

Georgia CCM
Civil Society Forum #5
February 27, 2019
Hotel Courtyard Marriott
Address: 4, Freedom Square
Minutes

Agenda

Facilitators: Mr. David Otiashvili - Alternative Georgia, Director,
Ms. Mzia Tabatadze – Consultant

09:30 – 10:00	Registration/morning coffee
10:00 – 10:10	Opening and welcome Mr. David Sergeenko – CCM Chair, Minister of Internally Displaced persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia
10:10 – 10:15	Welcome Mr. Amiran Gamkrelidze – National Center of Disease Control and Public Health, Director
10:15– 10:20	Welcome Mr. Zaza Karchkhadze – NGO “New Way”
10:20-10:25	Welcome Mr. David Jikia – Patients Union
10:25– 10:35	Commemoration of David Ananiashvili
Section 1: HIV/AIDS and TB control current and planned initiatives/ People-centred model of Tuberculosis care for improved TB control/ the role of the CSOs implementation of HIV/AIDS and TB control current and planned initiatives	
10:35 – 10:45	Provision of Support for Patients with Resistant Tuberculosis to Provide Improvement in Treatment/Results/The role of peer involvement Ms. Tamar Kakulia – New Vector Mr. David Jikia – Patients Union
10:45-10:55	The role of Civil Society in implementation of TB clinical research Ms. Mariana Buziashvili - National Center of Tuberculosis and Lung Diseases, STREAM clinical research coordinator
10:55– 11:05	Tobacco prevention among TB patients Project Mr. Giorgi Bakhturidze, TB Coalition
11:05 – 11:15	HIV/HCV/TB integrated management in primary healthcare

	Mr. Beka Ioseliani - Georgia Family Medicine Association
11:15 – 11:25	Improving HIV testing and diagnosis in Georgia Georgian AIDS Association
11:25 – 11:55	<i>Discussion</i>
11:55 – 12:25	<i>Coffee break</i>
Section 1: HIV/AIDS and TB control current and planned initiatives/ People-centred model of Tuberculosis care for improved TB control/ the role of the CSOs implementation of HIV/AIDS and TB control current and planned initiatives (cont.)	
12:25– 12:35	Multifunctional Community Center – services for MSM and TGs Mr. David Kakhaberi – Equality Movement
12:35-12:45	Integration of Hepatitis C treatment on the base of NSP Centers Ms. Nino Janashia – Association of Young Psychologists and Doctors XENON
12:45-12:55	Georgia Syringe Vending Machine Trial Project Mr. David Otiashvili - Alternative Georgia
12:55-13:10	The role of youth and video - advocacy in the process of policy making (video-presentation) Ms. Mariam Jibuti - Youth Group Coordinator, "New Vector"
13:10-13:20	Sustainability of services for key populations in Eastern Europe and Central Asia region Ms. Maka Gogia – Georgia Harm Reduction Network
13:20 – 13:30	HEAD start project Ms. Maia Japaridze, FIND (Foundation for Innovative New Diagnostics)
13:30– 14:00	<i>Discussion</i>
14:00– 15:00	<i>Lunch</i>
Section 2: Provision of support for Transition Period / Global Fund current grants / Initiatives of next allocation period	
15:00– 15:15	Global Fund supported HIV and TB grants / Initiatives of next allocation period Ms. Gyöngyvér Jakab - Fund Portfolio Manager Eastern Europe and Central Asia Asia, Europe, Latin America and the Caribbean Department (Remotely) Ms. Ketevan Stvilia - National Center of Disease Control

	and Public Health, PIU, HIV Program Manager
15:15 – 15:30	Main directions of renewed HIV and TB strategies, integration of the activities of transitional period into strategy documents/ implementation trends Ms. Tamar Gabunia – Deputy Minister of Internally Displaced persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia
15:30 – 15:50	The vision of the Civil Sector of the challenges of the transition period Mr. Kakha Kvashilava – Georgian Harm Reduction Network Ms. Eka Sanikidze – TB Coalition
15:50 – 16:00	Community involvement in on-going activities Mr. Konstantine Labartkava – New Vector, GenPud
16:00-16:10	CCM transition plan/experience of other countries Ms. Tamar Zurashvili – Policy and Advocacy Specialist
16:10-16:40	<i>Discussion: Anticipated challenges during transition and the role of the Civil Society in this process</i>
16:40 – 17:00	<i>Conclusion /closure of the meeting</i>

Opening session

Dr. David Sergeenko:

Welcomed all participants of the fifth CSO forum organized by the Country Coordinating Mechanism in Georgia. The country has achieved significant progress in fighting HIV/AIDS and tuberculosis that would not have been possible without excellent partnership among government institutions, health officials, civil society organizations and patients groups. Existing model of partnership among wide-range stakeholders allows a 360-degree analysis, and it proved to be critical in successful planning and implementation of national response to control HIV and TB. During most recent meetings with the Global Fund representatives, the Ministry has declared its strong commitment and decision to sustain the structure and functioning of the CCM as it offers an open space for discussions and brings different perspectives from officials, program implementing partners, community members and patients – all those players who might speak different languages but share similar interests in better health.

Dr. Amiran Gamkrelidze:

NCDC has been a principal recipient of the Global Fund program for the last five years, and it has managed both, HIV and TB grants. The Global Fund has been supporting Georgia since 2003, and it has already committed approximately US\$120 million for the country programs. Therefore, TGF appears to be the #1 largest donor supporting healthcare system in Georgia. As a result of TGF grants and joined endeavours of various stakeholders, engagement of civil society in HIV response has been substantial; in addition NGO sector in TB is also expanding and civil society, and TB patients' groups' involvement has been increasing over the last few years. The Government has proved that it is making every effort to fulfil its commitments during transition period and it has significantly increased state funding for both diseases programs. This would not

have happened without coordinated work of state and non-state actors. This partnership will continue during and beyond the transition period.

Mr. Zaza Karchkhadze

The contribution of civil society organizations and community-based organizations in implementation of harm reduction services has been critical in Georgia. We express appreciation to the Government of Georgia for launching and supporting Hep C elimination program in Georgia that has been saving many lives, and we hope that real elimination of the disease among the population in Georgia will be a logical end of this successful process. However, existing punitive drug policy still continues to harm drug users, and their families; thus more concerted efforts should be made by the Government and NGOs towards decriminalization of drug use. This is essential to ensure that every person has right to life and health. The role of civil society and community groups in HIV and TB responses cannot be underestimated, and thus their engagement should be sustained after the GF funding ends. To support peer-to-peer services, retention of skilled staff within the NGO sector should be ensured.

Mr. David Jikia

Engagement of civil society and representatives of TB-affected communities in TB programs is expanding in Georgia. Obviously, there is a willingness and readiness from both, the State and CSOs to strengthen partnership and improve collaboration. One of the examples of successful partnership is signing the MoU among the National TB Center and two community based organizations – ‘New Vector’ and ‘Patients’ Union’. This was an unprecedented event in the field of TB response in the country. However, challenges remain in various aspects of TB programs, and the CSO forum, like this, offers excellent opportunity to bring critical issues forward for discussions.

CSO Forum participants welcomed Dr. Tamar Gabunia on her new position of Deputy Minister of Health.

Dr. Tamar Gabunia

She thanked the forum participants and highlighted the importance of partnership among state and non-state actors in successful implementation of integrating HIV/TB and Hep C elimination programs in the country. Dr. Gabunia stated that over the last several years she has been honoured to present the voice of civil society organizations in the CCM. She believes that at her new position at the Ministry of Health, she will continue supporting constructive dialogue between the Ministry and civil society.

Commemoration of Mr. David Ananiashvili: Prior to giving a floor to presenters, a video-collage, which was prepared by CBO – New Vector and GeNPUD Production was screened to pay tribute to one of the greatest HIV activists in Georgia - Mr. David Ananiashvili.

Section 1: HIV/AIDS and TB control current and planned initiatives/ People-centred model of Tuberculosis care for improved TB control/ the role of the CSOs implementation of HIV/AIDS and TB control current and planned initiatives

Presentation #1: Provision of Support for Patients with Resistant Tuberculosis to Provide Improvement in Treatment/Results/The role of peer involvement

Presenters: Ms. Tamar Kakulia – New Vector

Mr. David Jikia – Patients Union

Major points: The project goal and target groups, as well as project results in five cities (Tbilisi, Rustavi, Kutaisi, Batumi, and Zugdidi) were presented. Activities of multidisciplinary groups consisted of psychologists, social workers and peer educators, were described. From September 2017 through June 2018, the project reached 220 beneficiaries who received the support of multidisciplinary groups. The project has identified major obstacles to TB treatment adherence, such as: poverty, drug and alcohol addiction, fear of side effects, self-stigmatization, etc. The role of community activists and peer-educators was highlighted during the presentation.

At the end of the presentation, Mr. David Jikia mentioned that the project is temporarily stopped and would be resumed soon. However, TB community activists and peer educators are volunteering to see TB patients within the STREAM project, and motivate them for treatment adherence.

Presentation #2: The role of Civil Society in implementation of TB clinical research

Presenter: Ms. Mariana Buziashvili - National Center of Tuberculosis and Lung Diseases, STREAM clinical research coordinator

Major points: She presented TB statistics worldwide and epidemiological situation for Georgia. Talked about the importance of TB clinical research. She gave brief description about the procedures for approval of clinical research by Institutional Review Board, and highlighted the role of Community Engagement (CE) in research, which is seen as a cornerstone in bioethics. She stressed that CE increases the legitimacy of research and acceptance of research findings by communities. The presenter described the role of community engagement at different stages of research: planning phase, during research implementation, dissemination of research data, communication of research findings to stakeholders, and advocating for application of research results into practice.

Presentation #3: Tobacco prevention among TB patients Project

Presenter: Mr. Giorgi Bakhturidze, TB Coalition; Health Promotion and Education Foundation

Major points: Mr. Bakhturidze talked about smoking as one of the main risk factors for TB morbidity and mortality. He presented data of the GF funded project aimed at creating favorable environment for promoting tobacco cessation in TB facilities. He described project activities and major outputs, such as: translated and adapted guide for tobacco cessation interventions; producing educational leaflet for TB patients; and development of the framework for monitoring of implementation of the ABC approach and supportive supervision to reduce tobacco consumption among TB patients.

Mr. Bakhturidze also addressed the Ministry of Education with the request to revise school handbooks that contained outdated information about TB transmission ways, which might further fuel TB stigmatization. The presenter stressed that revising teaching materials was needed not only at the secondary education level, but also at higher education level. After revising teaching materials, trainings for teachers should be also supported by the State.

Presentation #4: HIV/HCV/TB integrated management in primary healthcare

Presenter: Mr. Beka Ioseliani - Georgia Family Medicine Association

Major points: Mr. Ioseliani talked about the benefits of one-stop shop approach, so called – the single window system for integrated care services against HIV/AIDS, Hep C and TB at the Primary Health Care level. He stated that integrated services in Georgia are funded by diversified financial sources, including central budget, local municipalities and TGF. This program was successful example of cost –sharing and synergies among program components: the Government basically provided diagnostic tests and consumables; TGF supported creation of protocol for HIV/TB and Hep C screening in primary health care institutions; and local municipalities provided financial support – 1.75 GEL per capita to service provider medical centers involved in integrated screening programs. He presented interesting quantitative data about screening results for more than 88,000 persons who were screened on HIV/TB/Hep C during the 7 month period (from April 1 through October 31, 2018). The presenter stressed that integration and decentralization of HCV/HIV/TB services should be promoted countrywide.

Presentation #5: Improving HIV testing and early detection in Georgia

Presenter: Dr. Nino Badridze, Georgian AIDS Association

Major points: Dr. Badridze presented latest HIV statistics in the country: number of registered cases, new cases annually, results of achieving UNAIDS fast-track targets 90X90X90 and comparison of national indicators against those for EU region. She reminded participants that in 2017, the declaration “End HIV Epidemic in Georgia” was signed by stakeholders, in which future strategies for achieving this ambitious goal were outlined. She listed some of major recommendations, such as: integration of HIV/HCV testing within the state HCV elimination program; integrating HIV testing in health care facilities, including Primary Health Care, and hospital settings; expanding provider initiated testing for individuals presenting with HIV indicator conditions; introduction of self-testing; and scaling up HIV testing among KAPs.

Major points from the discussion session:

Mr. Zurab Tatanashvili- Georgian Association of Social Workers:

Tobacco cessation interventions should be implemented through involving multi-disciplinary teams and the role of social workers should be defined within such teams. In addition, social workers are in contact with most socially vulnerable populations who are likely to have higher risk of developing TB compared to general population. Therefore, it might be effective to ensure that social workers are trained on TB issues and are more actively engaged in TB prevention/detection work.

Recently, a State Law on Social Work was adopted in Georgia, and this profession has become regulated. Thus, it is advisable, that all top-management teams of civil society organizations review employment contracts/staff job descriptions, and ensure that the job title of “Social Worker” is assigned only to those who hold a BA diploma of Social Workers.

Mr. Tatanashvili also asked clarification about HIV self-testing and about the procedures that would be in place to receive feedback on test-results, as well as to promote enrolment of HIV positive individuals in treatment.

Clarification by Dr. Kati Stvilia, NCDC: Introduction of HIV self-testing in Georgia is planned. Self-testing has not been yet initiated. It appeared that diagnostic kits for self-testing are expensive, and the Government currently works with the GF hoping to get a permission to

procure self-tests through the GF-supported Pooled Procurement mechanism. If the negotiation is successful, the price will be substantially lower. Mechanisms how to receive data about positive test results and how to enrol infected persons in treatment are being developed in consultation with stakeholders. A patient's informational leaflet will be developed, printed and distributed with the self-test kits. In addition, there will be a clearly defined referral system, and hot-line will also become operational. An electronic web-based platform will be also developed to register HIV positive cases.

Comment by Maka Gogia, GHRN: GHRN recently has launched a new regional project where self-testing will be piloted. Certain amount of self-tests also will be procured by the GF to be used by KAPs.

Comment by Katy Stvilia, NCDC: Low HIV detection remains to be most challenging to HIV response in the country. As mentioned during Dr. Badridze's presentation, all patients undergoing surgical interventions at hospitals are tested routinely for HIV; and the share of new HIV positive cases detected by surgical departments out of all newly registered cases, is increasing (reaching 27% in 2018). Dr. Stvilia encouraged colleagues to establish a working group of experts, which would start examining factors for low HIV case detection. The working group will also define the factors that can have good potential to improve HIV case detection in the country.

Comment by Dr. Lali Janashia, Patients Union: Dr. Janashia stressed the importance of primary health care facilities in TB detection; little attention is paid to improve detection of extra-pulmonary TB; training of general practitioners is warranted to address this challenge.

Comment by Dr. Tamar Gabunia, Deputy Minister: Thanked participants for interesting presentations and discussion. She underlined that a number of innovative models for HIV/TB have been introduced/piloted and implemented in Georgia. To ensure long-term sustainability of these successful initiatives, it is critical that projects generate evidences that would prove cost-effectiveness of each approach/strategy. Accumulated experience has shown, that in some instances, there is a huge interest of health officials and policy makers to invest in successful innovative models; however, there is a lack of well-documented evidences that would justify policy decisions. Therefore, Dr. Gabunia encouraged colleagues to generate sufficient evidenced-based data from successful projects that, in turn, will be critical for strengthening advocacy, and promoting evidence-informed policymaking process.

Dr. Gabunia also commented about involving social workers in TB response. She stated that TB management model acknowledges the role of non-medical personnel. That explains recent projects that engage civil activists, ex-patients and social workers in TB prevention, treatment and care programs. WHO Guideline on TB does not specifically mention about social workers' engagement, however it clearly recognizes the importance of psycho-social support to TB patients. WHO has recently issued revised TB guideline, and subsequently, Georgia will soon start updating its national guideline. Dr. Gabunia invited Mr. Tatanashvili, and Georgian Association of Social Workers to join the national working group in the process of revising/adaptation of TB guideline.

Presentation #6: Multifunctional Community Center – services for MSM and TGs

Presenter Mr. David Kakhaberi – Equality Movement

Major points: Mr. Kakhaberi presented major directions of their work, that aims at ensuring the access to health care and social services for Queer community, supporting social integration of Queer community, and forming supportive environment for empowering Queer community. Quantitative data about programs' outcomes was presented, such as number of Queer community members receiving testing for HIV; number of persons on PrEP; number of beneficiaries

receiving social, psychologist or legal assistance; etc. Mr. Kakhaberi also thanked the Global Fund for continued support, as well as AIDS Healthcare Foundation (AHF) for donating HIV INSTI tests to Equality Movement. The presenter briefly talked about their engagement in HIV policy and advocacy work; shared their experience in organizing public events, specifically that on May 17 to mark International Day against Homophobia and Transphobia.

Presentation #7: Integration of Hepatitis C treatment on the basis of NSP Centers

Presenter Ms. Nino Janashia – Association of Young Psychologists and Doctors XENON

Major points: Ms. Janashia provided brief description of traditional harm reduction (HR) services in Georgia, and presented statistics about HIV and HCV testing from all sites. Then she talked about new program – integration of Hep C elimination on the basis of HR service centers. In 2018, three service centers in Tbilisi (New Vector), Zugdidi (XENON) and Batumi (IMEDI) successfully implemented the program. The presenter highlighted the benefits of having HIV and Hep C integrated model that is based on the single-window concept. She also talked about existing challenges in program implementation, and shared a set of recommendations for strengthening the program success.

Presentation #8: Georgia Syringe Vending Machine Trial Project

Presenter: Dr. David Otiashvili – Alternative Georgia

Major points: Dr. Otiashvili presented an ongoing implementation research project that aims to assess the implementation and effectiveness of syringe vending machines (SVM) in Tbilisi and Rustavi. This 3 year project is funded by French 5% Initiative and Expertise France in collaboration with the GFATM. NCDC and GHRN are partnering with Alternative Georgia on this project. The first phase of the study, which focused on assessing barriers and facilitators for SVM implementation, has been successfully completed. First 2 SVMs will be launched from April 2019, with other 2 SVMs added in every 3 month. It is expected that SVMs will facilitate uninterrupted access to sterile equipment for people who inject drugs (PWID) and will attract new PWIDs who have not been in contact with harm reduction services.

Presentation #9: The role of youth and video - advocacy in the process of policy making

Presenter: Ms. Mariam Jibuti - Youth Group Coordinator, "New Vector"

Major points: Ms. Jibuti shared the results of the project that aimed at mobilizing and strengthening young drug users' community. The project started with needs assessment through conducting focus group discussions with young drug users in Tbilisi and three regions of Georgia. The following primary needs have been identified as a result of needs assessment: (1) Lack of information about kinds of psychoactive substances and their effects, (2) lack of awareness regarding safe sex practices, and (3) lack of awareness regarding existing drug related legislation. GenPUD Production has been established with the aim to support drug users' advocacy movement. Three advocacy videos were produced within the project.

Presentation #10: Sustainability of services for key populations in Eastern Europe and Central Asia region

Presenter: Ms. Maka Gogia – Georgia Harm Reduction Network

Major points: Ms. Gogia introduced the recently started regional project that aims at supporting CSOs and community groups to advocate for sustainability of services targeting key affected populations. The three-year project is funded by the Global Fund and is implemented in 14 countries in Eastern Europe and Central Asia. Georgian Harm Reduction Network is a sub-recipient in Georgia. The project components include capacity building activities focusing on advocacy for financial sustainability, human rights and gender equality, and efficiency of service delivery models.

Presentation #11: HEAD start project

Presenter: Ms. Maia Japaridze, FIND (Foundation for Innovative New Diagnostics)

Major points: Ms. Japaridze presented ongoing and in-preparation studies that are implemented by FIND in collaboration with local entities and focus on supporting national HCV Elimination Program through improving access to diagnostics. Ongoing 'HEAD-Start' Decentralization of Diagnostics study aims to determine whether the proportion of participants who receive results of HCV viremia testing differs between: (1) Harm Reduction Sites (HRS) based testing (decentralization of HCV RNA testing), (2) Blood draw at HRS for centralized HCV cAg testing, and (3) Referral-based testing [standard of care (SOC)] among PWID who test anti-HCV-positive at HRS. Preliminary results suggest that (a) providing POC confirmatory viremia testing at HRS where PWIDs attend for care/needle provision improves access to HCV confirmatory viremia testing, and (b) on location based approaches to blood sample collection resulted in a larger proportion of participants receiving their confirmatory test; c) The turnaround time was shortest where POC service was performed. The next phase of the study will focus on integration of HCV RNA testing on existing GeneXperts to assist in current HCV care decentralization efforts.

Major points from the discussion session:

Dr. Nino Badridze, Georgian AIDS Association

The enquiry was related to whether HIV self-tests (when available) will be also distributed via syringe vending machines. David Otiashvili commented that SVM research team is looking for the option to include self-testing kits as soon as they become available in Georgia.

Ms. Ekaterina Sanikidze, TB coalition

Asked if TB related information would be included in SVM information kits. She also offered to support the development of such information content. This offer was appreciated by David Otiashvili and he suggested contacting Ms. Sanikidze for this matter.

Ms. Nino Tsuleiskiri, HERA XXI

Commented on unavailability of female condoms in Georgia and asked how this issue would be dealt within the SVM project. David Otiashvili responded that Alternative Georgia has previous experience with promoting female condoms among drug using women, and the Study plans to rely on that experience. Female condoms will be procured abroad. In addition, there is ongoing discussion with PSP Pharmacy leadership to motivate them making female condoms available through their pharmacy chain.

Dr. Ketevan Stvilia, NCDC

There is a concerning trend in reduction of new HCV cases identified and referred to treatment via harm reduction sites where HCV services have been recently integrated. There are some barriers remaining and stakeholders should start open discussion in this regard.

Ms. Ina Inaridze, MDM Georgia

Commented that certain barriers still exist and NGO sector always tries to bring these issues up for discussion. Financial affordability of diagnostics is probably the major obstacle. Despite the remarkable expansion of the program, uneven geographic accessibility is also of concern. For instance, clients from Telavi need to travel to Gurjaani for treatment. "We also see that many people are lost following the screening phase – they are not entering treatment. In this regard we at MDM Georgia have tested an effective approach relying on involvement of social workers to coach and escort clients through the process. This successful model should be adopted by others."

Ms. Maia Tsereteli, NCDC

NCDC is organizing a thematic workshop on Hep C elimination in the beginning of March. For non-governmental organizations this will be a good opportunity to present their opinions and engage in discussion.

Dr. Tamar Gabunia, Deputy Minister of Health

“Ministry of Health will continue engaging in consultations with non-governmental organizations. We would also like to hear from you how to solve those problems. We need to have more evidence on the effectiveness of specific models. PAAC is probably the best platform for such discussions.”

Section 2: Provision of support for Transition Period / Global Fund current grants / Initiatives of next allocation period

Presentation #12: Global Fund supported HIV and TB grants / Initiatives of next allocation period

Presenter: Ms. Gyöngyvér Jakab - Fund Portfolio Manager, Eastern Europe and Central Asia; Asia, Europe, Latin America and the Caribbean Department (Remotely)

Major points: Many countries in the region are transitioning from the Global Fund funding to national funding of HIV and TB programs. In some countries, the Global Fund funding has been reduced by 39%. Some countries have become ineligible for GF funding. In some cases the transition affects prevention programs implemented by civil society organizations. The GF has been supporting the transition in a way to minimize any adverse effects on the sustainability and funding of programs. Countries are requested to direct at least 50% of their funds towards programs that focus on key affected populations. Developing and implementing effective mechanisms for NGO social contracting is critical. “We encourage countries to switch to outcome-based financing. Developing unified unit costs is another critical element of the transition. It supports gradual and smooth transition process, facilitates focus on outputs instead of inputs, and provides options for more flexibility, specifically for NGOs.”

Ms. Corina Maxim, Transition and Sustainability Specialist, GFATM

“We have been working with Montenegro and Serbia which are currently ineligible for TGF funding. We provided small funding to these countries to support transition process. In Montenegro strong civil society organizations were able to advocate with the Ministry of Health to allocate national funding for key affected groups. However, lack of effective mechanisms for social contracting created problems. We aligned our funding with government funding and thus saved money on grant administration. The funding was provided through one (joint) call for proposals. The same is being implemented in Serbia and Armenia currently. Georgia would be a very good place to do the same – you have very strong monitoring and evaluation capacities.”

Dr. Ketil Stvilia, NCDC

“Currently we are actively working with subcontractors to estimate the unified unit costs. We rely on a “historic” / empirical data – how many staff members are engaged in a service provision, how much resources it takes to deliver the service and so on. However, there is an adequate technical capacity within the country to complete costing exercise, and thus, estimating the cost and developing budget is not the hardest task. Procurement of services, implementation and monitoring - are the major challenges ahead. We are open to any proposals and discussions in this regard.”

Dr. Tamar Gabunia, Deputy Minister of Health

“I am for the first time participating in this forum as a government representative. The mechanism that was described holds the potential to make correct estimations that are based on patients’ needs. This won’t be an easy process, but many NGOs have relevant experience. The USAID funding was utilizing outcome-based approach. Monitoring and evaluation are critical components of this process. We have to understand what are the needs and to what extent those needs are addressed.”

Mr. Konstantine Labartkava, New Vector

“We need to consider the local context, specifically drug related policy and legislation in Georgia. Awareness raising, advocacy, reducing stigma and discrimination are still of utmost importance. We again speak about the legal environment in which people are sent to prison for possessing used syringe. Regrettably, there is a lack of political will to support reforms in this direction. As a result, we are witnessing increase in drug use in the country. We have to work together to address these problems.”

Presentation #13: Main directions of renewed HIV and TB strategies, integration of the activities of transitional period into strategy documents/ implementation trends

Presenter: Dr. Tamar Gabunia, Deputy Minister of Health

Major points: The transition period has been associated with redefining and redistributing responsibilities and dealing with new responsibilities. To what extent do we have resources to accommodate and realise those new responsibilities? For government the priorities of transition period remain the same – quality and accessibility of services, and legal environment that should ideally support the access to services. Decentralisation of health care and integration of services are another important priorities. This can be only done through the implementation of services in partnership with community organizations. We need to bring services closer to beneficiaries. Importantly, our national strategic documents provide clear indications of these priorities.

Presentation #14: The vision of the Civil Sector of the challenges of the transition period

Presenter: Mr. Kakha Kvashilava – Georgian Harm Reduction Network

Dr. Eka Sanikidze – TB Coalition

Major points: Mr. Kvashilava discussed ongoing challenges faced by civil society organizations in a transition period. Involvement of CSOs in consultative and decision making bodies is ensured. However, this does not ensure that their voices are always heard and changes implemented. Among major challenges are the following: repressive drug legislation, lack of effective contracting mechanisms, quality of certain sterile equipment for HIV prevention, remaining stigma towards vulnerable groups. Without addressing these issues the quality and access to services will remain questionable.

Dr. Sanikidze presented experience of Georgian Patients’ Union (GPU) in advocacy focused on better TB care in Georgia. Among other activities conducted by GPU are mobilizing TB patients and treatment supporters groups, involvement in the development of national strategic documents, informational and educational activities. Critical challenges remaining in TB field are lack of relevant human, technical and financial resources, and lack of experience in facilitating better adherence to treatment. Presenter highlighted number of specific technical challenges in clinical management of the disease. Identification and management of psycho-social, legal and ethical issues is also of concern. Some issues with TB related legislation (involuntary isolation) remain challenging. GPU priorities during the transition period are TB related information sharing and education, advocacy and social mobilization, improving involvement of TB affected individuals in decision making, protecting dignity and rights of TB patients.

Presentation #15: Community involvement in on-going activities

Presenter: Mr. Konstantine Labartkava – New Vector, GenPud

Major points: Mr Labartkava presented an overview of drug user community mobilization movement in Georgia and involvement of community groups with HIV and TB advocacy. The community mobilization efforts initiated by New Vector have resulted in establishment of a number of coalitions and community networks, such as Georgia Patient Community Advisory Group (GeCAB), Georgia Drug Users Network (GeNPUD), Georgian Drug Policy Platform (GNPD). In 2017 the Community Alliance composed of networks and organizations representing various affected groups, such as drug users, HIV+ people, LGBT, sex workers - has been

established. Drug users groups are represented in a number of national consultative, advisory and decision making bodies. These include CCM, PAAC, Hepatitis C Government Commission, PTF, City Task force, GHRN, GNDP.

Presentation #16: CCM transition plan/experience of other countries

Presenter: Ms. Tamar Zurashvili – Policy and Advocacy Specialist

Major points:

The Georgia CCM (G-CCM) is a stand-alone mechanism established in 2003 to facilitate and coordinate the management of the GF grants. Its status was re-affirmed and further strengthened in 2012 as the national coordination body for HIV, TB, and malaria with the government Resolution #220. Georgia CCM, as one National Coordinating Authority has a mandate to coordinate activities in HIV and TB fields beyond the scope of Global Fund funded projects. With the transition from GF funding, the G-CCM has been preparing for transition too. Experience of other countries from which the global fund has withdrawn shows that only one country managed to sustain functional CCM. This has resulted in decrease in the role of civil society in decision making related to HIV and TB. G-CCM Transition Plan is being currently elaborated and includes priorities concerning its future mandate and structure. The steering role with the transition will remain with PAAC that provides a platform for discussion on the G-CCM transition. PAAC will also lead the resource mobilization for transition process and future functioning of G-CCM.

Annex A:

During the Forum, Dr. Tamar Gabunia, Deputy Minister of Health asked participants to write down what was the number one priority for them during the transition period. Priorities suggested by participants are listed below:

1. Residents in breakaway regions (Abkhazia and Samachablo) – should have equal and unrestricted access to integrated HIV/TB and Hep C prevention and treatment services as all citizens of Georgia
2. Establishment of addiction rehabilitation center (for both, drug and alcohol addicts)
3. Sustainability of engagement of community-based organizations in HR service provision
4. Decriminalization of drug use
5. **Realistic** costing of services
6. Rehabilitation programs should become one of the top priorities and should be adequately reflected in the state budget
7. Establishment of residential type rehabilitation center
8. Protection of patients' confidentiality
9. More engagement of community based organizations in all processes
10. Strengthening primary health care
11. Ensure patient-centered (patient-tailored) treatment regimens
12. Removal of bank guarantee requirement for civil society (non-profit) organizations during state tendering
13. Promotion, strengthening and expansion of integrated HIV/TB/HCV services countrywide
14. Sustain HR services at least at the currently existing scale (coverage, geographic distribution, involved service provider organizations)
15. Open dialogues and participation of CSO to identify and implement effective strategies, best practices
16. Active involvement of CSO, especially of skilled professionals/ further strengthening their capacities
17. CSO strengthening
18. After the GF ends in the country, CSO should have the capacity and opportunities to show to the Government what are their specific needs and capacities
19. More focus on specific needs of vulnerable groups and addressing them in treatment programs
20. Decentralization of services / expanded services to not only community settings, but also to multi-profile clinics and 'ambulatories' where patients' confidentiality will be protected
21. Incubation of hospice-type services
22. Better coordination between the state and non-state actors
23. Engagement of local government (municipalities) in implementation of transition plans (in terms of funding)
24. The MoH should be more acceptable and supportive of the issues/challenges identified by NGO sector
25. Sustainability and monitoring of Tb treatment (all forms) – through quality medications and preventing treatment interruption
26. Human-rights based drug policy

Annex B: List of Participants

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