
Minutes of the 54th CCM meeting

September 9, 2011

12:30

Venue: Ministry of Labor, Health and Social Affairs, CCM Office

CCM Members:

Sandra E. Roelofs - Chairperson of the CCM;
Andrew Urushadze - Minister of Labor, Health and Social Affairs of Georgia (MoLHSA);
George Tsereteli – Deputy Chairman of the Parliament of Georgia
Irakli Giorgobiani – First Deputy Minister of Labor, Health and Social Affairs of Georgia;
Irakli Pochkhidze – First Deputy State Minister for Reintegration;
Nino Kochishvili – EU, Project Manager, on behalf of **Philip Dimitrov** - Ambassador, Head of European Union Delegation to Georgia;
David Asatiani – Ministry of Corrections and Legal Assistance (MCLA), Head of Healthcare Department;
Tengiz Tsertsvadze - Infectious Diseases, AIDS and Clinical Immunology Center, General Director;
Iagor Kalandadze - Director of the National Center for Tuberculosis and Lung Diseases;
Akaki Lochoshvili –GPIC, Executive Director;
Lia Tavadze - UNAIDS adviser;
Tamar Sirbiladze – USAID, Senior Health Advisor;
Zurab Danelia – Tanadgoma, Executive Director;
Nino Tsereteli – Tanadgoma, Executive Director;
Maia Kavtaradze - GOPA/KfW, Project Coordinator;
Rusudan Klimiashvili - WHO Country Coordinator;
David Ananiashvili - “Georgian Plus Group”, Director;
Elguja Meladze - Employers’ Association of Georgia, President;

Guests/Observers:

Fati Dzotsenidze - Board Member of Georgian National Association for Palliative Care

CCM Secretariat:

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

Agenda

12:30 – 12:40	Opening speech /remarks Mrs. Sandra E. Roelofs , Chairperson of the CCM
12:40 – 12:50	Welcome speech /remarks Mr. Andrew Urushadze , Minister of Labor, Health and Social Affairs of Georgia
12:50 – 12:55	Voting for Mrs. Fati Dzotsenidze, Board Member of Georgian National Association for Palliative Care as a new CCM member
12:55 – 13:00	Announcement on Round 11 call for Proposals launched by TGF
13:00 – 13:10	Country plans on TB country proposal to be submitted to Round 11 Mr. Iagor Kalandadze - Director of the National Center for Tuberculosis and Lung Diseases
13:10 – 13:25	Projects Implementation Status/Special condition for fulfilment of TB grant Mr. Akaki Lochoshvili - Global Projects Implementation Center, Executive Director
13:25 – 13:35	Participation of Georgian Delegation at 2011 UN General Assembly High Level Meeting on AIDS, New York, June 8-10 Mr. George Tsereteli - Deputy Chairman of the Parliament of Georgia
13:35 – 13:45	New strategic directions in fighting HIV/AIDS for 2011-2015 /Update from 6th IAS conference held in Rome, Italy, on July 17-20, 2011 Mr. Tengiz Tsertsvadze , Infectious Diseases, AIDS and Clinical Immunology Research Center, General Director
13:45 – 13:55	Information on the results of BSS study/TGF Round 6 grant Ms. Nino Tsereteli – Center for Information and Counseling on Reproductive Health “Tanadgoma”, Executive Director
13:55 – 14:15	Questions/Answers and Discussion

Sandra E. Roelofs – greeted the participants and thanked them for coming. She noted that the CCM meeting was preceded by the meeting of the Supervisory Board for Prison Healthcare Reform and highlighted the importance of the newly established Board and the issues discussed at the

session. Mrs. Roelofs introduced Mrs. Fati Dzotsenidze, representative of Georgian National Association for Palliative Care and asked Eka Iashvili to put the issues of her admission to CCM membership to vote.

Eka Iashvili – put the issue to vote.

The decision was made unanimously.

Sandra E. Roelofs – underlined the importance of broad representation of NGO sector in the CCM. Afterwards the Chairperson briefly overviewed important developments of the recent period and the plans set. She noted that the negotiations for Round 10 Tuberculosis proposal for the Program entitled “Sustaining Universal Access to Quality Diagnosis and Treatment of All Forms of TB Including M/XDR-TB” had been successfully finalized. R10 TB grant had been commenced from July 1, 2011. Then Mrs. Roelofs mentioned that Mr. George Tsereteli, Deputy Chairman of the Parliament of Georgia and Mr. Tengiz Tsertsvadze, General Director of Infectious Diseases, AIDS and Clinical Immunology Research Center had attended 2011 UN General Assembly High Level Meeting on AIDS held in New York on June 8-10, which Mr. George Tsereteli would present later. Ms. Eka Iashvili had attended the course entitled “Intervention Mapping for HIV/AIDS Prevention: Designing Theory-based and Evidenced-based Programs in Maastricht held in the Netherlands, on July 4 – July 8. Afterwards Mrs. Roelofs overviewed upcoming high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (NCDs). She noted that the President of Georgia will address the General Assembly with the speech on September 22. Mrs. Roelofs, herself will participate. A series of meeting are scheduled on the sidelines of the Assembly. Mrs. Roelofs stated that the main message of Georgian Delegation would be establishing of more horizontal approach towards NCDs. She addressed the audience with the request to come up with ideas regarding the upcoming event and the messages to be introduced. The Chairperson announced that the visit of the Office of the Inspector General is planned for September 12-30 with the purpose to conduct country diagnostic review. Georgia is ready to host this important mission and introduce the progress in the field of fighting the three diseases that has been achieved since establishment of the CCM. Finally, Mrs. Roelofs overviewed the agenda and gave the floor to Mr. Urushadze.

Andrew Urushadze – greeted the participants of the meeting. He highly emphasized that reorganization process of the PR and shifting of its status from governmental to NGO has been successfully completed and expressed the hope that Georgia will continue successful implementation of the GF grants. He highly emphasized the importance of upcoming high-level meeting of the General Assembly on the prevention and control of NCDs. He highlighted the significance of prevention and control of NCDs, especially of the four chronic diseases. He brought to the attention of the audience the issue specific to our country such as situation of the population of the occupied territories and stressed that despite provision of all healthcare services absence of appropriate infrastructure creates serious difficulties.

Sandra E. Roelofs – added that she herself and Ms Eka Iashvili will visit the region of Adjara for September 16. The purpose of the visit is to inspect on site the current situation regarding the premises of the Infectious Disease Hospital. In case the decision of privatization of the Hospital is taken by the Government despite the presented arguments to sustain the profile of the Hospital the proper alternative option should be offered. Afterwards, Mrs. Roelofs stated that she will attend the sixty-first session of the WHO Regional Committee for Europe (Baku, Azerbaijan, 12–15 September 2011). The delegates from 53 countries will participate at the event. The meeting with

Ms. Zhuzsana Jakab, WHO Regional Director for Europe as well as with the heads of the delegations from different countries will be held within the framework of the event. Afterwards, Mrs. Roelofs gave the floor to Mr. Akaki Lochoshvili.

Akaki Lochoshvili - announced the outcomes of HIV and TB proposal concepts submission that had been communicated to CCM members earlier. TRP has allowed Georgia an exemption to the Recent Funding Rule in terms of TB proposal. That means that Georgia is entitled to submit TB proposal for Round 11. Unfortunately, HIV proposal has been deemed not receivable. Mr. Lochoshvili stated that the meeting with MSF, an NGO with long experience of operating in Abkhazia, was held and they pledged their support in development of the proposal. Afterwards, he stated that grant negotiations for HIV/AIDS R 10 grant is still underway.

Zurab Danelia – stated that they also had a meeting with MSF and as they are going to phase out from the region from 2012 a lot of activities will be executed by “Tanadgoma”

Akaki Lochoshvili – stated that they had a meeting with the representatives of the Office of the State Minister for Reintegration and with support of the CCM and the Ministry of Health Georgia is ready to launch Methadone Treatment Program in Abkhazia. This information had been communicated to Abkhazian de facto authorities and their response is anticipated.

Nino Kochishvili – noted that within the EU project the rehabilitation of the healthcare facilities is planned. The meeting with the MSF and representatives from the Office of the State Minister for Reintegration had been held.

Irakli Porckhidze – urged the audience for more coordination and information exchange with regard to the activities undertaken in the occupied region of Abkhazia. He reiterated the importance of the healthcare field in the state strategy towards occupied territories.

Andrew Urushadze – referred to the issue raised by Ms. Nino Kochishvili and stated that geographic coverage should be clearly defined.

Zurab Danelia – stated that as the SR of the GF's projects, implementing Needle exchange program and ARV treatment in Abkhazia the organization has always had a close cooperation with the Office of the State Minister for Reintegration. In addition the project "Supporting Capacity Building for Provision of Breast and Cervical Cancer Prevention and Early Detection Services in Abkhazia, Georgia" (Coherm/UNFPA) and the project "HIV/AIDS, Hepatitis B and C and STIs Prevention in Abkhazia" (USAID/UNDP) are implemented in the region.

Andrew Urushadze – stated that the effective mechanism of coordination between the two ministries had been established and well-functioning.

Akaki Lochoshvili - shared with the audience outcomes of the visit to Adjara region where he had meetings with the heads of TB and AIDS Services and authorities of the Autonomous Republic. The main topic of discussion was consolidation of TB and AIDS services and on-going in the region hospital reform. The issues of the premises had been the main topic of discussion. The three possible options had been discussed: to locate TB and HIV services in the premises of TB hospital; to locate the consolidated services in the premises of Infectious Hospital; to locate the services in the new building. Mr. Lochoshvili noted that the premises of TB hospital (built in 1932) is amortized and thus are not capable to set-up proper infection control measures according to the standards and state

regulation requirements. The building of the Infectious Diseases Hospital which has two separate building is considered the most optimal option.

Eka Iashvili – raised the question regarding funding required for the rehabilitation of the premises and stated that 400,000 GEL is promised by the authorities of the Autonomous Republic for the rehabilitation of TB hospital. She stated that this acute issue had been discussed both with Mr. Dumbadze and Mr. Tsetskhladze. She asked Mr. Lochoshvili if reallocation of this sum is possible. The commitment of the GF to contribute in the process of rehabilitation should be clarified.

Akaki Lochoshvili – stated that, at this stage, TB grant does not give possibility to finance rehabilitation of the premises, as it is not included in the original proposal.

Afterwards he reminded to the participants that the first phase of the consolidated RCC4 and R10 TB grant # GEO-T-GPIC has been approved for 2 years with starting date 1 July 2011, ending date - 30 June 2013.

In order to align grant reporting with the appropriate fiscal year, TGF secretariat put as a special condition of the grant, to extend duration of the phase 1 and submit relevant documentation (workplan, budget revised work plan and budget, performance framework, and a procurement plan /list of health products and quantities) in form and substance satisfactory to the Global Fund, covering the period from 1 July 2011 to 31 December 2013.

The above mentioned revised documents submitted by the Principal Recipient shall be reviewed by the LFA and approved by the Global Fund through an Implementation Letter.

Mr. Lochoshvili also asked the CCM to make a decision regarding assets, which were procured with already closed grant TB R4. He proposed to transfer ownership for these assets to the SR, National Center of TB and Lung diseases

Mr. Lochoshvili asked the audience to make a decision on these particular issues.

Eka Iashvili – put the issue to vote.

The decision was made unanimously

Akaki Lochoshvili – overviewed the projects implementation status, tenders and procurement process. He stated that the reorganization process has been completed successfully. The newly established entity has undergone a series of assessments. Operational manual has been developed; an advisory board has been established.

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

Tengiz Tsertsvadze – reviewed the outcomes of HIV proposal concept submission. Following the assessment TRP found that the applicant had not sufficiently demonstrated that the planned interventions correspond to new technical guidance requiring significant investment. Moreover as it was stated the referenced UNAIDS 2011-2015 Strategy did not constitute new guidance. Mr. Tsertsvadze strongly opposed such interpretations. As for the issue of the reprogramming of existing funding he noted that the projects are implemented in their due course and reprogramming at this stage can negatively affect their performance. Mr. Tsertsvadze reiterated the significance of proposed interventions and stated that resources for their implementation should be found.

Akaki Lochoshvili – stated that this issue can be discussed later on when possible savings will give more precise insight of the funds available.

Sandra E. Roelofs – noted that in terms of budget planning the existing gaps should be identified at this stage.

Andrew Urushadze – stated that principle of reservation of the funds will be used in the planned budget for next fiscal year.

Akaki Lochoshvili – stated that stock out is not envisaged in terms of HIV drugs. Some problems are anticipated with regard to TB drugs, particularly of Capreomycin due to its shortage on the global market.

Iagor Kalandadze – noted that according to the latest recommendation of WHO its analogue, Kanamycin can be used for treatment of DR TB.

Akaki Lochoshvili – noted that resistance to kanamycin is quite high in Georgia as it was widely used before, and full replacement of injectable agent with Km is not advisable.

Sandra E. Roelofs – gave the floor to **Mr. Kalandadze**

Iagor Kalandadze – stated with great satisfaction that following application for exemption from recent funding rule submitted to the GF Georgia was granted with the right to participate in R 11 with regard to TB component and highly emphasized the importance of this decision for the country. TB proposal concept submitted to the GF included geographic coverage different from the most recent proposal approved by the Board, namely the region of Abkhazia. He stated that the process of development of the proposal will be conducted in close collaboration with the Office of the State Minister for Reintegration, NGOs, civil society.

Mr. Kalandadze underlined the importance of implementing in the breakaway region of Abkhazia TB control mechanisms that are in full compliance with WHO and International standards.

He stated that WHO Europe TB monitoring mission jointly with MSF visited Abkhazia and assessed TB epidemiological situation in the region in early July.

Afterwards he referred to the Consolidated Action Plan to Prevent and Combat M/XDR TB in WHO European Region 2011-2015 which had been discussed, finalized and endorsed at 2011 Wolfheze Workshop (the Hague, May 25-27, 2011) and will be presented at the sixty-first session of the WHO Regional Committee for Europe (Baku, Azerbaijan, 12-15 September 2011). The rapporteur boldly noted that Georgia had already reached universal access to treatment and diagnosis of M/XDR TB and rapid diagnostic test had been already used.

Rusudan Klimiashvili – stated that Mr. Iagor Kalandadze had been admitted to the membership of GLC/Europe for 2011-2013. GLC/Europe functions as an advisory committee to the WHO Regional Office for Europe, to the Member States of the WHO European Region, donor agencies and partners.

David Ananiashvili – stated that “Georgian Plus Group” as the member of Eastern European Central Asian Network of PLHA will be participating in the development of R11 HIV proposal.

Sandra E. Roelofs – stated that Mr. Michel Sidibé, Executive Director of the UNAIDS will be visiting Georgia and asked Ms. Lia Tavadze if the dates of the visit had been defined.

Lia Tavadze – responded that details are being elaborated and the dates will be defined based on the principle of appropriateness for both sides.

Sandra E. Roelofs – gave the floor to **Mr. Tsereteli**

George Tsereteli - highly emphasized the importance of UN General Assembly and considered it to be the highest political tribune. He briefly overviewed participation of Georgian Delegation at 2011 UN General Assembly High Level Meeting on AIDS held in New York on June 8-10, 2011. He stated that he himself was present at General Assembly as the Head of Georgian Delegation and in the capacity of the President of European Parliamentarian Forum on Population and Development. Mr. Tsereteli stated that series of the meetings had been held on the sidelines of the Assembly and specially highlighted the meetings with Mrs. Michelle Bachelet, the Head of UN Women and Dr. Batabunde Osotimehin, Executive Director of UNFPA. The rapporteur stated that Mrs. Bachelet and Dr. Osotimehin had been invited to visit Georgia. Afterwards, Mr. Tsereteli focused on the statement presented by him on behalf of Georgian Delegation. The following issues had been highlighted: progress made and existing problems and financial constraints, effective mechanisms that are in place, provision of the healthcare services in the occupied region. Role of Mrs. Roelofs as the Chair of Country Coordinating Mechanism and WHO Goodwill Ambassador had been highlighted. Mr. Tsereteli thanked Mr. Tsertsvadze for participation at the event and his invaluable contribution to the development of the statement.

Tengiz Tsertsvadze – underlined the great interest to the statement of Georgian Delegation from the participants of the General Assembly. He highly emphasized its importance and referred to the statement of Mrs. Roelofs made at last year General Assembly and the positive feedback from the participants.

Sandra E. Roelofs – gave the floor to **Mr. Tsertsvadze** for presenting major outcomes of the 6th IAS conference.

Tengiz Tsertsvadze – presented to the audience new strategic directions in fighting HIV/AIDS for 2011-2015 according to the materials of 6th IAS conference (Rome, Italy, July 17-20, 2011)

The rapporteur stated that the main goal of the modern strategy is achieving MDG 6. Taking into account appointment of Mrs. Roelofs as WHO Goodwill Ambassador for Health-related MDGs Georgia has increased responsibilities for attaining MDGs. The main strategy for achieving this goal is Early Detection and Treatment. Afterwards, Prof. Tsertsvadze introduced modern global strategies and initiatives as follows: 2011 UN Political Declaration on HIV/AIDS; UNAIDS 2011-2015 Strategy “Getting to Zero; WHO Global Health Sector Strategy on HIV/AIDS for 2011-2015”; European Action Plan for HIV/AIDS 2012-2015 (to be adopted at the sixty-first WHO Regional Committee for Europe). The global vision of all listed strategies can be summarized as: zero new HIV-infections, zero AIDS-related deaths, zero discrimination.

Sandra E. Roelofs - raised the question regarding Georgia 2011-2016 HIV/AIDS National Strategic Plan and its inter-relation with modern global strategies. The Chairperson underlined Georgia's pioneering role in identifying and introducing new strategies and innovative approaches.

Tengiz Tsertsvadze – presented detailed description of European Action Plan for HIV/AIDS. The main strategic directions were introduced as follows: strategic direction 1 - optimize HIV prevention, diagnosis, treatment and care outcomes; strategic direction 2 - leverage broader health

outcomes through HIV responses; strategic direction 3 - build strong and sustainable systems; strategic direction 4 - reduce vulnerability and remove structural barriers to accessing services.

Then the rapporteur outlined main objectives and priority areas of each strategic direction.

The target for the WHO European Region by 2015 arising from strategic direction 1 represents the following – more than 90% of individuals in key populations at higher risk and more than 95% of pregnant women and exposed infants will have been tested and know their results. Other targets for 2015: to reduce the number of new HIV infections acquired through injecting drugs by 50%; to reduce the number of new HIV infections acquired through sexual transmission by 50%; to eliminate vertical transmission of HIV; to eliminate transmission of HIV in healthcare settings; universal access to ARV treatment; to reduce AIDS-related death by 25% (comparing with 2009)

The targets for the WHO European Region by 2015 arising from strategic direction 2 represent the following – to reduce the number of death from Tuberculosis among people living HIV by 50%; to reduce the burden of HIV and viral hepatitis co-infection by 50%. Prof. Tsertsvadze underlined the issue of HIV and viral hepatitis co-infection and stated that Georgia two years ago put this issue to the agenda which was supported by Mrs. Roelofs and currently the GF funded HIV and viral hepatitis program will be launched. Other target introduced – to strengthen linkages between AIDS service and other services. Strategic direction 3 envisages strengthening of healthcare system. Strategic direction 4 encompasses strengthening of involvement of civil society in the HIV response, elimination of stigma and discrimination.

While discussing the issue of early treatment Mr. Tsertsvadze presented a newly established slogan “Treatment as prevention” and introduced an abstract from the report of Mr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health. Mr. Fauci had highly prioritized the significance of treatment that can serve as prevention among other preventive mechanisms. The rapporteur introduced evidences of positive impact of initiation of ARV treatment at earlier stage and stated that the latter reduces risk of sexual transmission of HIV by 96%. Afterwards, Prof. Tsertsvadze presented official recommendations such as: early ARV treatment of serodiscordant couples (recommendation from Europe Action Plan); post-exposure prophylaxis (recommendation from Europe Action Plan) and the following forthcoming recommendation: early ARV treatment of all HIV-infected individuals. Prof. Tsertsvadze specified the achievement reached in Georgia as follows: establishment of one AIDS and TB national coordinating authority - CCM, adoption of a new law on AIDS, modern surveillance system, universal access to ARV treatment, universal access to PMTCT, methadone substitution therapy among MARPs (needs to be scaled-up), close collaboration between AIDS and TB services, close collaboration between AIDS service and National Screening Centre, involvement of civil society into HIV response. The rapporteur specified the following areas that should be addressed: expansion of preventive interventions among MARPs with coverage of >80% at least. The corresponding amendment should be done in Georgia 2011-2016 HIV/AIDS National Strategic Plan; increase of domestic funding, introducing of early treatment.

Nino Tsereteli – presented to the audience information on the results of BSS study conducted in 2010 within the framework of the component of TGF Round 6 grant “Establishment of evidence base for national HIV/AIDS program by strengthening of HIV/AIDS surveillance system in the country” implemented by Curatio International Foundation, Tanadgoma and Infectious Diseases, AIDS and Clinical Immunology Research Center.

The objective of the study was to measure the prevalence of HIV and other STIs (Hepatitis B and C, Syphilis, Chlamydia, Herpes type-2 virus) among MSM, to provide measurements of key HIV risk behaviours and to generate evidence for advocacy and policy-making.

The study employed a cross-sectional design and a respondent-driven sampling methodology (RDS). The study protocol and questionnaires were approved by the Ethics Review Committee of the HIV/AIDS Patients Support Foundation. The sample size of 278 respondents was reached. The behavioural component encompassed filling out of the questionnaires, the Biomarker component involved the analyses of blood specimens for HIV, Syphilis, Hepatitis B (HBV), Hepatitis C (HCV), Chlamydia and Herpes simplex virus type 2 (HSV-2). Main findings of the study: 1) HIV infection among MSM has reached 6.4% in Tbilisi. Active syphilis was found in 12.9% of the respondents, the prevalence of Herpes infection (HSV2) reached 32%, of Hepatitis B - 4.3% and Hepatitis C - 17.3%; 2) Risky sexual practices are quite widespread among MSM. High risk practices with male partners among MSM with bisexual activity indicate on potential bridging role of MSM in HIV transmission among general population; 3) Knowledge about STIs is quite high among MSM, but STI testing is very low. There is inadequate awareness of the availability of confidential HIV testing leading to an alarmingly low HIV testing practice. Coverage by preventive programs is very low among this high risk group. The recommendations of the study were specified as follows: 1) Increasing the coverage of this particular segment of MSM population by preventive interventions aimed at risk reduction; 2) Studying and reaching other segments of MSM (with a higher socio-economic background) through implementing different approaches and methods, such as internet-based interventions; 3) Focusing on reducing HIV-associated, as well as homosexuality-associated stigma and discrimination; 4) Investigating any interesting tendencies revealed through the survey, e.g.: factors underlining different patterns of condom use with female and male partners; injecting drug use patterns in this group, etc; 5) Conducting non-coercive, anonymous, ethical and systematic surveillance of MSM, of both behavioural and selected biological markers, in order to monitor the prevalence dynamics of HIV infection and other STIs.

Sandra E. Roelofs – thanked members and observers for their attendance and active participation and announced the meeting as closed.

Decisions:

1. To admit to CCM Membership Mrs. Fati Dzotsenidze, Board Member of Georgian National Association for Palliative Care;
2. To approve Special Condition of the consolidated RCC4 and R10 TB grant # GEO-T-GPIC, to extend duration of the phase 1 and submit relevant documentation in form and substance satisfactory to the Global Fund, covering the period from 1 July 2011 to 31 December 2013
3. To transfer assets procured with already closed grant TB R4 to the National Center of TB and Lung diseases

Sandra Elisabeth Roelofs

Chairperson of the CCM

Natia Khonelidze

Administrative Assistant to the CCM