mental Health and Prevention of Addiction, Deputy Director General  
Tamar Kashbadze – Ministry of Corrections of Georgia  
Tamar Borstvadze – Mdm  
Irakli Katsitadze – LFA team leader  
Irma Khonelidze – NCDC, Deputy Director General  
Giorgi Kutchukhidze – NCDC, TB Program Manager  
Alexander Asatiani – NCDC, PIU, HIV M&E  
Ketevan Stvilia – NCDC, PIU, HIV Program Manager  
Ekaterina Ruadze - NCDC, PIU, HIV M&E  
Akaki Zoidze – CIF, technical team leader  
Ketevan Chkhatarashvili – CIF, President  
Mzia Tabatadze – CIF, Consultant  
Natalia Gordeziani – CIF, coordinator  
Irina Grdzlidze – CCM, Executive Secretary  
Natia Khonelide – CCM, Administrative Assistant  
Maka Danelia – PAAC, Policy & Advocacy Specialist

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The meeting was opened by Dr. Nino Berdzuli who welcomed the attendees and presented the sixth meeting objectives.

Dr. Akaki Zoidze presented the draft transition plan. The presentation covered objectives and specific activities related to the following area: political environment, financial resources, human resources, information systems, governance, accountability, procurement and supply chain management, service delivery, organizational development and transition planning.

Presentation of each objective and related activities was followed by group discussion. Dr. Stvilia pointed at the need to finalize certain activities given in the transition plan until the end of 2017. Dr. Zoidze agreed that the plan has to be revised by the end of 2017 and it is possible that some activities will be excluded as already implemented.

Dr. Berdzuli raised a question on the timeframe for introduction of continuous education. As Dr. Zoidze explained the plan covers the period from 2019, however, the government may make certain

steps in this direction before that, including dedication of a budget line item. Dr. Todadze expressed concern about the lack of motivation among the providers. Dr. Berdzuli – this is a complex issue that has to be dealt with care, and there are a number of actions that may be taken. For instance, continuous education may become a part of permit requirements. Dr. Ketil Stvilia suggested formalization of training programs implemented with GF support. Dr. Zoidze mentioned that other donor funded educational programs face similar difficulty in terms of sustainability and Healthcare and Education committees of the Parliament of Georgia intend to work on that. This item is included in the financial component of transition plan to overcome financial barriers.

Dr. Gabunia – Georgian legislation uses the term continuous professional development which is broader than continuous medical education. USAID TPP used the complete cycle starting from guideline development, followed by training and performance appraisal. As part of quality component, it may have the corresponding budget line item. For instance, the universal healthcare program costing included quality improvement component.

The draft transition plan captured the development of TB management guidelines, but HIV guidelines were missing as no current need was identified. However, taken into consideration emerging changes in treatment schemes, Dr. Stvilia suggested including guideline updating for HIV program.

Dr. Zoidze described different options for purchasing such as centralized through GLC or local. He focused on the need to assure competitive price and adequate quality. Dr. Berdzuli gave an example of county experience of using UNICEF mechanisms for vaccine purchasing by the government funds. Dr. Natalia Zakareishvili mentioned that UNFPA has established partnership with GF and is able to support the country in purchasing condoms for high-risk groups using state budget. Involvement of UNFPA will serve as a guarantee of good price and quality. Dr. Khonelidze expressed concern with the ability of the country to control quality of drugs at the local market and the risk of inability of vendor substitution in case of need as Georgian market is too small to be of interest for pharmaceutical companies. She also pointed at the need to address the issue of supply chain within the country currently funded by GF and include it in the costing.

Establishment of functional unit - external monitoring system or Technical Coordinator was intensively discussed. The structure under CCM was suggested as one of the options. Dr. Katsitadze proposed using LFA to fulfill this function until 2019 thus ensuring external monitoring and transfer it to the state afterwards. Dr. Chkhatarashvili pointed at the need to establish this unit within the government structure at high level to ensure that its decisions are obligatory. GF welcomes CCM to supervise transition plan implementation and take responsibility for it. Dr. Gabunia mentioned that CCM has oversight function for any effort in TB or HIV area, however, the unit will require resources and a mechanism to function, thus the Ministry may be suggested as the best option. Dr. Tabatadze – independent experts may be recruited to ensure unbiased judgment. Dr. Berdzuli suggested elaborating two or three options and present it to CCM.

Dr. Berdzuli summarized the meeting and thanked the participants.

**Decision points:**

The term CDP (continuous professional development) will be used instead of CME

Guideline development and update will be added in HIV component and taken into consideration for costing

Development of AIDS care and support standard will be added in HIV component

Technical assistance and training related to integration of information systems, including epid-surveillance will be extended to cover social service

The technical team will elaborate and present to CCM two or three options for program governance

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