

# Minutes of the 50<sup>th</sup> CCM meeting

# December 24, 2010

#### 14:00

# Gudauri, Hotel "Gudauri Hut"

# **CCM Members**:

Sandra E. Roelofs - Chairperson of the CCM; Mikheil Dolidze - Deputy Minister of Labor, Health and Social Affairs of Georgia, on behalf of Andrew Urushadze, Minister of Labor, Health and Social Affairs of Georgia; George Tsereteli - Deputy Chairman of the Parliament of Georgia; Nino Kochishvili – EU projects manager, on behalf of Philip Dimitrov, Ambassador, Head of EU Delegation to Georgia; Irine Kurdadze – Deputy Minister of Science and Education; Koba Khabazi - Member of the Parliament of Georgia; Tengiz Tsertsvadze - Infectious Diseases, AIDS and Clinical Immunology Center, General Director: Khatuna Todadze - Research Institute on Addiction, Deputy General Director; Iagor Kalandadze - Director of the National Center for Tuberculosis and Lung Diseases; Akaki Lochoshvili –GHSPIC, Global Fund Projects Manager; Lia Tavadze - UNAIDS adviser, on behalf of Manoela Grozdanova, UNAIDS Country Coordinator for Georgia, Azerbaijan and Armenia; Tamar Sirbiladze – USAID, Senior Health Advisor; Mamuka Djibuti - RTI International, GHPP, Project Director; David Otiashvili - Georgian Harm Reduction Network, Board Chairman; Maia Kavtaradze - Project Coordinator, GOPA/KfW; Rusudan Klimiashvili - WHO Country Coordinator; Nikoloz Nasidze - MSCI, Program Director; David Ananiashvili - "Georgian Plus Group", Director; Izoleta Bodokia - HIV/AIDS Support Foundation, Director; **CCM Secretariat**:

**Eka Iashvili -** HIV/AIDS Technical Consultant; **Levan Sharashidze -** TB Technical Consultant; **Natia Khonelidze -** Administrative Assistant;

Guests/Observers:

Nata Avaliani– National Center for Disease Control and Public Health, Director; Marika Goguadze – Local Fund Agent, Team leader; Nana Nabakhteveli – Local Fund Agent, Finance Expert Agenda

14:00 - 14:10	Opening speech /remarks
	Mrs. Sandra E. Roelofs, Chairperson of the CCM
14:10 - 14:20	Welcome speech /remarks
	Mr. Mikheil Dolidze, Deputy Minister of Labor, Health and Social Affairs of
	Georgia
14:20 - 14:35	<b>Projects Implementation Status/Future Legal Status of Principal Recipient</b>
	Mr. Akaki Lochoshvili - Global Fund Projects Manager
14:35 - 14:50	WHO HIV/AIDS strategy for 2011–2015 Optimization of AIDS response in
	the country
	Mr. Tengiz Tsertsvadze - Infectious Diseases, AIDS and Clinical Immunology
	Research Center, General Director
14:50-15:00	Discussion
15:00-15:30	Break
15:30 - 15:40	Presentation of request/ field test of indicators to monitor the quality of
	AIDS programs in Georgia
	Ms. Tamar Sirbiladze - USAID, Senior Health Advisor
15:40 - 15:50	Information on GLC mission in Georgia/ brief overview of Georgian
	Norwegian Conference "Actual problems of Pulmonology and
	Tuberculosis" and 41st Union World Conference on Lung Health
	Mr. Iagor Kalandadze - Director of the National Center for Tuberculosis and
	Lung Diseases
15:50 - 16:00	Brief information on implementation of National TB - HIV Strategic Plan
	Mr. Nikoloz Nasidze - MSCI, Program Director
16:00 - 16:10	Prospects of Harm Reduction within TGF Programs in 2011
	Ms. Khatuna Todadze - Research Institute on Addiction, Deputy General
	Director
16:10 - 16:20	Overview of the State OST Programs
	Mr. Irakli Gamkrelidze – State OST Program Coordinator, Head of the
	Regional Service of the National Center for Disease Control and Public Health
16:20 - 16:45	Discussion

**Sandra E. Roelofs** – greeted the participants of the meeting and thanked them for coming. The Chairperson introduced guests/observers and briefly outlined important developments of recent period.

Mrs. Roelofs overviewed the Global Fund's 22<sup>nd</sup> Board Meeting and brought to the attention of the attendees its main decisions. Mrs. Roelofs announced that the notion to conduct Global Fund Board Meeting in Georgia had been introduced by Georgian Delegation and expressed her hope that initiative of the country to host one of the next Board Meetings would be taken into consideration and it would be held in Batumi, Adjara, in 2012. The Chairperson announced that Round 10 country proposals had been approved and decision to launch Round 11 call for proposals on August 15, 2011 with a submission due date of December 15, 2011 had been made. The Chairperson

expressed her deep satisfaction with the fact that the Board of TGF had re-appointed Prof. Michel Kazatchkine as an Executive Director for a further three-year term.

Afterwards the Chairperson referred to the fact of delay in procurement of ARV drugs which the country had experienced recently and expressed the hope that such eventuality would not happen in the future. Mrs. Roelofs highlited that local procurement mechanism should be used in the country.

Then Mrs. Roelofs underlined the importance to shift the status of Principal Recipient for TGF grants from governmental to non-governmental and to separate TGF Projects Implementation Team from the Georgia Health and Social Projects Implementation Center. This issue had been discussed at the meetings held within the framework of the 22<sup>nd</sup> Board meeting.

While speaking of the construction of the new premises for AIDS Center the Chairperson stated that a letter of guarantee from the Government reflecting government's contribution should be submitted to the Global Fund.

Then the Chairperson introduced to the audience Debt2Health mechanism, the financial instrument of the Global Fund which helps increase recipient countries' investment in health through debt conversion and expressed the idea to use above-mentioned mechanism in Georgia.

Mrs. Roelofs introduced Mrs. Nata Avaliani in her capacity of the newly appointed director of National Center for Disease Control and Public Health (NCDC&PH).

Afterwards the Chairperson stated that various aspects of Harm Reduction Programs had been discussed at the meeting with the Ambassador of the Netherlands.

Mrs. Roelofs stated that unfortunately implementation of Needle and Syringe Exchange Program in the penitentiary system had encountered significant obstacles. The CCM working group continuous working on this issue and remains stand by.

Afterwards, Mrs. Roelofs brought to the attention of the participants the issue of planned by UNAIDS transformation of sub-regional office and integration of its functions with the Moscow regional office and underlined that such change was unacceptable for Georgia. The strong negative attitude of the Georgian side had been officially communicated to the UNAIDS from the CCM, such position had been supported by the Ministry of Labour, Health and Social Affairs of Georgia. The Chairperson stated that hopefully due attention to this important issue would be given.

Finally, Mrs. Roelofs introduced an agenda and gave the floor to Mr. Mikheil Dolidze.

**Mikheil Dolidze** – greeted the participant. At the beginning he introduced new leadership of NCDCPH and extended his special thanks to Mr. Paata Imnadze who remained in the management team. Afterwards he briefly outlined future strategic vision and expansion of the role and functions of NCDCPH.

He underlined that starting from 2011 gradual transmission to electronic reporting system was planned. In light of afore-mentioned NCDCPH would act as the epidemiological center of the country and would closely monitor all public health programs.

Afterwards, Mr. Dolidze in the name of MoLHSA stated that assigning the GF Project Implementation team with the legal status of NGO was in full compliance with strategic framework of the country.

While speaking of delay in ARV drug supply that had occurred in the country he supported the position of the CCM Chairperson regarding resetting to local procurement mechanism that was especially important in terms of smooth transition from donors' support to state financing.

Then the rapporteur stated that budget of the health programs for the new fiscal year had not been reduced, moreover funding of HIV/AIDS and TB programs had been increased. He reaffirmed the audience in the government's commitment to move forwards to state funding mechanism and to gradual transition from donors' to state funding.

While speaking of construction of the building of AIDS Center he stated that in non-monetary terms the state financing had not been decreased.

Afterwards, the speaker highly emphasized significance of "Charter of Freedom" which was being at the process of final elaboration and stated that this document represented a legal prerequisite for the reforming of the state programs.

Finally, he referred to the issue of implementation of Needle and Syringe Exchange Program in the penitentiary system and stated that the Ministry was committed to fight against drug abuse but implementation of such program in the penitentiary system should be supported by strong evidence of its necessity in this particular institution.

# Sandra E. Roelofs - gave the floor to Mr. Akaki Lochoshvili

**Akaki Lochoshvili** - stated that the principle recipient, being a non-governmental entity will be much more flexible to follow the Global Fund's strict regulations which in some aspect contradict with the state regulations. He also noted that the new PR which will be entity with the new legal status, will have the same all managerial and financial capacities to implement TGF grants, as it will be represented with the current TGF grants implementation team at the existing PR (GHSPIC);

**Nana Nabakhteveli** - referred to the issue of the procurement mechanisms and provided con and pro for local procurement versus VPP (Voluntary Pool Procurement). She fully agreed with the CCM proposal in regards of the new status of the Principle Recipient and noted that PR, as non-governmental organization will be more effectively functional entity, which will greatly contribute to TGF projects implementation in the country. She also underlined importance of pre selection of Sub Recipients, which needs to be implemented as soon as the new PR becomes operational.

**Akaki Lochoshvili** – briefly overviewed projects implementation status and informed attendees that as HIV/AIDS R6 grant comes to the end on December 31, 2010, hence the funds should be found to fill the gap until the start date of the R10 HIV grant. In order to avoid a significant gap he suggested to use CoS mechanism and in case of failure he asked Ministry to find relevant sources.

He also informed CCM members that as soon as the new PR will become operational, relationship with the sub recipients will be based on grant agreements between PR and SR.

The reporter focused on the shortcomings of Voluntary Pooled Procurement Mechanism and suggested to negotiate with TGF to reset to local procurement practice.

Mr. Lochoshvili announced some obstacles in the process of rehabilitation of TB hospital caused by 'Block Georgia' and reassured the audience that all mechanisms will be used to have the work completed by Aril 2011.

He referred to the issue of construction of AIDS Center and stated that, the government has already made a decision to transfer the building which is currently occupied by the JSC Scientific/Research Institute of Cardiology, after it is renovated to the JSC Infectious Diseases, AIDS and Clinical Immunology Center.

He raised an issue of assets transfer procured with the expired grants; He suggested transferring assets to relevant SR as it exists in TGF usual practice. But he reminded attendees that CCM and TGF approval is needed

**Khatuna Todadze** – raised the question regarding implementation of the programs that will not be financed by CoS and possibility of using bridge funding mechanism for their continuation.

Akaki Lochoshvili – responded that the only component which was not included in CoS was Needle/Syringe Exchange and VCT Program. Medicines du Monde (MDM) is ready to implement this component in Batumi and Kutaisi and has requested the main assets to be handed over to them.

**Eka Iashvili** – put the issue to make a decision to separate The Global Fund Projects Implementation team from the Georgia Health and Social Projects Implementation Center and to assign to this team legal status of the NGO; this new entity will be as principle recipient for TGF grants.

The decision was made unanimously.

# Sandra E. Roelofs - gave the floor to Mr. Tengiz Tsertsvadze

**Tengiz Tsertsvadze** – outlined progress and challenges in the process of fight HIV/AIDS in the country and highly emphasized the role of Mrs. Roelofs in the progress made. Mr. Tsertsvadze proposed the following directions aimed at optimization of AIDS services in the country: increased coordination and optimization of the projects; increased coverage of interventions focused on MARPs; HIV testing among patients with specific clinical symptoms in all healthcare facilities; early treatment. Afterwards he brought to the attention of the audience the main components of draft WHO HIV/AIDS strategy for 2011–2015 which was in line with Seek, Test and Treat priority direction. He proposed to amend 2011-2016 HIV/AIDS National Strategic Plan and set the following targets and indicators to be in alignment with WHO draft strategy: 80% target for the indicator - percentage of most-at-risk population (MARPs) who received HIV test and know the result versus 35% fixed in the Plan, 80% target for the indicator – percentage of men and women aged 15-49 who received HIV test and know the result versus non-identified in the Plan. He underlined importance of appropriate system of epidemiological surveillance in the country and specially emphasized necessity to scale-up field work among MARPs. The rapporteur presented Serological testing algorithm for recent HIV seroconversion (STARHS) and underlined its importance for revealing HIV dynamics in the country.

**Mikheil Dolidze** – responded to the issues raised by Mr. Tsertsvadze. CCM as one national AIDS and TB coordinating authority in the country is efficiently coordinating and monitoring all ongoing responses to the diseases. On a technical level the coordination will be executed by NCDC as well. He agreed with necessity to expand coverage of MARPs. Mr. Dolidze highlighted significance of integration of HIV and TB services into healthcare system in general. He noted that inclusion of HIV testing into insurance package could become a subject of negotiations with insurance companies. He considered the option of routine offering of HIV testing to all patients and gave high regards to "horizontal" approach to delivering services versus "vertical" model. Finally he referred to late treatment of HIV/AIDS and TB which would have very negative consequences if not properly addressed.

**David Otiashvili** – agreed with necessity of intense coverage of MARPs especially IDUs with HIV testing and noted that such interventions should have permanent character. He also noted that existing legislation created some barriers for effective interventions among IDUs. He proposed thorough discussion of the problem of proper interventions among IDUs in the format of working group or broad consultations.

**Nata Avaliani** – outlined strategic directions and future plans of NCDC. She underlined the following factors: improvement of epidemiological surveillance in the country, broad involvement of key health care specialists and scientists in the work of scientific committee with the purpose of testing elaborated strategic directions, more effective and expanded collaboration with NGO sector.

**Mamuka Djibuti** – agreed with importance of interventions focused on MARPs and considered such approach the most effective way of reversing HIV/AIDS epidemic. Mr. Djibuti referred to the existing legislation and stated that it caused obstacles for effective interventions among IDUs. He highly emphasized the role of NGO sector in tackling the existing problem and stated that the involvement of NGOs should be greater and geographic coverage should be expanded.

**George Tsereteli** – underlined importance of effective M&E system in the country. He seconded the idea of establishment of working group with purpose to define clear instruments for saturate coverage of IDUs within the current legislation framework. Those mechanisms can envisage involvement of insurance industry in the process of delivering services to IDUs, those who are under poverty line can be supported from the governmental side. He stated that trends towards liberalization of the legislation regarding drug use were observed and relatively flexible legislative base would be in place, though strict restrictions against drug abuse would remain enforce.

# Sandra E. Roelofs – gave the floor to Ms. Tamar Sirbiladze

**Tamar Sirbiladze** – brought to the attention of audience the request/inquiry from USAID Global Health Bureau to conduct field test exercise to monitor the quality of AIDS services in Georgia that had been communicated to the CCM members earlier. As the rapporteur noted TGF and USAID were collaborating to define a harmonized globally agreed upon performance measurement framework for monitoring and evaluating the quality of HIV clinical services. The project will be implemented by University Research Corporation (URC). The first step is to establish the performance criteria, indicators and data points for HIV Testing and Counseling, Care and Treatment, PMTCT, TB/HIV, Harm Reduction. The performance criteria will help providers and facility managers to evaluate and improve HIV care and to build in-country capacity to create and maintain the systems to support routine monitoring. The field tests are conducted in five countries. Georgia had been proposed to represent Eastern Europe.

# At the discussion followed the attendees agreed with importance of the field test and the decision to conduct Global Fund and USAID/URC Collaboration Country Case Review was made unanimously.

**Tamar Sirbiladze** – briefed attendees that USAID had announced Request for Applications for Tuberculosis Prevention Project in Georgia. The launch of the afore-mentioned project is especially important for Georgia taking into account that current USAID funded Tuberculosis Treatment and Prevention Project ends in March, 2011.

# Sandra E. Roelofs - gave the floor to Mr. Iagor Kalandadze

**Iagor Kalandadze** – At the beginning of his speech he referred to late detection of Tuberculosis and stressed that strategy of the country should be focused on involvement of Primary Health Care services and of Health Care in general in TB control especially in terms of timely detection and quality treatment. Mr. Kalandadze addressed CCM Chairperson with request to include into the agenda of the next CCM meeting the issue of TB control both in penitentiary and civilian sectors.

**Iagor Kalandadze** – Afterwards the rapporteur briefly reviewed visit of GLC in Georgia on September 23-27. The rapportuer underlined that in 2010 NTP received GLC approval for extension of treatment cohort for additional number of drug resistant patients. The final report of the mission outcomes has not been received yet but the preliminary conclusions are very positive with minor remarks. Mr. Kalandadze highlighted significance of the first joint Georgian-Norwegian

Conference "Actual problems of Pulmonology and Tuberculosis" held in Tbilisi on October 4<sup>th</sup>. As a practical outcome of the conference Memorandum of Understanding between Tbilisi State Medical University and University of Bergen had been developed. This would be the basis for students and staff exchanges and implementation of various joint projects. Afterwards Mr. Kalandadze briefly outlined the 41st Union World Conference on Lung Health held in Berlin on 11–15 November 2010. The delegates from Georgia had presented 8 reports, 3 posters and 8 scientific papers. The rapporteur stressed that the issue of TB rapid diagnostic tests was one of the most important topics of the conference. He also briefed audience that WHO officially recognized GeneXpert® system. Mr. Kalandadze stated that an extension of the EXPAND-TB (Expanding Access to New Diagnostics for TB) Project had been signed. The goal of the project is to accelerate access to diagnosis for patients at risk of multidrug-resistant tuberculosis (MDR-TB). Then he overviewed the meeting held with Mr. Giorgi Tughusi, Public Defender of Georgia with main focus on TB burden in penitentiary system. He highlighted the importance of the meeting and planned future collaborative activities.

**Sandra E. Roelofs** – stated that the Public Defender's Offices that are located in the different regions of Georgia can be used for disseminating information on TB and raising public awareness.

# The Chairperson thanked the rapporteur and gave the floor to Mr. Nikoloz Nasidze

**Nikoloz Nasidze** – presented to the audience main findings of the working group that had reviewed implementation of 2007-2011 National TB - HIV Strategic Plan. The working group revealed that the main indicators and targets set had been reached. Universal Access to ARV treatment was specified by the rapporteur as the most significant achievement. The following recommendations had been issued: establishment of working group with the purpose to permanently review implementation of National TB-HIV Strategic Plan, development of annual Action Plan on TB – HIV collaborative activities, stricter adherence to "Three I's" principle, improvement of existing data base in penitentiary system, the upcoming TB/HIV National Strategic Plan should definitely reflect new vision and strategic directions. Finally the rapporteur announced that working group had been held on October 21<sup>st</sup>. TB and HIV stakeholders, members of the CCM, representatives of the Ministry of Labor, Health and Social Affairs had participated in the afore-mentioned event.

# Sandra E. Roelofs - gave the floor to Ms. Khatuna Todadze

**Khatuna Todadze** – At the beginning she briefly outlined narcological situation in Georgia. Estimated number of IDUs in Georgia is equal to 40,000. The trend of reducing use of heroin and subutex and increase use of home-made amphetamine and methamphetamine and other home-made drugs is observed. The Parliament of Georgia adopted amendment to the law «On the Narcotics, Psychotropic Materials, Precursors and Narcological Aid" according to which tianeptine was added to the "List of Narcotic means, psychotropic substances and precursors subject to the special control". The changes to the law had been caused by frequent cases of non-medical use of the psychotropic substances containing tianeptine that had acquired a massive character.

In the light of afore-mentioned trends Ms.Todadze highlighted the importance of implementation of all components of Harm Reduction Programs. Afterwards she overviewed the Harm reduction programs funded by TGF and implemented by Georgian Harm Reduction Network and Institute of Addiction. While speaking of the Harm Reductions perspectives for 2011 within TGF programs she stressed that 7 methadone maintenance therapy centers will be operational, out of this 5 in civil and 2 in penitentiary system. 550 patients will be covered in total. Maintaining and developing psychosocial rehabilitation service for IDUs and their family members is envisaged by the programs and will be implemented by the psycho-social rehabilitation Center at the basis of the Institute of Addiction and by the psycho-social rehabilitation Center at the Patriarchate of All Georgia with support of the Orthodox Christian Church network.

# Sandra E. Roelofs - gave the floor to Mr. Irakli Gamkrelidze

Irakli Gamkrelidze - overviewed progress, challenges and prospects for 2011 of the state OST Program and brought to the attention of the attendees the following issues: geographical coverage of the program, increased number of the beneficiaries, trend towards increase in financing, treatment with combination of buprenophrine and naloxone, creation of automatic apparatus CDLD-2 for pouring out the liquid type methadone hydrochloride, construction of the rehabilitation center at Bazaleti Lake, activities performed with donors' support. The rapporteur gave special attention to the issue of enrollment of HIV positive patients in the Program and stated that in total 30 HIV positive patients received the treatment; out of this 20 cases were primarily detected within the Program. To the date 16 HIV patients are included in the Program. All HIV patients are exempted from payment. The rapporteur specified the plans for 2011 as follows: support of the socially vulnerable beneficiaries from state sources (municipal budget), geographical expansion of the program and establishment of two additional centers (Tbilisi, Rustavi); more coordination with state social services with the purpose to increase efficiency of the social workers of the Program; further development of human resources; development of aftertreatment rehabilitation services for drug addicted individuals. Finally he identified the following issues that should be the subject of further discussion: legislative regulations for free of charge services for HIV patients, possibility for beneficiaries of TGF programs to receive services at the centers of the State Program.

**Lia Tavadze** – presented to the audience the project evaluating the effectiveness of needle and syringe programs. The project aims to conduct mathematical modelling activities, in collaboration with UNAIDS, to evaluate public health strategies and programs for mitigating HIV epidemics. Specifically, the project aims to evaluate the epidemiological and economic benefits of needle-syringe programs in Eastern European contexts. Recently, NSP cost-effectiveness study had been conducted in Australia. Ms. Tavadze presented to the audience the main outcomes of the study conducted in Australia and the benefits for conducting the afore-mentioned study in Georgia.

# At the discussion followed the attendees expressed positive attitude towards conducting NSP costeffectiveness study in Georgia.

Sandra E. Roelofs - thanked the participants for having attended and announced the meeting as closed.

# **Decisions:**

- 1. To separate The Global Fund Projects Implementation Team from The Georgia Health and Social Projects Implementation Center and to assign to this team legal status of the NGO; this new entity will be a Principal recipient for TGF grants.
- 2. To conduct Global Fund and USAID/URC Collaboration Country Case Review

Sandra Elisabeth Roelofs

Natia Khonelidze

Chairperson of the CCM

Administrative Assistant to the CCM