RE: Priority Activities for Georgia and CDC: Meeting with Minister and Francisco/CDC

Nasrullah, Muazzam (CDC/OID/NCHHSTP) <hij9@cdc.gov>

Thu 9/21/2017 11:59 PM

To:David Sergeenko <dsergeenko@moh.gov.ge>;

Cc:Gamkrelidze, Amiran (CDC ncdc.ge) <a.gamkrelidze@ncdc.ge>; Skaggs, Beth (CDC/CGH/DGHP) <bgs7@cdc.gov>; Averhoff, Francisco (CDC/OID/NCHHSTP) <fma0@cdc.gov>;

2 attachments

V4. WP C HEP-21Sept2017.xlsx; SOW for LIFER Proposal in support of IT development work for the Hepatitis C Elimination Project in Georgia v.4-21Sept2017.docx;

Dear Dr. Sergeenko,

I hope you are well. As a follow-up to your suggestions/email:

1. Our CDC team has drafted a **detailed work plan** including your recommendations below (excelsheet attached). Please note the attached excel sheet has 2 sheets, one that explains stages/work plan and the other sheet provides detailed budget, including plan for development of a new data/treatment IT system.
2. We through LIFER have some resources through May 2018 that would be used to (explained in work plan):
    a. Stabilization and merger of ELIM-C and STOP-C databases, and ensure transition of management of databases from current team, whose funding ends Dec 2017
    b. Merger of ELIM-C/STOP-C with screening databases
    c. Develop very clear/transparent documentation of all programs (i.e., develop a User/Operator Manual); this will allow for transparency and transfer of knowledge)
    d. Produce regular reports/updates for stakeholders (i.e., MOLHSA, NCDC, and CDC)
    e. A plan for replacement of ELIM-C with a more robust database/IT system after assessing strengths and weaknesses of current databases/IT systems
3. As stated in the work plan there is more work that remains after finishing above steps (beyond May 2018), and joint efforts are needed to fill that financial gap.
4. I am also attaching the updated SOW/TORs with deliverables that we have developed.
    a. The plan is to share this attached SOW/TORs with LIFER, and instruct LIFER to use SOW/TORs to execute a contract with Alex team

We want to move this process expeditiously, and let me/us know if you have any concerns.

Best regards,

Muazzam

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From: Averhoff, Francisco (CDC/OID/NCHHSTP)
Sent: Saturday, September 09, 2017 12:48 PM
To: David Sergeenko <dsergeenko@moh.gov.ge>
Cc: Gamkrelidze, Amiran (CDC ncdc.ge) <a.gamkrelidze@ncdc.ge>; Nasrullah, Muazzam (CDC/OID/NCHHSTP) <hij9@cdc.gov>; Skaggs, Beth (CDC/CGH/DGHP) <bgs7@cdc.gov>
Subject: Re: Priority Activities for Georgia and CDC: Meeting with Minister and Francisco/CDC

Dear Dr. Sergeenko,

Thank you very much for your concurrence and excellent suggestions. By cc, I am asking Muazzam to follow-up with Dr. Amiran and the IT teams, at CDC and Georgia, to move forward expeditiously, per your recommendations below.

As I noted, I am on Holiday for next two weeks, but will be available by e-mail.

Best regards, FA

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE network.

From: David Sergeenko
Sent: Saturday, September 9, 2017 12:46 AM
To: Averhoff, Francisco (CDC/OID/NCHHSTP)
Subject: Re: Priority Activities for Georgia and CDC: Meeting with Minister and Francisco/CDC

Dear Francisco

Thank you very much for such comprehensive document.
This is really excellent outline!

Only thing I wanted to add is some "Basic/Conceptual" idea-

There should be included in ToR need for creation/approval and implementation of-

"The Basic Data Management Manual" which will include Purpose of the system.
Exactly-

1. Data Collection Level
What kind of data must be collected ?

(e.g. Name, age, address , genotype... etc);
By whom this data should be collected (HCPs, Service Centers, MoH, etc);
2. Data Classification Level
What kind of classification should be applied to already collected data?
(e.g. Valid/Non-Valid, Under Treatment/Accomplished/Interrupted Treatment, Side Effects, Treatment Outcomes, etc);

3. Data Analyzing Level

What are a "Findings" of already collected and classified Data ?
(e.g. Too big (compared to what?) treatment interruption rate, shortage of drug stock (due to pure logistics), uneven access to the project from different risk groups, etc);

4. Data Report Level

What kind of Data should be generated routinely and by which periods?
What kind of Data could be requested/gained "As Needed"?

It could looks as too basic, but I believe this is absolutely necessary.

Also there should be other manuals-

"User Manual" and "Maintenance Manual " (or by other names, but similar purpose) which will eliminate "Person Dependance" factor in future.
Regarding sharing of info and coordination with Dr. Amiran, please feel free to inform him directly.

Kind Regards
David

Sent from my iPhone

On Sep 8, 2017, at 20:29, Averhoff, Francisco (CDC/OID/NCHHSTP) <fma0@cdc.gov> wrote:

> Dear Dr. Sergeenko,
> I hope this note finds you well. We did have communication with Dr. Amiran and his team, Gilead, and LIFER following your meeting him. In follow-up to your conversation with Dr. Amiran, I wanted to update you:
>
> 1. Please find attached draft SOW/TORs with deliverables that we developed
> 2. We will send the attached SOW/TORs to LIFER, and instruct LIFER to use SOW/TORs to develop/execute a contract with Alex team
> 3. Next Steps:
>   a. All work will be under direction/oversight of CDC in consultation with MOLHSA and NCDC
>   b. Develop a detailed workplan with timeline, including roles and responsibilities
>   c. Main tasks in TORs/SOW:
>
> i. Stabilization and merger of ELIM-C and STOP-C databases, and ensure transition of management of databases from current team, whose funding ends Dec 2017
> ii. Merger of ELIM-C/STOP-C with screening databases
> iii. Develop very clear/transparent documentation of all programs (ie develop a User/Operator Manual); this will allow for transparency and transfer of knowledge
> iv. Produce regular reports/updates for stakeholders (ie MOLHSA, NCDC, and CDC)
> v. Assess strengths and weaknesses of databases/IT systems, and develop plan for replacement of ELIM-C (if needed) with a more robust database/IT system
> vi. A monthly report of progress will be developed for MOLHSA, NCDC, and CDC
>
> 4. All of above activities will be collaborative with Alex Team and CDC Team (Leslyn and others)
> 5. The proposed contract period will from now/ASAP (October 1?) through May 2018
> 6. If the work/progress is acceptable to MOLHSA (ie Dr. Sergeenko), and all parties agree, CDC will work with partners to obtain funding for continued management of IT/Databases, and development of replacement of ELIM-C (if needed)
>
> We will proceed with above, let me know if any concerns/questions. Also, I will be out of office/holiday from 11-27 September, but I will check my e-mail for notes from you. Let me know if you will inform Dr. Amiran (ie cc me?) or if you like for me to inform him.
> Best regards, FA
> *Francisco Averhoff MD, MPH*
> *CAPT US Public Health Service*
> *Associate Director for Global Health*
> *Division of Viral Hepatitis*
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From: David Sergeenko [mailto:dsergeenko@moh.gov.ge]
Sent: Saturday, September 02, 2017 6:21 AM
To: Averhoff, Francisco (CDC/OID/NCHHSTP) <fma0@cdc.gov>
Subject: Re: Priority Activities for Georgia and CDC: Meeting with Minister and Francisco/CDC

Dear Francisco
Thank you very much for such great support!
I had conversation with Mr. Amiran and we agreed that in nearest days they will prepare kind of "Concept/Vision" what to do.
From my side I would be grateful if CDC team could create some ToR with deliverables.
In my understanding this (future IT) should be data management system with very clear "User/Operator Manual" allowing any (appropriate/authorized) operator to enter data, classify, analyze and also database should generate reports (monthly, annual or "as needed").
So, of course we are agree and grateful for such activity and ready to launch this.
Kind Regards
David Sergeenko

From: "Averhoff, Francisco (CDC/OID/NCHHSTP)" <fma0@cdc.gov>
Date: Fri, 1 Sep 2017 17:28:41 +0000
To: Davit Sergeenko <dsergeenko@moh.gov.ge>
Subject: FW: Priority Activities for Georgia and CDC: Meeting with Minister and Francisco/CDC

Dear David,
I hope you are well, and not receiving so much excitement, as fire in Borjoni.
In follow-up, as we discussed during our meeting, we are planning for technical assistance and funding to support IT development of treatment and screening data, including stabilizing and merging- this will greatly support the HCV Elimination we believe. We propose to support the IT team currently at NCDC, with funding from LIFER collaboration, and our (CDC) IT team ready to provide the TA/oversight; have you and Dr. Amiran had a conversation about next steps?
We are standing by ready to begin the conversation, and negotiations, when I hear from you.
Please advise, thank you, FA

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From: Averhoff, Francisco (CDC/OID/NCHHSTP)
Sent: Tuesday, August 29, 2017 12:05 PM
To: Skaggs, Beth (CDC/CGH/DGHP) <bgs7@cdc.gov>; Gamkrelidze, Amiran (CDC ncdc.ge) <a.gamkrelidze@ncdc.ge>
Cc: Davit Sergeenko (dsergeenko@moh.gov.ge) <dsergeenko@moh.gov.ge>; Nasrullah, Muazzam (CDC/OID/NCHHSTP) <hij9@cdc.gov>; Glass, Nancy (CDC/OID/NCHHSTP) <iub1@cdc.gov>; Tatia Kuchuloria <drkuchuloria@access.sanet.ge>; 'Lia Gvinjilia' <lgvinjilia@gmail.com>; McNabb, Leslyn (CDC/OPHSS/CSELS/DHIS) <axe8@cdc.gov>
Subject: Priority Activities for Georgia and CDC: Meeting with Minister and Francisco/CDC

Dear Dr. Amiran and Dr. Beth,
Please find attached an agenda with items discussed, Dr. Sergeenko and I, on 23 August. Below I have summarized our key discussion points/decisions /agreements. I would like to thank Dr. Sergeenko for very frank and constructive discussion, it speaks very well of our excellent collaboration- thank you Dr. Sergeenko. I look forward to the coming year for very good progress.

Best regards, FA

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Summary of Key Points and Action Steps:

1. Hepatitis Program Manager needed to support the Minister
    a. Will assign by October (goal) if finds correct individual
    b. Until assign, Minister Sergeenko will continue to serve as Hepatitis Program Manager
2. State Committee needs to meet regularly
    a. Meeting to be called by Minister, as Hepatitis Program Manager, next meeting, early September
    b. FA and Beth Skaggs will represent CDC with local DVH staff accompany
3. Scientific Committee
    a. Eka Adamia will serve as MOLHSA representative
    b. Next meeting 24 August 2017
4. TAG Meeting
    a. CDC working closely with NCDC on agenda
5. HCV Program priorities for 2017-18
    a. Stabilize and improve data management
    b. Improve identification of patients and linkage to care
    c. Introduce simplified regimens with less testing
    d. Introduce treatment at primary care and harm reduction
6. Program funding with new partner support for 2017-18
    a. Sources for potential funding include:

i. LIFER

ii. ECHO

iii. CDCF

iv. Other

    b. Funding can be directed to partners like Health Research Union and IDACIRC for implementation
    c. CDC will help identify priority areas for funding and facilitate
7. Data/Information Management
    a. Data can play key role in monitoring program and improving gaps (such as linkage to care following screening)
    b. Urgent need for Project Manager (PM) at MOLHSA to oversee the HCV

Data systems including but not limited to:

i. STOP-C

ii. ELIM-C

iii. Screening Database

iv. Other

c. Current team/individual lead at NCDC overseeing screening program has capacity to support/oversee the databases above, and serve as PM

i. For a term limited (ie 6 months) above individual/team lead will support/oversee the databases above, and serve as PM under direction and with direct report to the Minister or designated Hepatitis Program Manager/Advisor

d. CDC (and partners) agree to provide TA, financial support, and independent oversight of PM described above as agreed with Minister

e. Timing for this change should be ASAP; Dr. Sergeenko and Dr. Amiran to discuss logistics/mechanism; as noted CDC can facilitate support/funding