

Georgia Country Coordinating Mechanism Policy and Advocacy Advisory Council

Background

Georgia is a recipient of the **Global Fund** to Fight AIDS, Tuberculosis and Malaria (GFATM) grants to support implementation of National TB and HIV responses. Ongoing GFATM funded HIV and TB projects are scheduled by end of 2018 and mid-2019 respectively. Georgia is invited to submit the Program Continuation Request in August 2018 and the next allocation period is defined through 2020-2022.

As the amount of available GFATM financial resources will be decreasing, the Government of Georgia is committed to increase the level of domestic funding to bridge the gaps and gradually take over the funding of priority HIV and TB control interventions.

In order to ensure smooth transition from the Global Fund to the state funding of the TB and HIV programs, the Georgia Country Coordinating Mechanism (CCM) established the Policy and Advocacy Advisory Council (PAAC) with the mandate to assist CCM in identification of challenges of a transition period and advise on potential solutions. The PAAC was initially established (in 2016) to support GF sustainability and transition plan development. The plan was developed and approved by the CCM in February 2017. As PAAC successfully completed its role in relation to the TSP development, CCM decided to use PAAC as a platform for stakeholder consultations and discussions related to TB and HIV national strategies, CCM Transition Plan, GF budget split for the new allocation period and funding request preparation. The PAAC is engaged in advocacy efforts aimed at improvements in legislation, regulations, operational policies and practice standards related to TB and HIV prevention and service delivery and provides technical assistance and recommendations to the CCM.

General Provisions

The Policy and Advocacy Advisory Council (PAAC) is established under the auspices of CCM. PAAC's role, its composition, members responsibilities, service terms and conditions are approved by the CCM general assembly.

Role of the Policy and Advocacy Advisory Council (PAAC)

The key role of the PAAC is to lead on the development and implementation of CCM Transition Plan, HIV and TB National Strategic Plans and GF applications focusing on a range of essential areas including:

- To identify strategic fiscal space to engage and influence (i.e. national planning budget cycle) as well as identifying strategic information gaps required to make a case for more focused investment during the transition and beyond.
- Ensure alignment of legislative and regulatory environment with the best practice requirements for effective TB and HIV Prevention and Care. This will include consideration of legislative/regulatory environment that potentially can have negative impact on CSOs performance in these areas.
- Development and promotion of specific mechanisms for increased involvement of people living with the diseases and KAPs, as well as civil society organizations and networks in the development and delivery of essential TB and HIV services including community-based outreach and detection of TB and HIV, facilitation of timely progression to care and treatment, delivery of adherence and other support required to ensure the effectiveness of treatment and care, participation in service quality

monitoring and assurance, as well as contributing to the elimination of TB and HIV related stigma and discrimination;

- The development and application of procurement and supply regulations related to essential medicines and other health products used in TB and HIV prevention and treatment.

PAAC has a technical and advisory but not a decision-making role. Decisions on specific topics considered by the PAAC are made by relevant governmental agencies as per their mandates. Specific responsibilities for the PAAC are as follow:

- Review and advise of a draft ToR for the CCM transition plan to be elaborated by EHG consultants.
- Identify the specific needs in technical assistance and lead and coordinate provision of the relevant TAs for the CCM transition planning process in various directions.
- Closely collaborate with the team of international and local experts mobilized to support the CCM transition planning and assist them in (1) developing the plan outline (2) identifying key challenges to be addressed in each area (3) assessing financial, technical and political feasibility of proposed solutions (4) defining key milestones and indicators of success and (5) identifying stakeholders;
- Discuss and provide guidance on specific issues as needed to inform CCM's decisions concerning CCM transition planning.
- Ensure alignment and complementarity of regional programs to the national program, with specific focus on optimizing resources to enable successful transition implementation.
- Review and advise of a draft HIV and TB National Strategic Plans to be elaborated by consultants
- Ensure the incorporation of the TSP provisions into relevant strategies
- Review and advise on the GF proposed program split across HIV and TB programs within the new program continuation request
- Review and advise on HIV and TB applications for program continuation to be submitted to the GF
- Build stakeholders' understanding on the G-CCM transition and new role and how the G-CCM Transition Plan would contribute to the overall country transition process from the Global Fund support
- Maximize engagement and participation of key stakeholders to build an enabling environment for G-CCM resource mobilisation
- Map available resources for transition;
- Develop a resource mobilisation strategy, if needed, and oversee all resource mobilisation activities to meet mobilization targets
- Report back to full G-CCM

PAAC Composition

PAAC will be composed of representatives of the main stakeholders including KAPs, people living with diseases, and organizations working in the fields of TB and HIV. Experts from relevant institutions who are also CCM members can serve in PAAC to provide technical input and support better coordination with all CCM activities.

A maximum number of PAAC members is 25, including a PAAC chair who is selected by and among PAAC members and is endorsed by the CCM general assembly.

The competencies to be mobilized within the PAAC include the following:

1. HIV Strategic planning
2. TB Strategic planning
3. Health Care Financing-Involvement of Representative of Ministry of Finance will be highly encouraged
4. Procurement and supply chain management
5. TB advocacy and human rights-involvement of representatives from affected communities will be highly encouraged

6. HIV advocacy and human rights- involvement of representatives from affected communities will be highly encouraged
7. CSOs role in TB
8. CSOs role in HIV
9. HIV service delivery
10. TB service delivery
11. TB and HIV Programs monitoring and evaluation

CCM will open a call for expression of interest to serve as a PAAC member. Interested candidates will be evaluated based on the following criteria:

1. Relevant technical expertise in at least one of the areas listed above
2. At least 5 years of experience in planning and implementing TB or HIV programs (GFTAM experience would be an asset)
3. International experience would be an asset
4. People living with the diseases and representatives of KAPs will be highly encouraged to apply. A candidate for PAAC should be nominated by the relevant constituencies and the nomination submitted to CCM for approval.
5. Willingness to contribute his or her time voluntarily to the PAAC activities

It is expected that PAAC members will consult their own constituencies and other professionals in the field through smaller thematic groups to be established based on needs of the working process.

Role of PAAC Members

The PAAC members are appointed by the CCM either by virtue of their relevant experience (as in the case of patients and KAP members) or because they have specific technical skills (HIV and TB related expertise, experience in strategic planning). If members are from certain constituencies/networks/communities, the CCM assumes that these members bring the perspective of their respective organizations to the PAAC. PAAC members are appointed for the initial 12 months period with the possibility of extending the term as deemed necessary by the CCM.

Input provided by PAAC members should be acknowledged in all technical deliverables produced by and with the involvement of the PAAC. Technical deliverables will be defined by specific terms of references to be elaborated throughout the transition planning.

Mutual undertaking

The CCM undertakes to:

- ensure that the PAAC is properly resourced to provide technical advice on areas of interest
- provide all members of the PAAC with equal access to available technical resources and to the evidence used in the development of CCM transition plan, TB and HIV national strategic plans and GF applications or related policies to facilitate upcoming transition from donor to domestic funding
- offer appropriate training to PAAC members to enable them to play a full part in the development of the CCM transition plan, TB and HIV national strategic plans, GF applications and other relevant deliverables

PAAC members undertake to:

- make sufficient time available to attend meetings and properly inform the development of the CCM transition plan, TB and HIV national strategic plans and GF applications through their personal and professional knowledge and, where appropriate, their organization's perspective
- contribute positively to the work of the group and the development of the technical deliverables

PAAC members are not responsible for drafting or elaborating technical papers neither any part of the CCM transition plan, TB and HIV strategic plans or applications for the GF. The PAAC members bring their experience and expertise to provide advice on policy challenges on the way of transition planning and elaborating national strategies and propose possible solutions based on the best available evidence. PAAC members review and comment on draft technical deliverables produced by international and local technical experts mobilized in support of transition planning, strategy elaboration or developing GF applications. A PAAC chair should keep CCM informed on progress and ask for its involvement when decision making on certain topics is required.

For PAAC members to operate successfully, they need to be able to develop and debate issues within the group before exposing them to wider comment. PAAC members can discuss draft documents to their constituencies to obtain their feedback. However, all external communications (e.g. media, Global Fund Secretariat, Government of Georgia) on topics discussed by the PAAC remains the responsibility of the CCM Chair and Vice-Chair. Any other member of CCM or PAAC must first seek written approval from either the Chair or Vice-Chair to communicate on behalf of the CCM.

In order to provide the environment described above, the CCM expects PAAC members are expected to discuss the documents and discussions used by the PAAC with their constituencies and submit their feedback in a well-documented manner (meeting minutes, e-mail communication etc.)

PAAC members are also expected to adhere to the CCM policy for declaring conflicts of interests.

PAAC chair fulfills the following functions:

- Plans and facilitates PAAC meetings
- Supervises performance of the Policy and Advocacy Specialist
- Approves the meeting agendas prepared by Policy and Advocacy Specialist (see below technical and operational support to PAAC)
- Reports to the CCM on progress made against specific tasks

Technical and Operational support to PAAC

A dedicated Policy and Advocacy Specialist (to be hired by the Country Coordinating Mechanism) will provide technical and operational support to PAAC. The terms of reference for the PAS will be endorsed by the PAAC.

The specialist will follow guidance of and reports to the Policy and Advocacy Advisory Council. PAS work is supervised by the PAAC chair. The PAAC chair reviews PAS performance and approves his/her timesheets for further processing. PAS will develop PAAC meeting agendas and provide technical and logistical support to the PAAC. PAS should have strong competencies in public health with an excellent knowledge of TB and HIV programs. He/she should be able to conduct gap's analyses, identify key challenges, convey complex technical information from experts to PAAC members and other stakeholders effectively, facilitate technical discussions and prepare meeting summaries.

Beyond technical functions, PAS has to prepare meeting minutes, circulate them to the PAAC members for approval and submit to the CCM secretariat for further circulation among CCM members.

PAS has to facilitate consultations and regular interaction between international and local experts, which will work on transition planning and strategy elaboration, and PAAC members.

Beyond PAAC input, CCM may seek an independent opinion from external consultants to be hired on a short-term basis.

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