



Independent observer
of the Global Fund

GEORGIA'S NEW PR IN HIV FORMALLY TAKES OVER

Georgia's National Center for Disease Control and Public Health (NCDC) has officially assumed responsibility as principal recipient of Global Fund resources, signing an agreement with the Fund in early May to extend grant [GEO-H-GPIC](#).

The extension to the HIV grant will constitute further funding for Phase 2, using part of the \$33.9 million allocated to Georgia on 12 March to support HIV programming under the new funding model (NFM).

The NCDC takes over PR responsibilities from the Global Projects Implementation Center, a non-governmental organization that was derived from the Ministry of Labor, Health and Social Affairs (MoLHSA).

The change in PR follows an investigation into GPIC (see article [here](#)), which culminated in June 2013 with "credible and substantial evidence" of collusion in contracting by two suppliers that was abetted by GPIC staff. The OIG recommended that the Fund seek to recover some \$859,000 in service fees and re-evaluate the ability of local fund agent (LFA) Crown Agents to carry out its responsibilities.

UNOPS has since October 2013 served as the new LFA.

Similar administrative changes have been instituted for the ongoing TB grants in Georgia, for which the NCDC is also the PR. Nearly half a million was disbursed in early April for grant [GEO-T-NCDC](#), which aims to sustain universal access to diagnosis and treatment of all forms of TB including M/XDR-TB.

NCDC deputy director general Irma Khonelidze, who will oversee implementation of the Global Fund-supported programs, said getting up to speed with the requirements of the Fund and matching them with state policies has taken some time, but expressed confidence that program implementation would begin

soon.

Sub-recipients implementing HIV programs targeting sex workers, men who have sex with men, prisoners and injected drug users have suffered some delays, but disbursement should happen soon, she added. There have, however, been no stock-outs of the drugs and health products during the transition period.

Global Fund teams assisted with a number of administrative processes to ensure a smooth transition, including recruitment, training in finance and procurement and developing a new organogram for program staff. Some 60% of all Global Fund money for HIV is spent on procurement, Khonelidze said, making it imperative that best practice is in place.

Georgia will also have new leadership within its country coordination mechanism, following the resignation of Sandra Elisabeth Roelofs, the former first lady whose husband, Mikheil Saakashvili, was defeated at the polls in 2012. The CCM is preparing for the election of a new leadership team; meanwhile, the Minister of Health is steering the CCM during the transitional period.

In addition to the funds for HIV announced on 12 March as part of its allocation, Georgia will receive \$22.6 million for TB programs from 2014-2016. The country's HIV prevalence rate is 0.1%, but infection is concentrated among key populations, with an estimated prevalence of 13% among MSM. More complete data about infection rates among MSM should be available by the end of June.

A National Strategic Plan for 2011-2016 emphasizes enhanced national coordination and advocacy and improved preventative and treatment interventions including access to anti-retroviral therapies. Strengthening of health systems for an effective HIV response will also figure among Global Fund-supported activities.

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