

Minutes of the 61st CCM meeting

December 20, 2012

Venue: Kazbegi Region, Gudauri, Hotel “Gudauri Hut”

CCM Members:

Sandra E. Roelofs - Chairperson of the CCM;

Rusudan Rukhadze - Head of Healthcare Department, **on behalf of Mr. David Sergeenko**, Minister of Labor, Health and Social Affairs of Georgia (MoLHSA);

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

Koba Khabazi – Former TB Patient;

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;

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;

Maia Kavtaradze – GOPA/EPOS, Project Coordinator;

Rusudan Klimiashvili – WHO, Head of Country Office;

David Ananiashvili - “Georgian Plus Group”, Director;

Guests/Observers:

Amiran Gamkrelidze – WHO Country Programme Coordinator;

Lela Serebryakova – MoLHSA, Head of Public Health and Programmes Division

Thea Jibuti – LFA, M&E Expert;

Lasha Zaalishvili - Executive Director, Georgian Harm Reduction Network;

CCM Secretariat:

Eka Iashvili - TB Technical Consultant;

Maia Tsereteli - HIV/AIDS Technical Consultant

Natia Khonelidze – Administrative Assistant

Agenda

12:30 – 12:40	Opening speech /remarks Mrs. Sandra E. Roelofs, Chairperson of the CCM
12:40 – 12:45	Election of the CCM Chairperson
12:45 – 12:50	Introduction of Ms. Maia Tsereteli, HIV/AIDS Consultant to the CCM
12:50 – 13:05	Implementation of Harm reduction Program: difficulties and challenges Mr. Lasha Zaalishvili
13:05 – 13:20	<ol style="list-style-type: none">1. Projects Implementation Status/ Evaluation of the HIV Program- findings and recommendations/Resubmission of Renewal Request (GEO-H- GPIC) – current status2. CCM Request submission for Renewal of the consolidated TB grant GEO- T-GPIC3. Global Fund Round 6, TB and Malaria Grants close out Mr. Akaki Lochoshvili
13:20 – 13:35	Discussion
13:35 – 13:45	Introduction of the draft National Tuberculosis Strategy and Action Plan for 2013-2015 Ms. Tamar Gabunia
13:45 – 14:00	Regulation on the Renewal of CCM Membership/ Future Steps for Strengthening of CCM Oversight/ Consideration of Alternative PR-ship Modalities Ms. Eka Iashvili
14:00 – 14:15	Discussion
14:15 – 14:20	The situation with regard to HIV/AIDS affected prisoners in penitentiary establishments Mr. Tengiz Tsertsvadze
14:20 – 14:30	Questions/Answers and Brief Announcements

Sandra E. Roelofs – greeted the participants and thanked them for attending. The Chairperson introduced Ms. Maia Tsereteli, a newly selected CCM HIV/AIDS Consultant. Mrs. Roelofs stated that Mr. Tsertsvadze would join the meeting later on and proposed to start with administrative and Tuberculosis issues.

All presented members agreed with appointment of Ms. Tsereteli.

Sandra E. Roelofs – gave the floor to **Ms. Eka Iashvili**.

Eka Iashvili – stated that according to the government’ resolution #220 the CCM elects the Chairperson out of its members once in 4 years. She offered to present any possible candidate/s for the position of the Chairperson or if not to extend the current mandate of Mrs. Roelofs for 4 years. *Alternative candidates were not presented.*

Ms. Iashvili – put the issue of electing Mrs. Roelofs to the position of the CCM Chairperson for 4 years to vote.

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

Mrs. Sandra E. Roelofs was elected unanimously as a Chair of the CCM.

Sandra E. Roelofs – thanked the members and gave the floor to **Ms. Gabunia**.

Tamar Gabunia – presented the draft TB Strategy and underlined that the first two strategic areas aimed at ensuring universal access to diagnostic and treatment services and the remaining five are directed towards ensuring adequate regulatory and governance mechanisms in civil and penitentiary systems. Ms. Gabunia outlined the sources of financing of TB control activities (2008-2011) and introduced the draft summary budget. Assumption was made that the government will continue (or slightly increase) the existing level of funding and the country will receive GF funding for activities “historically” funded by the GF. She presented the roles matrix and highlighted the importance of the clarity of the roles of TB stakeholders and significance of identification of the institution to be accountable for TB control nationwide. The rapporteur noted that the regional coordination requires more Human and Technical resources. She underlined that afore-mentioned requires more discussion and decision making before the strategy is finalized.

Amiran Gamkrelidze – raised the following issues: anticipated decrease of incidence rate by 2015; the conclusion of the Situation Analysis on shifting to horizontal system of TB control; the source of financing of TB activities and government’s investment in case of reduction of the GF’s funding.

Tamar Gabunia – stated the following: a significant decrease in incidence rate is not anticipated by 2015 (though trends observed are in line with the MDG 6). The shifting to horizontal system is positively assessed by the experts in terms of NTP being an integral part of the fundamental healthcare reforms. Though there is a lack of clarity in roles and responsibilities of central and

regional structures. The new players have varying levels of experience and expertise in TB control. The integration of TB services into general health facilities has brought more acuteness to the problem of a proper implementation of Infection Control (IC) measures. Out of 65 general health facilities across the country a vast majority have already re-located TB services into newly built hospitals and, in the coming months, Tuberculosis Prevention Project will invest in enhancement of IC measures in 31 health institutions. Other facilities will still need support in adjusting their physical infrastructure to TB care needs.

Sandra E. Roelofs - raised a question on the mechanisms to ensure proper implementation of IC measures and expressed a notion on the necessity of raising awareness on TB IC among the owners of the facilities.

Rusudan Rukhadze - responded that the owners of the healthcare facilities are legally bound to ensure proper provision of PHC services (including TB care) according to the tripartite agreement between the private insurance companies, MoLHSA and the Ministry of Economics. The fulfillment of this condition requires constant monitoring.

Tamar Gabunia - stated that the privatization of the healthcare facilities resulted in a slight downsize of the staff and underlined that defining of the minimum salary level for the staff represents the matter of a high importance otherwise the problem of a staff flow will emerge in the future.

It was agreed that an institution to be accountable for TB control nationwide should be designated. **Maia Kavtaradze** noted that a former department of coordination and financing of National Center for Tuberculosis and Lung Disease (NCTLD) acted as a policy-maker and an advisory board for the MoLHSA. She highlighted that the central and regional levels should be preserved and noted that the role of one national responsible authority with full scale supervision functions should be assigned NCTLD. **Rusudan Rukhadze** noted that such role should be given to National Center for Disease Control (NCDC) and underlined that afore-mentioned represents her own opinion. **Akaki Lochoshvili** doubted the successful functioning of NCDC. He underlined the importance of the State TB program of 2013 especially in terms of the shifting to phase 2 of the consolidated TB grant (deadline for submission of request - March 31, 2013). He addressed Ms. Rukhadze with request to share with interested parties the standard agreement with the private clinics in order to review the mechanisms envisaged for proper provision of TB services. **Sandra E. Roelofs** stated that clearly defined roles and functions, financial responsibilities, an overall coordination in TB control represent a matter of a high importance. The Chairperson addressed Ms Eka Iashvili with the request of a creation of a temporary working group that will be working on these issues. **Khatuna Todadze** doubted the appropriateness of the NCDC being the one supreme institution as the prove of her statement she referred to the international experience and the experience of our country when assigning to the NCDC additional functions in AIDS response resulted in deterioration of the results. **Rusudan Rukhadze** noted that MoLHSA is working on the development of a strategy document that will define all strategic healthcare directions. The document will be shared with the CCM members. **Tengiz Tsertsvadze** highlighted successful implementation of TB and AIDS control executed by the vertical systems. He underlined that in case a final decision on full scale shift to horizontal

system is made the solid capacity and motivation should be created in NCDC versus just delegating to them the functions. The entire department of AIDS Center might be passed to NCDC. In case it is decided that the country is not ready for such fundamental changes a Transitional Plan should be elaborated. He noted that CDCs abroad are fulfilling the surveillance functions but not research and everyday routine activities versus a new reality of our country. The most important question that requires decision is if the two vertical systems (TB and AIDS) will be preserved or not. **Sandra E. Roelofs** commented that the working group will thoroughly review the current situation and come up with the conclusion what is the most optimal option for the country at the given period. **Amiran Gamkrelidze** highlighted the following: TB network is fully privatized. NCTLD represents the entity of a private law versus NCDC which is legal entity of a public law. The legal documents, defining governance during the transition period between MoLHSA, NCTLD, NCDC and the MoLHSA, AIDS Center, NCDC should be developed in order to avoid any contradiction with legislation. Currently shifting back to vertical system seems to be unrealistic. The functions of NCDC should be determined taking into consideration **NCRL** (has not become operational yet) and the whole laboratory network. **Tamar Sirbiladze** commented that right now in the USA “People to People” meeting is held. The American side has questions with regard to Defence Threat Agency (DTRA) project due to huge investments made. **Tamar Gabunia** noted that the strategy document should be finalized by the end of January, 2013 in order to guide the implementation of the National TB Response and inform renewal of the GF grant proposal. The strategic decisions with regard to responsible authority, definition of the scope of preservation of vertical system and integration should be made as soon as possible. **Sandra E. Roelofs** focused on the issue of TB among children. **Tamar Gabunia** responded that this is an especially acute issue that will be given a special consideration within TPP. The guidelines and procedures will be developed. **Maia Kavtaradze** noted that Isoniazid Preventive Treatment is not widely utilized in the country and physicians fail to prescribe kids formulations. GDF’s grant (started in 2009) had stipulated the condition of implementing in the country WHO policy: “Rapid Advice. Treatment of Tuberculosis in Children” as a mandatory requirement for receiving the second tranche. The afore-mentioned has not been put in place so far. **Mamuka Japaridze** stated that the selection of the candidate to the position of the head of TB Pediatric Department is still ongoing. He noted that private facilities, which are now intermediary recipients of TB drugs experience tax liability. Therefore, they refuse to keep any stock of drugs by the end of the year. This issue should be addressed by adequate regulations. **Akaki Lochoshvili** focused on the following: MDR clinic in the NCTLD is not fully operational. The sensitive TB patients are on waiting list and this problem should be solved immediately as a significant inflow of released prisoners is anticipated. He noted that Global Projects Implementation Center (GPIC) disagrees with some conclusions made by the GF in the pre-assessment of the consolidated TB grant that has been communicated to the GF Secretariat. He informed attendees that WHO TB TEAM has offered technical assistance for TB grant renewal (a review of the program or proposal development) and noted that time for review is quite limited. The reporter stated that GF Round 6, TB and Malaria Grants are in close out phase. Thus the decision to transfer ownership for these assets to relevant Sub Recipients (SRs) should be made.

Tamar Gabunia stated that in 2012, apart from GLC and GDF monitoring missions, TTP has initiated a number of external or internal assessment missions, which resulted in presence of the comprehensive situation analysis; hence there is no need to conduct one more assessment.

All presented members agreed with proposal to transfer ownership for the assets procured within GF R6 TB and Malaria grants to SRs and to receive a technical assistance from WHO TB TEAM for elaboration of the TB grant GEO-T-GPIC phase 2 proposal.

Rusudan Klimiashvili – in response to Ms. Iashvilis' question noted that the WHO expert has visited the country and promised to find out the details on granting Georgia with the status of malaria free country at the WHO.

Sandra E. Roelofs – briefly updated Mr. Tsertsvadze on the procedural issues addressed at the meeting during his absence and gave the floor to Ms. Tsereteli for introduction.

Mr. Tsertsvadze agreed with election of Mrs. Roelofs as a CCM Chairperson for another 4 years.

Maia Tsereteli – thanked Mrs. Roelofs and briefed an audience on her professional know-how and experience in this field.

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

Lasha Zaalishvili – expressed the notion that community strengthening model, sexual orientation and gender identity should be presented in Phase 2 HIV proposal in a more extent and noted that the civil society should be more actively involved in the process of the development of the proposal. He shared with the audience the request to admit to CCM membership community organizations (IDUs, MSMs) and underlined that they should be admitted not through the PTF mechanism. Finally, he announced that Harm Reduction Network is organizing a big conference in March, 2013 and expressed the hope that the CCM will be presented at this event.

At the discussion the following was underlined: the representation of the civil society is ensured at the CCM and it actively involved in elaboration of the proposals though this involvement can be further expanded; the community organizations do not have sufficient capacity for being presented at the CCM as it represents a decision making body; LGBT group in Georgia are mainly focused on human rights.

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

Tengiz Tsertsvadze – updated the audience on the situation with regard to HIV/AIDS affected prison population (the case he has presented at the 60th CCM meeting). He stated that as of November 2, 2012 130 HIV/AIDS prisoners (out of this 100 - on ARV) were at the penitentiary establishments. AIDS Center studied the international legislation and found out that the legislation of other countries have strict regulations as well as it is generally agreed that penitentiary healthcare can provide the prisoners with adequate care and treatment. The study is still ongoing. AIDS Center has provided the prisoners with written information on the serious consequences of treatment termination and has submitted to MCLA the list of 23 HIV/AIDS

affected prisoners with concomitant diseases. 12 of them were released, 12 other HIV/AIDS prisoners were released due to other factors than health status. 82 (out of 105 remaining HIV-infected) among prison inmates resumed treatment.

Mamuka Japaridze - stated that termination of treatment is a common practice among TB prisoners and the situation with this regard has significantly deteriorated for recent two months. 60 TB prisoners were released from penitentiary establishments recently though not all of them due to TB status. Rate of patients addressing the NTP has not dramatically increased.

Tengiz Tsertsvadze – noted that during the conference dedicated to the penitentiary healthcare strategy held on December 20, the exemplary organization of the HIV/AIDS response in the penitentiary system was highlighted.

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

Akaki Lochoshvili – focused on the Preliminary Report on Evaluation of the HIV Programme.

The report was discussed and all the comments received from the CCM members and stakeholders were agreed. A special attention was given to the recommendation of the report to continue funding **only** for antiretroviral drugs and hepatitis C medication that was not explicitly articulated during the debriefing session on December 10. The members agreed that aforementioned should be a priority, but delivering medications **only** is not sufficient to maintain achievements made. **Mr. Lochoshvili** stated it will be reasonable to request in-country technical partners to assist country to find an external expert for development (in coordination with stakeholders) of a renewed proposal based on the HIV program final evaluation report.

It was decided that a consolidated response will be sent to the evaluation team and GF secretariat no later than December 26 and involvement of an external expert in renewed HIV proposal preparation process will be ensured.

Finally, **Mr. Lochoshvili** overviewed the GF projects implementation status.

The members discussed GF Renewal Panel Request to suggest alternative PR-ship modalities for the HIV grant phase 2. It was decided to publically announce the call for submission the applications to act as a Principal Recipient for the HIV grant.

Eka Iashvili – stated the following: the working group on Hepatitis C with the task to advocate for Hepatitis C treatment has been established within the framework of the CCM. The composition of the group was agreed with the members. In response to the letters of Mrs Roelofs the following candidacies were nominated to be admitted to CCM membership: Archil Talakvadze, Deputy Minister of Corrections and Legal Assistance; Ketevan Natriashvili, Deputy Minister of Education and Science; Ketevan Tsikhelashvili, First State Deputy Minister for Reintegration. The communication with the ministries is ongoing in order to invite those nominees to the next CCM meeting. The concept paper on the renewal of CCM membership has been developed. An active involvement of all members is required in order to finalize the document. The work on elaboration of the Oversight Plan is ongoing.

Lasha Zaalishvili – stated that the attitude of the police towards the beneficiaries and program officers of the methadone program has become especially aggressive recently. **This statement was strongly opposed by Ms. Todadze.**

Sandra E. Roelofs – expressed a readiness to submit a letter to Mr. Garibashvili, Minister of Internal Affairs explaining the nature of Harm Reduction projects if necessary.

Khatuna Todadze – stated that a new package of drug legislation has significantly increased the amount of the fine for drug use and offered to discuss the issue at the next CCM meeting and issue the recommendations to the Parliament.

The Chairperson thanked the members and observers for having attended and announced the meeting as closed.

Decisions:

- 1. To elect Mrs. Sandra E. Roelofs as a Chair of the CCM for four years;**
- 2. To transfer ownership for the assets procured within GF R6 TB and Malaria grants to SRs;**
- 3. To receive a technical assistance from TB Team for elaboration of TB grant GEO-T-GPIC phase 2 proposal development; To receive a technical assistance for elaboration of a renewed HIV proposal;**
- 4. To submit to HIV Program Evaluation team and the GF Secretariat consolidated comments to the Preliminary Report;**
- 5. To publically announce the call for submission the applications for the position of a Principal Recipient for the HIV grant (implementation period: July 2013 – December 2015).**

The follow-up issues of the meeting are attached as Annex 1.

Sandra Elisabeth Roelofs

Natia Khonelidze

Chairperson of the CCM

Administrative Assistant to the CCM

Follow up issues

- TPP investment in enhancement of IC measures in 31 privatized TB clinics
- To find out with MoLHSA the fulfillment of TB IC measures as stipulated by the tripartite agreement
- To ensure that the standard agreement with the private clinics is shared with the CCM members (on the basis of the official letter from the CCM)
- To follow up with the MoLHSA the process of defining the minimum salary level for the personnel involved in TB control
- To ensure that the CCM is involved in budgetary discussions of the State Healthcare Programs for 2013
- To establish a working group with the assignment to thoroughly review the current situation of TB control and to issue a conclusion on the most optimal option for the country
- To follow up that MoLHSA strategy on development of healthcare sector is shared with the CCM
- To follow up development of the guidelines and procedures to improve childhood diagnosis and treatment (TPP)
- To follow up wide use of isoniazid prevention therapy among TB affected children
- To follow up if the WHO policy according to “Rapid Advice. Treatment of Tuberculosis in Children” is in place
- To follow up with NCTLD and relevant institutions what steps are undertaken with regard to tax liability of the private facilities
- To follow up with WHO what is the current situation with regard of granting Georgia with the status of Malaria free country
- To follow up with MoLHSA and NCTLD the prospects with regard of fully operationalization of MDR clinic
- To finalize the paper on renewal of CCM Membership
- To develop the CCM Oversight Plan
- To ensure a technical assistance in elaboration of HIV and TB renewed proposals
- To discuss at the next CCM meeting a new package of drug legislation