

Minutes of the 60th CCM meeting

November 1, 2012

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

CCM Members:

Sandra E. Roelofs - Chairperson of the CCM;

David Sergeenko- Minister of Labor, Health and Social Affairs of Georgia (MoLHSA);

Archimandrite Adam – Vakhtang Akhaladze – Patriarchate, Head of Public Health Department;

Nino Kochishvili – on behalf of **Mr.Philip Dimitrov**, Head of EU Delegation to Georgia;

ZurabVadachkoria – Rector of Tbilisi State Medical University;

Koba Khabazi – Former TB Patient;

David Asatiani – Ministry of Corrections and Legal Assistance (MCLA), Head of Medical Department;

Tengiz Tsertsvadze - Infectious Diseases, AIDS and Clinical Immunology Center, General Director;

Mamuka Japaridze - Director of National Center for Tuberculosis and Lung Diseases;

Khatuna Todadze - Research Institute on Addiction, Deputy General Director;

Akaki Lochoshvili –GPIC, Executive Director;

Lia Tavadze - UNAIDS adviser;

Tamar Sirbiladze – USAID, Senior Health Advisor;

Tamar Gabunia – USAID Tuberculosis Prevention Project, Chief of Party

Zurab Danelia -"TANADGOMA", the Union of Victims of the Conflict in Abkhazia, Executive Director;

Nino Tsereteli - Center for Information and Counselling on Reproductive Health TANADGOMA, Executive Director;

David Ananiashvili - “Georgian Plus Group”, Director;

Elguja Meladze- Employers’ Association of Georgia, President;

Fati Dzotsenidze–Georgian National Association for Palliative Care, Board Member

Guests/Observers:

Amiran Gamkrelidze – WHO Country Programme Coordinator

Marika Gogvadze – Local Fund Agent, Team leader

CCM Secretariat:

Eka Iashvili - HIV/AIDS Technical Consultant;

Natia Khonelidze – Administrative Assistant

Agenda

11:00 – 11:10	Opening speech /remarks Mrs. Sandra E. Roelofs , Chairperson of the CCM
11:10 – 11:25	Welcome speech /remarks Mr. David Sergeenko , Minister of Labor, Health and Social Affairs Mr. Amiran Gamkrelidze - WHO Country Programme Coordinator
11:25 – 11:35	Introduction and election of the CCM Vice-Chair/s
11:35 – 11:55	Overview and scope of activities of the CCM Mrs. Sandra E. Roelofs , Chairperson of the CCM
11:55 – 12:10	Projects Implementation Status Mr. Akaki Lochoshvili - GPIC, Executive Director
12:10 – 12:20	Development of National Tuberculosis Strategy and Action Plan for 2013-2015/current status Ms. Tamar Gabunia - Chief of Party, USAID Georgia Tuberculosis Prevention Project, head of working group
12:20 – 12:30	Questions/Answers and Discussion

Sandra E. Roelofs – greeted the participants and thanked them for attending. The Chairperson specially greeted Mr. David Sergeenko, the newly appointed Minister of Labor, Health and Social Affairs. In light of the formation of a new Government the Chairperson stated that it is a matter of high importance to continue working and cooperate productively in the best interest of our population within the framework of the CCM, Reproductive Health Council. Mrs. Roelofs noted that appointment of the new Minister may imply significant changes in the field of healthcare system and Mr. Sergeenko and Mr. Gamkrelidze will be given the floor to brief the audience on possible impact of the planned changes on the fields of the CCM work. Afterwards the Chairperson referred to the issue of electing the CCM Vice-Chair and noted that traditionally this position is held by the Minister of Health though the CCM ToR envisages the possibility of selecting any other member of the CCM. Mrs. Roelofs briefly overviewed the activities, functions and the structure of the CCM starting from its establishment. She noted that the successful format of the CCM ensuring the most efficient way for coordinating activities between the donors, beneficiaries, the Ministry of Health and other stakeholders became a momentum for creating the same structure such as National Reproductive Health Council. Finally Mrs. Roelofs overviewed the agenda and gave the floor to **Mr. David Sergeenko**.

David Sergeenko – greeted the participants of the meeting. He stated that it is a great honor for him to meet with the people presented at the meeting and to be involved in the important work of the CCM. He expressed hope that cooperation with the CCM members will be productive and the successful implementation of the ongoing projects will be continued. He noted that it is very difficult and even impossible to sort out the priority directions in the field of healthcare and the priority should be defined according to current circumstances and to those directions that set long-run prospects. Mr. Sergeenko highlighted that the CCM exactly sets such prospects and the activities envisaged by the CCM will remain priority directions for the Ministry of Health. Finally he stated that he would be glad to accept the nice chairmanship and take the advice from the CCM in order to add more efficiency to the joint activities.

Sandra E. Roelofs – gave the floor to **Mr. Amiran Gamkrelidze**.

Amiran Gamkrelidze – thanked the Chairperson for inviting him to the CCM Session. He stated that he would continue holding his position at the WHO until the end of January, 2013. Mr. Gamkrelidze noted that as it is well known he has been offered the position of the Senior Advisor on healthcare issues to the Prime Minister. Mr. Gamkrelidze underlined that he will continue advocating the implementation of the WHO policy in the country. Afterwards he referred to the Sixty Second Session of the WHO Regional Committee for Europe held in Malta on September 10-13 and underlined the importance of the strategy “Health 2020”. Mr. Gamkrelidze stressed that the document should be better advocated in the country. He noted that he was the very first Chair of the CCM and he will continue to be actively involved in its work irrespectively of the position he will be holding. He underlined the paramount importance of the activities performed by the CCM in terms of fighting the three diseases. He stated that malaria has been eradicated in the country. Mr. Gamkrelidze mentioned that the challenges still exist (e.g proper infrastructure for AIDS services). He thanked the Chairperson for offering him a position of a Vice-Chair and once more confirmed his general readiness to support the CCM in all its endeavors and his commitment to be the part of the CCM independent of the status and the position offered to him.

Sandra E. Roelofs – raised an issue of electing **Mr. David Sergeenko, Minister of Labor, Health and Social Affairs** as a CCM Vice-Chair to vote.

Comment: None of the presented CCM Members declared a presence of a conflict of interest. The conflict of interest forms were signed.

Mr. David Sergeenko was elected unanimously as a Vice-Chair of the CCM.

Sandra E. Roelofs – briefly presented to the CCM Vice-Chair and the attendees the spheres of her involvement in the Georgian health care sector. At the beginning of the presentation the Chairperson presented to the audience the UN Millennium Development Goals. Afterwards the Chairperson described her responsibilities in the various healthcare fields such as: Chairmanship of the CCM; Chairmanship of the National Reproductive Health Council; Establishment and leadership of Humanitarian Organization SOCO; Inception of the initiative “Don’t Worry, be Healthy”, WHO Goodwill Ambassadorship, Initiation and leadership of “The Black Sea Countries Coalition on Breast and Cervical Cancer Prevention”. Mrs. Roelofs has initiated launch of the screening program that had been scaled up and reached the whole territory of Georgia. Moreover, the further expansion of the program is planned. Being herself a nurse Mrs. Roelofs established a Nursing Council which has a broad range of activities including promotion of the profession which is extremely important in terms of deficit of Human Resources. Afterwards the Chairperson presented initiated (and/or supported by her) health projects: Palliative Care (hospice and home-based); Prenatal Screening for pregnancies at risk; National Screening breast and cervical cancer; Black Sea Countries’ Coalition for Prevention of Breast and Cervical Cancer; Pathologic Center; Alliance for Rare Diseases established at the branch of SOCO Foundation; MEDEA. While speaking of the Pathologic Center Mrs. Roelofs underlined the importance of currently ongoing construction of the Pathologic Center which will encompass education, laboratory services, research and quality control. Thus the needed services will be provided with domestic resources. The Center might become a Regional Center that will cover the need of the population of Azerbaijan and Armenia is planned. While speaking of rare diseases Mrs. Roelofs underlined that construction of the Rehabilitation Center is planned for 2013. The Chairperson focused on the MEDEA and stated that the initiative is aimed at strengthening the bonds with Georgian healthcare professionals working abroad. The first Georgian - American Conference “MEDEA 2011” had been held in Washington in February 2011. The second conference MEDEA 2012 was held in Batumi in June 2012. In addition to health care professionals working in the United States who had been presented at the first conference MEDEA 2012 brought together healthcare professionals from Europe, South Africa and regions of Georgia as well as private investors. Afterwards the Chairperson overviewed the initiative “Don’t Worry, be Healthy” which is mainly aimed at promotion of healthy life style, physical activity, hygiene, healthy nutrition, environment protection and road safety, tolerance and fighting with stigma. Campaign puppet characters Nika and Nutsa are providing the broad audience with the Campaign’s messages in a playful way. Mrs. Roelofs got back to the MDGs and highlighted four of them (MDG 1, MDG 4, MDG 5 and MDG 6). While speaking of MDG 1 (eradicate extreme poverty and hunger) the Chairperson stressed the important role of the Ministry of Health. She referred to the issue of providing support to socially vulnerable population and stated that the mechanism of assigning the families with rating score had been significantly improved. Though the possible mechanisms of further improvement can be considered. Providing disabled people with support should be among the priorities. Besides the institution of social workers needs further strengthening. The state financed insurance program plays a great role in providing the population with needed medical assistance. In light of MDG 4 (reduction of infant mortality) Mrs. Roelofs stated that immunization program for the children (0-5 years) is implemented quite successfully though constant reminding of its importance to the society is still needed. Afterwards the Chairperson noted that neonatal mortality is mainly associated with risky pregnancies thus an effective referral system should be in place. The statistic data on maternal mortality (MDG 5) had been significantly improved over the

last decade as well. The following statistic data were presented to the attention of the attendees: maternal mortality ratio per 100,000 live births – 49 and 19 in 2000 and 2010 respectively. Children mortality ratio per 1,000 live births – 21 and 12 in 2000 and 2010 respectively. Mrs. Roelofs noted that despite decrease in mortality ratio the figures are still high especially in comparison with other countries and adequate measures should be taken for achieving better results. While speaking of infectious diseases (MDG 6) Mrs. Roelofs considered proper control of Tuberculosis (especially Resistant TB) to be the high priority and noted that TB notification rate is especially high among prison population (21% of the nation's TB cases in 2011 were reported from prisons). Approximately 80 TB related deaths are reported annually in the prison system. Mrs. Roelofs noted that response to HIV/AIDS is effective and significant increase of HIV cases is not observed. Estimated number of HIV infected persons is 5,000. 423 new cases are reported this year. The Chairperson brought to the attention of the audience the current situation with regard to Hepatitis and HIV/Hepatitis C co-infection. A special research aiming at revealing prevalence of the Hepatitis C among prison population had been conducted. The CCM had reacted adequately to the results of the research. Currently in the penitentiary system 550 HIV/Hepatitis C co-infected patients are receiving the treatment under the GF grant. Mrs. Roelofs mentioned that proper control of infectious diseases among prison population is an especially acute issue. The Chairperson underlined that integration of penitentiary healthcare with the healthcare of civil sector is planned by the end of 2013. She stressed the importance of effective coordination for patients between the prison and civilian health sectors. Finally Mrs. Roelofs opened the floor for comments and remarks.

Zurab Danelia – briefly outlined the projects implemented by the organization he presents in the region of Abkhazia. He noted that the activities of working group on Hepatitis C should be resumed due to the acuteness of the problem.

Sandra E. Roelofs – underlined the importance of Harm Reduction activities. The Chairperson overviewed the implementation of methadone substitution therapy in penitentiary and civilian sectors, VCTs and syringe exchange program, coverage of IDUs with adequate services and expressed the hope that the new grant would intensify and expand these HR activities.

Khatuna Todadze – noted that cumulative number of the beneficiaries of the Methadone program in penitentiary system is equal to 100 per year.

Tengiz Tsertsvadze – greeted the audience and the Minister and brought to the attention of the audience the following issues. He reported that the cases of termination of the treatment and hunger strike among the prisoners affected with HIV/AIDS were observed in some of penitentiary establishments. Mr. Tsertsvadze added that this turbulence is not connected with quality of the services provided as they are of high quality and are equal to European standards. Moreover the inmates do not have the claims with this regard and their demand is release from prison. Mr. Tsertsvadze explained that the current legislation stipulates the condition of the release such as category C, end-stage of the disease. Mr. Tsertsvadze noted that he himself explained to the patients

that he and his colleagues are not relevant persons to follow up this issue. Nevertheless he specified two possible ways of solution of the problem: to make corresponding amendments to the current legislation; to give a thorough explanation of current legislation to the inmates.

David Sergeenko – responded to the issue raised by Prof. Tsertsvadze and offered to present the initiative accompanied with international experience to the Ministry.

Tengiz Tsertsvadze - raised an issue of providing the population of Abkhazia with adequate HIV/AIDS services that has always enjoyed high priority for the previous government. He stressed that ethnic Abkhazians had received AIDS treatment in Tbilisi despite the fact that they were offered free of charge services in the territory of Russia. With support of the Global Fund treatment and care capacities have been developed in the region of Abkhazia. Moreover taking into consideration the high priority of the issue the government had given free of charge referral services to the residents of the region. Prof. Tsertsvadze stressed the importance of the issue and noted that out-patient services are still available for the residents of the region but that provision of in-patients services is under question.

David Sergeenko – noted that similar to the first issue raised by Mr. Tsertsvadze the initiative should be submitted to the MoH.

Zurab Danelia – shared the frustration of the Abkhazian side with regard to providing methadone treatment to the residents of Abkhazia and stated that his organization will address the Ministry with a letter outlining the problems that emerged recently. He mentioned that the number of patients from Abkhazia had significantly decreased.

It was boldly noted that the residents travelling from Abkhazia should continue to have access to the services (ARV treatment and methadone treatment).

David Sergeenko – commented that all previous regulations are valid until their amendments or cancellation and to his knowledge such had not been done. He addressed Mr. Danelia with request to present to the Ministry his initiative and the acting agreement. The Minister stressed that the tactical goal of the first priority is to sustain and further scale-up current activities.

Khatuna Todadze – explained that the problem mainly concerns beneficiaries of the State funded methadone program in the regions (Zugdidi) where the GF projects are not in place. She noted that the residents of Abkhazia refrained to travel to Tbilisi due to recent change of government though they can still come and receive the same services.

Sandra E. Roelofs – underlined the importance of the discussed issues. The Chairperson noted that she herself in early October had been contacted and asked on the sustainability of her different healthcare projects. She expressed hope that during budgetary discussions planned for November all these issues would be taken into considerations and activities would be sustained and even expanded.

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

Akaki Lochoshvili – described in details a Special Consultation on the Global Fund Business Model, including the New Funding Model (NFM), held in Geneva on 29-30 October. Approval of NFM is planned at the upcoming 28th Global Fund Board Meeting. He presented to the audience the aspects of the New Funding Model and the implications they will have for the country. Within the NFM the Global Fund establishes groups of countries (Country Bands) based on GNI per capital and disease burden. Country funding is apportioned in two ways: 1) through a specific funding range for each country, devised by a formula based on disease burden and co-financing “Core Funding”. 2) through so called “Incentive funding” that will be used to establish a funding stream to incentivize high impact, well-performing programs and submission of robust applications and will be the

subject of further competitiveness for the countries within the Bands. He focused on the principles (disease burden and co-financing) for determining Country Bands and expressed his concerns with regard to formula used. The disease burden for Tuberculosis is calculated in absolute numbers. Thus Georgia is not anticipated to be determined as the country with high disease burden and will be placed in the 4th band of countries so-called "Target pool" (Higher-income, Lower-burden) which incorporates 60 countries. The funds that will be allocated for afore-mention band is equal to 10% of all GF funds. In total the funds will be apportioned between diseases based on "Historical disease split": 52% for HIV/AIDS, 16% for Tuberculosis and 32% for Malaria. The New Funding Model will be piloting for some countries in 2013 and starting from 2014 it will be used in full-scale range.

Amiran Gamkrelidze – raised a question about the country's prospects with regard to financing from the Global Fund.

Akaki Lochoshvili – responded that the funding of the grants of some recipient-countries, particularly for countries in "Target pool" will be reduced. Afterwards he referred to the issue of the conducting of an external evaluation of the HIV program and noted that the experts are not identified by the GF yet and this factor and the requirement to conduct an evaluation itself which had not been identified as a mandatory requirement for the original Request for Renewal will considerably jeopardize timely submission of the revised request for continued funding of GEO - H-GPIC grant. He stated that the discussion regarding the renovation of the national AIDS Center had been held in Geneva with Mr. Nicolas Cantau and Ms Elena Zaytseva. It was boldly noted that the Conditions regarding the AIDS Center is fulfilled by the PR though the GF does not deem the Condition fulfilled until it is thoroughly reviewed and approved from the GF side. Mr. Lochoshvili mentioned that the Secretariat had promised to send an external expert/s to evaluate the bill of quantities for renovation by the end of December. After completion of the evaluation the decision on renovation of the AIDS Center will be made by the GF. The rapporteur shared with the audience his frustrations with regard to possible decision and stated that according to the trends observed in the GF there is a risk that funds allocated for the renovation will be withdrawn or significantly reduced. Moreover, the funds originally allocated for the procurement of the health equipment for AIDS Center may be withdrawn or reduced. He noted that in the region the GF inclines to be focused on the concentrated epidemics and MARPs gradually handing over the treatment component to the government. Mr. Lochoshvili declared that in light of afore-mentioned threats a strategic decision with regard to the significant increase of the government's contribution to the renovation of the AIDS Center should be taken. He stated that he had meetings with the top management of the secretariat and the representatives of the OIG on the sidelines of the Special Consultations in Geneva. Mr. Lochoshvili noted that endless work of the OIG jeopardizes the future financing of the country. In terms of afore-mentioned he had requested a meeting with Mr. John Parsons, Inspector General to be held if possible within the framework of the meeting of the Audit and Ethics Committee (AEC) and stated that the meeting will be convened on November 11, 2012. The rapporteur stated that PR's performance rate had increased and represents B1 for HIV/AIDS and TB grants and is expected to be A1 for Malaria grant. Afterwards Mr. Lochoshvili referred to the issue of second line anti-TB and ARV drugs and stated that the Commission issuing the permission for import of non-registered drugs is not operational any more. It is highly recommended to amend the order of the Minister of Health to prevent deficiency of TB (second line) and ARV drugs. Mr. Lochoshvili stated that as it was declared the new government will be oriented towards further liberalization of the drug legislation. In line with afore-mentioned the full package of the amendments has been prepared and is ready to be submitted to one of the nearest meeting of the parliamentary commission in case of political commitment. He responded to the question of Ms. Nino Tsereteli and noted that the revised proposal to be submitted to the GF will be based on the

results of an external HIV program evaluation irrespectively of the quality of the work conducted. Afterwards he stated that the GF is finalizing the review of the 6th version of the Operational Manual (OM) and it will be approved shortly. He responded to the question of the audience with regard to possible stock-out of the drugs and stated that the GF promised that such eventuality will not happen. Mr. Lochoshvili briefly overviewed the issues envisaged by the agenda of the 28th BMM and noted that an Executive Director will be selected during the meeting. He declared that Mrs. Roelofs in her capacity of Alternate Board Member will attend the meeting herself. Finally the rapporteur noted that receiving applications for the position of the GF Board Chair had been completed. Mr. Viorel Soltan, Chair of the Finance and Operational Performance Committee (FOPC) is among the candidacies for the position from our constituency.

Sandra E. Roelofs – asked to keep her posted on all developments with regard to anti-TB medicines.

Amiran Gamkrelidze – noted that the GF funding issues are such that government should come up with elaborated Plan of Action.

It was noted during the discussion that the CCM can submit to the Government as a recommendation Budgetary Strategy for TB and HIV/AIDS.

Eka Iashvili – referred to the issue of the GF's request to suggest alternative PR-ship modalities.

It was decided to thoroughly discuss the issue at the next CCM meeting. Meanwhile the CCM Secretariat was assigned: to prepare a text of announcement for call of interest for PR position, to elaborate the evaluation forms for potential candidate-organisations. The eligibility criteria should ensure wide participation of potential organizations and should be based on the criteria envisaged by PR Minimum Required Capacities (LFA Guidelines for PR assessment, March, 2011). The priority will be given to the criteria that have a vivid importance in assessing organization's capacity for implementing the GF's grants.

Sandra E. Roelofs – gave the floor to **Ms. Tamar Gabunia**.

Tamar Gabunia – stated that by the initiative of Mrs. Sandra E. Roelofs and the Ministry of Health the elaboration of the National TB Strategy and Action Plan had been launched. The working group coordinated technically by the USAID's Georgia Tuberculosis Prevention Project (TPP) and comprises local and international experts, representatives of the GF funded project, NTP, etc. She stated that NTP should be an integral part of the fundamental healthcare reforms ongoing in the country and this notion had been specially emphasized during the WHO Regional Workshop on National Strategic Planning for TB Control (Moldova, October 8-11). The more proactive role of the private sector in delivering of TB services had been discussed during the meeting. Afterwards she presented the main stages of the process of elaboration of TB strategic documents as follows. At the given time the situation analysis had been conducted. Based on the situation analysis strategic priorities and principles of the Strategy had been identified. The first draft of the Strategy document has been developed. The second draft of the Strategy will be developed by the end of November. After that the Action plan (including budget) will be elaborated. Afterwards the rapporteur presented the main epidemiological data which will serve as a basis for the National Strategy Document. According to the latest WHO data Georgia is among 18 high priority countries for TB and among 27 high MDR TB burden countries. The current status of TB control and existing challenges that have been revealed by the Situation Analysis were presented as follows: passive role of the PHC; high

rate of treatment default; 100% dependence on GF for drugs; need for further improvement of drug management; necessity to increase involvement of professional associations; further improvement of Infection Control measures; high level of stigma. The rapporteur presented the results of the TB KAP (Knowledge, Attitude and Practice) Survey conducted by the TPP. The survey revealed a low level of TB related knowledge among respondents (general population – students and professors, TB-infected population, health care workers, contacts of active TB cases, individuals recently released from prison, drug and alcohol abusers and patients with immunosuppressive diseases). Ms. Gabunia stated that the Strategy will be focused on maximization of potential benefits: integration of TB services into the general health facilities; expanded involvement and new functions assigned to NCDC (epidemiological surveillance), a more proactive role of the whole healthcare network, lessons learned from the GF and USAID funded projects. The rapporteur noted that the mobilization of domestic resources is very important in terms of anticipated gaps in case of reduction of donors' support. The goal of the Strategy was defined as follows: stop the spread of TB and reduce the TB burden by sustaining universal access to quality diagnosis and treatment of all forms of TB including M/XDR-TB. Afterwards Ms. Gabunia specified the following principles of the strategy: equal access, patient-focused, affordability and efficiency, public-private partnership, transparency and public involvement, adequate allocation of resources, intersectoral approach. Ms. Gabunia underlined the importance of the following two strategic areas: universal coverage of high quality of TB diagnostic services and of TB care and treatment. These two components will be used as the foundation of other strategic areas: effective governance, financing and monitoring of TB response; availability of adequate human resources at each level; prevention of TB transmission in health facilities and penitentiary establishments; empowered TB patients and communities; enhanced TB/HIV collaborative activities.

Sandra E. Roelofs – inquired if the issue of the mandatory treatment had been raised during the consultations with Ms. Sarah Royce, International Consultant.

Tamar Gabunia – responded that the issue of mandatory isolation or treatment had not been discussed so far. Though the reasons of high default rate should be investigated and the issue of the mandatory treatment will be discussed later on, if found appropriate. Ms. Gabunia underlined the importance of clear definition of roles and responsibilities and stated that the role matrix will be annexed to the strategy. In addition the strategy will be accompanied by the following annexes: Plan of Action; Monitoring and Evaluation framework; the list of operational research; the areas of technical assistance; budget. Finally, Ms. Gabunia announced that finalization of the document is planned by the middle of December, 2012.

Amiran Gamkrelidze – stated that the Strategy should be accompanied with the detailed Action Plan and added that the Strategy should be long-term document versus the one presented that covers only two year period.

Tamar Gabunia – responded that the Strategy is aimed to be a roadmap in the transition period. In addition the Stop TB Strategy ends in 2015. The work on elaboration of Action Plan is ongoing.

Amiran Gamkrelidze – commented that the World TB Strategy covers period up to 2050.

Tamar Sirbiladze - noted that the operational research aimed at revealing the reasons for high default rate will be conducted within the framework of TPP.

Mamuka Japaridze – agreed with the notion of Mr. Gamkrelidze regarding the Action Plan and stated that such plan should be endorsed at the governmental level. He emphasized the importance

of the operational research mentioned by Ms. Sirbiladze but noted that such research should be preceded by the establishment of effective monitoring system. He stated that DOT for regular TB patients should be under more strict control. Mr. Japaridze noted that incentives for MDR and sensitive TB patients should be equal to each other. He raised a question with regard to anticipated gaps in TB control in case of reduction of the GF funding and stated that the TB coordinators are financed solely by the GF.

Amiran Gamkrelidze – stated that in light of shifting of vertical system of TB Control to horizontal approach the Action plan should give a detailed description of coordination of the activities. He specially underlined that the functions and responsibilities of all stakeholders including NTP, NCDC, private sector should be clearly defined in the document. The document should be endorsed on the MoH and central governmental level. He noted that transformation of vertical system of TB control into horizontal system should have been conducted with a smooth transitional period versus rapid changes done in the country.

Tamar Sirbiladze– responded that actually not integration but collocation is happening both in terms of ambulatory services and surveillance. The latter has been a matter of discussion over the years. At the time given it can not be stated that the transformation into horizontal system has happened. The Strategy aims at ensuring a smooth transition into a horizontal system of TB control.

Archimandrite Adam – Vakhtang Akhaladze– expressed a notion of activation of the role of the Orthodox Church in responding to such acute issue as control of TB, especially in terms of knowledge and attitude. He expressed his hope that the initiative of Church will be given a due attention and the joint activities will give effective outcomes. He noted that so far the initiative of Church had not been given the due consideration and attention it deserves.

Tamar Gabunia – agreed with Archimandrite Adam and stated that the project has enough resources to support such kind of cooperation.

Tamar Sirbiladze – stated that the USAID funded project has an experience of cooperation in such format (HIV/AIDS component and drug use).

Archimandrite Adam – Vakhtang Akhaladze – stated that the activities performed so far are not sufficient and called for more active and concrete actions.

Sandra E. Roelofs – stated that Mr. Levan Sharashidze, CCM TB Consultant had highly acknowledged the role that Church can play in such issues as prevention of TB, raising knowledge etc. The Chairperson announced that Mr. Sharashidze is leaving the CCM to pursue an international career. Mrs. Roelofs introduced Ms. Eka Iashvili, HIV/AIDS consultant who will serve as a TB consultant starting from December 1, 2012 and will use her experience in this field. The job announcement for vacancy of HIV/AIDS consultant (part time, deadline for submission – November 15) had been placed on the web-site: www.jobs.ge. Mrs. Roelofs addressed the attendees with the request to share this information among relevant persons.

CCM members agreed with appointment of Ms. Iashvili to the position of TB Consultant.

David Asatiani – announced that starting from November 2 he will not be executing his official duties as the Head of the Medical Department of MCLA. He thanked CCM members and personally Mrs. Roelofs for the productive cooperation. He extended special gratitude to Mrs. Roelofs for establishment of the Supervisory Board for Prison Healthcare Reforms. He highly emphasized the

role of the Supervisory Board in supporting the healthcare reforms in prison sector and expressed his hope that this important institution will continue its functioning.

Sandra E. Roelofs – thanked Mr. Asatiani for his involvement. The Chairperson thanked the members and observers for having attended and announced the meeting as closed.

Decisions:

1. To elect **Mr. David Sergeenko, Minister of Labor, Health and Social Affairs** as a Vice-Chair of the CCM.
2. The Secretariat was assigned the task to ensure preparation of all necessary documents and procedures for PR nomination.



Sandra Elisabeth Roelofs

Chairperson of the CCM



Natia Khonelidze

Administrative Assistant to the CCM