



Minutes of the 51st CCM meeting

March 24, 2011

12:00

Venue: Ministry of Labor, Health and Social Affairs, Tbilisi

CCM Members:

Sandra E. Roelofs - Chairperson of the CCM;
Andrew Urushadze - Minister of Labor, Health and Social Affairs of Georgia;
Irakli Giorgobiani – First Deputy Minister of Labor, Health and Social Affairs of Georgia;
George Tsereteli - Deputy Chairman of the Parliament of Georgia;
Papuna Petriashvili – First Deputy Minister of Finance;
Oliver Reisner –Project Manager, on behalf of Mr. **Philip Dimitrov**, Ambassador, Head of European Union Delegation to Georgia;
Irine Kurdadze – Deputy Minister of Science and Education;
Archimandrite Adam - Vakhtang Akhaladze - Head of Patriarchate Public Health Department;
Koba Khabazi - Member of the Parliament of Georgia;
Zurab Vadachkoria – Rector of Tbilisi State Medical University;
David Asatiani – Ministry of Corrections and Legal Assistance, Head of Healthcare Department;
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 –Global Fund Projects Director;
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, Chairman of the Board;
Maia Kavtaradze - GOPA/KfW, Project Coordinator;
Rusudan Klimiashvili - WHO Country Coordinator;
Nikoloz Nasidze - MSCI, Program Director;
David Ananiashvili - “Georgian Plus Group”, Director;
Elguja Meladze - Employers’ Association of Georgia, President;
Izoleta Bodokia - HIV/AIDS Support Foundation, Director;

Guests/Observers:

Prof. Michel Kazatchkine – The Global Fund, Executive Director;
Mr. Ian Grubb – The Global Fund, Senior Advisor to the Executive Director;
Mr. Philippe Creac’h – The Global Fund, Fund Portfolio Manager;
Mr. Mikheil Dolidze – Deputy Minister of Labor, Health and Social Affairs of Georgia;

CCM Secretariat:

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

Agenda

12:00 – 12:10	Hand-over of Certificate of Appreciation to Prof. Kazatchkine from the Ministry of Labor, Health and Social Affairs of Georgia
12:10 – 12:20	Opening speech /remarks Mrs. Sandra E. Roelofs, Chairperson of the CCM
12:20 – 12:25	Welcome speech /remarks Mr. Andrew Urushadze, Minister of Labor, Health and Social Affairs of Georgia
12:25-12:30	Voting for new CCM member
12:30 – 12:45	Welcome speech /remarks Mr. Michel Kazatchkine, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Executive Director
12:45 – 13:00	Brief Review of Healthcare System of Georgia Mr. Mikheil Dolidze – Deputy Minister of Labor, Health and Social Affairs of Georgia
13:00 – 13:15	Projects Implementation Status Mr. Akaki Lochoshvili - Global Fund Projects Director
13:15 – 13:30	Role of the Global Fund in TB Control Activities in Georgia Mr. Iagor Kalandadze - Director of the National Center for Tuberculosis and Lung Diseases
13:30 – 13:45	HIV/AIDS in Georgia: Accomplishments and Challenges Mr. Tengiz Tsertsvadze, Infectious Diseases, AIDS and Clinical Immunology Research Center, General Director
13:45 – 14:00	Questions/Answers and Discussion

Sandra E. Roelofs – greeted the participants and expressed deep gratitude to Prof. Kazatchkine for accepting an invitation and visiting Georgia. Mrs. Roelofs highly emphasized the role of the Global Fund and expressed her sincere appreciation to the GF for all the support that Georgia had received for the last years.

The Chairperson briefly observed important developments of recent period and the main trends in the healthcare system of the country.

Mrs. Roelofs underlined importance of the First Georgian - American Conference “Medea 2011” held in Washington in February 2011 under her auspices and of the Embassy of Georgia in the United States.

Mrs. Roelofs announced that she had accepted invitation of the WHO to become Goodwill Ambassador in the European Region for the health-related Millennium Development Goals (MDGs). An official ceremony of granting the title will be held in Copenhagen on March 28.

The Georgian Delegation headed by Mrs. Roelofs had been represented in Sofia at the TGF 22nd Board Meeting. The Chairperson underlined importance of the decisions made in Sofia 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.

Mrs. Roelofs underlined benefits of shifting the status of Principal Recipient for TGF grants from governmental to non-governmental and of separation of TGF Projects Implementation Team from the Georgia Health and Social Projects Implementation Center.

Mrs. Roelofs highlighted the importance of Debt2Health mechanism enabling countries to shift their foreign debts into development projects and stated that the first steps for its implementation had been undertaken in the country.

The Chairperson mentioned that the preparatory work for granting the Global Fund with Privileges and Immunities was undergoing and the country was poised to sign the Agreement in the near future.

She highlighted the importance of the meeting with Mrs. Ekaterine Tkeshelashvili, State Minister for Reintegration and stated that admittance to the CCM membership of a representative from the Office of the State Minister for Reintegration was planned.

Afterwards, Mrs. Roelofs brought to the attention of the participants the issue of closure of UNAIDS Erevan Sub-regional Office and integration of its functions with the Moscow regional office. The strong negative attitude of the Georgian side that had been officially communicated to the UNAIDS had not been taken into consideration. In addition to all impediments the afore-mentioned change will significantly hamper participation of Mrs. Manoela Grozdanova at the CCM meetings in Georgia. Thus the Chairperson put to vote the issue to shift CCM membership for Mrs. Manoela Grozdanova into membership for Mrs. Lia Tavadze, Tbilisi based UNAIDS advisor.

Eka Iashvili – put the issue to vote.

The decision was made unanimously.

Sandra E. Roelofs – gave the floor to **Mr. Andrew Urushadze**.

Andrew Urushadze – greeted the participants and highly emphasized presence of Prof. Kazatchkine and the GF team in the country. He expressed his gratitude to Prof. Kazatchkine for invaluable support provided to the country. Mr. Urushadze briefly overviewed the progress made in the country to fight the three diseases and invaluable contribution of the Global Fund to the healthcare system of Georgia. Afterwards, the Minister focused on the issue of granting the GF with privileges and immunities and stated that Government of Georgia supported that idea and signing of the agreement was anticipated in the nearest future. Mr. Urushadze reiterated that meaning and importance of the GF was well acknowledged in the country.

Finally, Mr. Urushadze thanked all CCM members for their effective work.

Michel Kazatchkine – greeted the participants and expressed his gratitude to the Chairperson and the Minister for invitation and warm welcome. He noted that it was a pleasure for him to attend 51st CCM meeting and to be in Georgia on such a special day as World TB Day. Prof. Kazatchkine thanked the audience for the commitment, continuity and growth that allowed the GF to support Georgia's efforts in fighting the three diseases, for contributing to building a new model of addressing the health issues and making consensus decisions around key issues.

Prof. Kazatchkine highly emphasized the representative character of the CCM and the harmonious relationship between the Government and the CCM.

He stressed that the newly reconstructed MDR TB Clinic he had visited earlier this day was an up to date best standards facility.

Afterwards, the Executive Director highly emphasized the progress made in Georgia in fighting the three diseases.

Then Prof. Kazatchkine focused on plans, priorities and challenges faced by the Global Fund focusing on following issues.

The alarmist media stories on some corruption cases in the GF carried massive misinterpretation and distortion. As a result number of countries had decided to withdraw their contributions to the Global Fund versus their pledge made at the Second Meeting of the Third Voluntary Replenishment. The GF has undertaken serious measures to reinforce its financial safeguards and to mitigate the risk of the misuse of funds. As a part of the response to the crisis the Global Fund had appointed high-level panel of experts to review its financial control and oversight procedures. The panel will be led by former President of Botswana Mr. Festus Mogae and former U.S. Health and Human Services Secretary Mr. Michael O. Leavitt. Prof. Kazatchkine called for collective efforts to come out from the major crisis the GF was facing and for contributing to the process of rebuilding the trust and leadership of the GF. He assumed that the nearest CCM meeting would discuss how to become a strong advocate for the GF for coming months.

Afterwards, Prof. Kazatchkine briefly reviewed planned reforms and the main objectives of the draft Global Fund Strategy for 2011-2016. The new Strategy sets very ambitious objectives in each of the areas: lives saved and infections averted, increased impact, human rights, sustainability. While speaking of increasing impact on maternal and child health Prof. Kazatchkine underlined the importance of this area and stressed that this may lead to broadening of the GF mandate. He underlined that there was a need to create a results-focused channel that would deliver the international money to people in need based on the country's demand.

Speaking on eligibility to the GF funding, Executive Director stressed that the growth of economies in transition including such country as Georgia should be taken into account. Funding in the next 5 years in middle income countries with concentrated HIV/AIDS epidemic should be especially focusing on MARPs.

He stressed the importance of fighting MDR TB worldwide and noted that the new tasks assigned to the GF for the next years would become a major driver and player in the fight against MDR TB.

At the end of his speech Prof. Kazatchkine expressed once again on behalf of the Global Fund his gratitude to the audience for the efforts in fighting the diseases and congratulated the stakeholders on their remarkable achievements and success.

Afterwards Prof. Kazatchkine addressed the audience with a series of questions regarding reasons ensuring success and the harmonious functioning of the CCM Georgia, decision-making process especially in terms of tense issues, mechanisms used for achieving good cooperation of the Government and civil society.

Sandra E. Roelofs – in answer to the secret of success to Prof. Kazatchkine stated that a lot of discussions were held outside the CCM, within working groups, task forces and ad hoc groups. A lot of documents are circulated among CCM members in order not to start the discussion from zero and to make CCM sessions as efficient as possible. CCM represents a perfect tool that really impacts the health system. A similar group had been created in the Reproductive Health field and this council has already proved its efficiency. CCM is involved in budget discussions with the MoLHSA. When it comes to the grants the first thing is to examine alignment of the priorities with the new grant conditions. There are sometimes hot discussions at the CCM meetings. Challenges exist and there are tensions as there is no development without tension. Georgia is shifting from one system to another. The way the transitional period is managed defines the ultimate success of the reforms.

When some processes go wrong the CCM always tries to respond adequately to those issues and is always ready to learn from best practices of other countries.

Sandra E. Roelofs – gave the floor to the audience for broad discussion of the issues raised by Prof. Kazatchkine

Tengiz Tsertsvadze – outlined the following reasons of well-functioning of the CCM. CCM is one AIDS/TB coordinating authority in the country. Outstanding leadership skills of the Chairperson, who had been involved in the field of HIV/AIDS even before she became the First Lady. Mrs. Roelofs works as a nurse in hospital. She is not only the First Lady but a nurse, a representative of civil society. Broad representative character of the CCM and commitment of the professionals working in the CCM are important factors of the success as well.

George Tsereteli –noted that efficient guidance, leadership, composition of the CCM were main pillars of success and well-functioning of CCM Georgia. He underlined that Georgia was undergoing very significant reforms in the field of health care. He noted that there were a lot of intense discussions at the CCM sessions on urgent and acute issues, that lot of work is done by various working groups. Excellent cooperation between the CCM and the Parliament had been established. The CCM members are often presented at the working groups of the Parliament. Special structure on MDGs, supervising effectiveness and purposefulness of the Government's interventions in this sphere is functioning in the Parliament.

Mr. Tsereteli referred to the issue of Georgia becoming donor country to the GF in the nearest future.

He underlined that Georgia efficiently used its share of the voice on international arena for the GF advocacy efforts. Mr. Tsereteli himself in his capacity of the President of European Parliamentarian Forum on Population and Development had recently participated in broad discussions in London on the support of the GF. Finally he stressed that remarkable achievements of Georgia in fighting the three diseases were vivid evidence of the efficiency and importance of the GF.

Sandra E. Roelofs – noted that constant thorough scrutiny from the population gave additional motivation for being permanently vigilant. All the stakeholders face regular international and local audit. The rule of law is much different than it used to be before the Rose Revolution. Everyone has increased responsibilities for the actions undertaken. Sometimes responsibilities are shifted from one institution to another. Currently there is a trend of NCDC becoming a stronger body with broad functions and expanded role. In this particular case thorough examination of the justification of the necessity of doing so needed to be done.

Michel Kazatchkine – addressed the USAID with the question regarding the CCM as a channel for discussions and for decision-making.

Tamar Sirbiladze – described the CCM as an open forum for deep and broad discussions, as a mechanism giving the opportunity to plan activities and a platform where donors, NGOs and representatives of Government can meet and discuss all acute and urgent issues. Briefly, excellent guidance, leadership and organization of the CCM, commitment of the Government and of all CCM members represent the key elements to success.

Sandra E. Roelofs - gave the floor to **Mr. Mikheil Dolidze**

Mikheil Dolidze – Vice-Minister briefly observed the current trends and strategic objectives of the Georgian Health System.

Quality, access and patients' rights represent the main strategic objectives of the concept "Better Health in Georgia". The notion of better quality implies improved infrastructure, development of Human Resources, establishment of new standards for medical activities. Increased access to health care can be achieved through further development of the health financing systems, improved management of the health system, putting in place of new regulations for medical and pharmaceutical services. Strengthened mediation services and newly established Public Communication Strategy play a key role in observing patients' rights.

Within the ongoing Hospital Sector Reform more than 1 bln USD will be invested in new infrastructure. Up to 150 new health facilities will be constructed/renovated and equipped.

Special attention is given to updating Public Health infrastructure. A Central Public Health Reference Laboratory (CPHRL) has been established and became recently operational. Georgian-American DTRA project envisages creation of PH laboratory network in the country. The ongoing mental health reform in Georgia encompasses integration of the Mental Health system into the General Health System.

Mr. Dolidze highlighted the importance of Human Resources Development and of identified objectives set. Mr. Dolidze focused on the initiative of the First Lady of Georgia to re-establish links with the Georgian medical diaspora and the first steps undertaken in this direction.

Afterwards the rapporteur focused on the issue of updating standards for medical facilities and strengthening the system of standardized care.

Amended Georgian legislation introduced new licensing requirements for medical facilities.

As a result of joint collaboration between MoLHSA, World Bank and UK National Institute of Clinical Excellence (NICE) a manual for creation of national clinical guidelines and protocols has been elaborated. The rapporteur stated the most important thing was to find a financial mechanism for implementation of new standards, guidelines and protocols.

The rapporteur presented dynamics and trends in the total health expenditure for the years of 2001-2009. Health expenditure has been growing and the share of public health expenditures increased. Mr. Dolidze briefly overviewed the progress observed in the field of development of the insurance system.

Afterwards the Vice-Minister presented electronic reporting system E-health and highly emphasized its importance.

Very important steps towards improvement of the regulation of pharmaceutical industry have been undertaken: significant decrease in the prices of original and generic drugs; simplification of import requirements ("recognition" registration mechanism for OECD/EU/FDA approved products) and emergence of new players in the market which can be named as a consequence of establishing new regulations for pharmaceutical industry.

The Mediation Service has been instituted and successfully serves as one of the safeguards for protection of patients' rights. A new public communication strategy has been established to keep whole population informed on ongoing health reforms and to promote health insurance.

For the first time public communication costs for Safe Blood, Immunization and Onco-screening Programs have been integrated into state health programs.

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

Akaki Lochoshvili – briefed attendees on current situation regarding the status of the PR and ongoing TGF project activities. The reporter stated that by the end of March all ongoing TGF grants should be closed and the funds should be transferred back to TGF trustee account. It is expected that

new grant agreements between TGF and GPIC will be signed shortly and be active as of 1 April 2011; respectively funds are expected to be received back during April. According to TGF request existing assets will be transferred to the new PR. Reporter asked CCM to make a decision regarding assets, which were procured with already closed grants (HIV R2 & R6, TB R6, MAL R3); he proposed to transfer ownership for these assets to relevant SRs and SSRs.

Mr. Lochoshvili announced that R10 negotiations had been already launched and signing of the agreement was anticipated by July 1st.

He underlined that change of the status of PR should not negatively affect TGF projects activities. He highly emphasized presence in the country of the TGF Executive Director and the country team.

Sandra E. Roelofs – asked Eka Iashvili to put the issue to vote.

Andrew Urushadze – added that according to Georgian legislation the Government's decision was also necessary for transition of the assets.

Eka Iashvili – put the issue to vote.

The decision was made unanimously.

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

Iagor Kalandadze – at the beginning briefly overviewed TB epidemiological situation in Georgia and significant progress achieved in TB control in the country.

WHO recommended DOTS coverage reached 100% in 1999. A stable decline is observed in TB case notification rates in recent years. In 2004 NTP succeeded in reaching WHO target for TB case finding and the new smear-positive case detection rate remains higher than 95%. Stable decline in number of re-treatment TB cases is observed. 2008 was marked with significant increase in MDR TB prevalence which is associated with the programmatic availability of second line treatment since March 2008. In 2009 the prevalence of DR TB stabilized and decreased to 2007 data for re-treatment cases.

The rapporteur stressed that TB situation in penitentiary system was of great concern for NTP. In the civilian sector the number of TB cases gradually declines through the years, but it unfortunately increases in prison. The Ministry of Corrections and Legal Assistance together with NTP of Georgia has fully taken over TB control in penitentiary sector since 2009, previously provided by International Committee of Red Cross. TB services provided by NTP are similar for both civilian and penitentiary sectors countrywide. In addition, Entry Screening supported by Global Fund is performed and covers 100% of penitentiary institutions. For purposes of health system strengthening Primary Health Care reform have been performed in penitentiary sector. A new hospital building that will be devoted specifically for TB prisoners is under construction.

Mr. Kalandadze noted that total funding of TB control increased nearly 5 times in 2008 thanks to the Global Fund, which remains the largest contributor accounting for more than 50% of the total budget for TB control in the country. The Georgian Government is committed to fight the disease and increasingly allocates financial, human and infrastructural resources for this purpose. The government budget increase in the recent years has been used to build a new 120-bed TB hospital in Tbilisi. Nevertheless, substantial financial and programmatic gaps that have existed for years cannot be met with domestic resources.

Afterwards, the rapporteur listed the activities performed within the Global Fund Projects and specified the areas fully supported by the Global Fund. Within framework of TGF Round 10 all the activities that were considered under TGF Rounds 4 and 6 will be sustained.

Reaching Universal Access to Second Line anti-Tuberculosis treatment in the country was considered the biggest achievement of Georgia NTP achieved with outstanding support of Global Fund.

Mr. Kalandadze highly emphasized political commitment, the role of the GF and other donors and extended special gratitude to Mrs. Roelofs and Prof. Kazatchkine.

Finally, he expressed hope that NTP with joint support from Government, the Global Fund and other Partners would reach the Global Plan Targets by 2015.

Sandra E. Roelofs – gave the floor to **Mr. Tengiz Tsertsvadze**

Tengiz Tsertsvadze – thanked Prof. Kazatchkine for visiting Georgia and highly emphasized his professional and leadership skills. Then the rapporteur presented to the audience current HIV/AIDS situation in Georgia, main accomplishments and challenges.

Approximately 2,800 HIV/AIDS cases have been reported in Georgia and estimated 3,500 individuals live with HIV in the country. Slow but steady increase in new HIV cases is observed. Injection drug use is the major mode of HIV transmission accounting for 57% of all reported cases.

Implementation of the National Strategic Plan (NSP) is supported by the National AIDS Program, TGF, Bilateral Donor Organizations, UN agencies. Georgian Government demonstrated their commitment by increased funding of National AIDS Program that has been negatively affected by the economic crisis following Russian aggression towards Georgia in 2008. In 2011 fund allocated from national budget amounts to 3 mln USD.

Afterwards Mr. Tsertsvadze overviewed current TGF projects which have major impacts on the progress of HIV/AIDS National response. Mr. Tsertsvadze emphasized contribution of the UN Theme Group and other donors such as WHO, UNAIDS, USAID. Mr. Tsertsvadze highly emphasized the effective work of PR and LFA.

While speaking on main accomplishments Dr. Tsertsvadze gave special focus on the following areas:

Since 2004 Georgia with support of TGF, first among FSU countries, ensured Universal Access to Antiretroviral Therapy. Universal access to PMTCT services is available since 2005. In 2009 with support of TGF and UNDP a new law on AIDS was adopted enforcing rights-based approach in fighting HIV/AIDS. Scale up of Harm Reduction interventions including Needle Exchange Program and Methadone Substitution Program was achieved through significant support of the GF. Preventive HIV/AIDS activities have been introduced in the Penitentiary System as well. In 2010 Palliative care services including hospice and home-based palliative care have been expanded to TB and HIV/AIDS patients. Advanced laboratory methods are implemented in the country. Since 2005, first among FSU countries, HIV genotypic resistance testing in routine clinical practice has been implemented. In addition the most advanced laboratory methods will be instituted. Effective selection algorithm, monitoring and evaluation of treatment outcomes created necessary prerequisites for the success of the treatment program. Special attention is given to adherence monitoring. Development of treatment and care capacities in the occupied region of Abkhazia has been identified as a main achievement reached through support of the GF and the CCM. An AIDS treatment facility has been established. Currently 93 individuals are on ARV treatment, 81 residents from the region are admitted at the AIDS Center in Tbilisi. A new HIV/AIDS database contributes to improvement of individual case management and to a better program administration.

In general, the reasons of steady increase in new HIV cases were explained as follows: low coverage with interventions targeting MARPs, late HIV diagnosis, ART initiation at AIDS stage (CD4<200/mm³).

Mr. Tsertsvadze stressed that innovative response interventions aimed at early detection and treatment of HIV positive persons would allow reversing the spread of HIV/AIDS by 2015 thus meeting MDG 6. The steps to earlier ART initiation by implementing WHO guidelines had been already undertaken. Implementation of provider-initiated HIV testing and counseling of all persons with clinical signs indicative to HIV infection in all healthcare facilities including primary healthcare is planned. In terms of IDUs driven nature of HIV epidemics expansion of Harm Reduction interventions is of high importance. 80% coverage of MARPs will have a tremendous effect on the epidemics significantly reducing HIV rates.

Michel Kazatchkine – raised question regarding Biennial Collaborative Agreement (BCA) with WHO, source of funding and its mechanism of functioning.

Rusudan Klimiashvili – stated that BCA represented the agreement between MoLHSA of Georgia and WHO Regional Office for Europe which incorporated a list of priorities areas, including technical assistance. The main source of funding is core budget of WHO European region.

Tengiz Tsertsvadze – stated that BCA envisaged technical support and focused on better use of the sources from the GF.

Michel Kazatchkine – raised an issue of drug procurement and possible challenges that Georgia may face in terms of resetting to local procurement mechanism.

Mikheil Dolidze - noted that very clear evidence of little or even no difference between local and VPP prices existed. The country is very much familiar with different techniques of procurement that allow local procurement to be very much international and synchronized with other countries. He recalled the time when global advocacy efforts had resulted in reduction of prices of ARV drugs and urged for the same actions in terms of interferon. He mentioned that the country had achieved significant results while negotiating for interferon prices with European producers but there is still big demand for this medicine and the problem requires joint advocacy efforts. The Vice Minister pointed to the time when the GF promoted local procurement scheme in Africa and once more underlined its advantages versus VPP.

Michel Kazatchkine – stressed that the GF was not prescriptive with VPP as the fundamental principle of the GF was country ownership. He noted that the VPP had been set as a temporary mechanism for the countries that encounter difficulties with setting local procurement system and/or facing challenges with the prices of the drugs. Prof. Kazatchkine underlined that his mandate envisaged procurement of the cheapest drugs of a given quality.

Sandra E. Roelofs – assured Prof. Kazatchkine that strong advocacy and lobbying efforts aimed at rebuilding of the trust and increased confidence in the GF mechanisms would be undertaken.

Next week within the framework of the visit to Denmark she would raise this issue and bring it to the attention of the Danish Minister of Health.

The issues of quality, access and patients' rights are and will remain a special focus.

In terms of access to healthcare services a trend towards shifting to MARPs is observed. Tremendous efforts aimed at full inclusion of the population from the conflict zones into the nation-wide reforms and ensuring access to the health services will continue to be undertaken.

Mrs. Roelofs underlined importance of interventions aimed not only at fighting M/XDR TB but to all forms of Tuberculosis, pointing out the significance of DOTS interventions.

Mrs. Roelofs highlighted importance of MDGs which will be very high on her agenda.

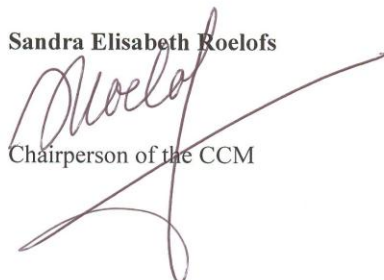
The Chairperson mentioned Health 2020 - new WHO initiative, new approach of the WHO European Region envisaging more focus on non-communicable diseases, importance of Healthy Life Style and prevention for avoiding NCDs, significance of improved Health Information System in the whole European Region including Georgia.

Finally, the Chairperson thanked attendees and the guests for their attendance and active participation and announced the meeting as closed.

Decisions:

1. To shift CCM membership for Mrs Grozdanova into membership for Mrs. Lia Tavadze.
2. Transfer ownership for assets procured within the closed grants (HIV R2 & R6, TB R6, MAL R3) to relevant SRs and SSRs.

Sandra Elisabeth Roelofs



Chairperson of the CCM

Natia Khonelidze



Administrative Assistant to the CCM