



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Minutes of the 22nd CCM Meeting

Venue: Conference Hall, Ministry of Health
Thimphu

Date : March 19, 2012

Prepared by CCM Secretariat

E-mail: ccmsecretariat.bht@gmail.com

URL: www.bhutanccm.org.bt

Tel/Fax: +975 -2- 331-75

The 22nd CCM meeting was organized on March 19, 2012 at Ministry of Health's main conference hall, Thimphu, primarily to:

1. Review and endorse the final draft proposals of HIV/AIDs, TB and Malaria, to be submitted under Transitional Funding Mechanism

Attendees:

CCM Members:

1. Ms. Phuntshok Choden, CCM Chair, Strategic Advisor, Bhutan Association of Women Entrepreneurs. (NGO Constituency).
2. Dasho Nima Wangdi, CCM Vice Chair, Hon'ble Secretary, Ministry of Health (Government Constituency).
3. Dr. Dorji Wangchuk, Director General, DoPH, MoH (Government Constituency)
4. Mr. Mark Laprarie, Representative, World Bank Country Office (Multilateral Constituency).
5. Dr. Nani Nair, Representative, WHO Country Office (Multilateral Constituency).
6. Dasho Sangay Thinley, President, Royal Society for Senior Citizens (NGO Constituency)
7. Mr. Rinchen Wangdi, Program Coordinator, GNHC (Government Constituency).
8. Ms. Dechen Zam, Chief Planning Officer, Ministry of Education (Government Constituency)
9. Mr. Kencho Wangdi, Portfolio Coordinator, SNV (Bilateral Constituency).
10. Dr. Sanga Dorji, Chairman, the Disabled Persons' Association of Bhutan. (CSO Constituency)
11. Mr. Gajel Lhundup, Director, Planning and Resources (Academic /Education Constituency).
12. Ms. Jigme Wangmo, Executive Director, Draktsho Vocational Training Centre for Special Children and Youth (NGO Constituency)
13. Ms. Chime P. Wangdi, Secretary General, Tarayana Foundation (NGO Constituency).
14. Mr. Kinley Tenzin, Sr. Program Officer, Bhutan Youth Development Fund (NGO Constituency).
15. Ms. Chimi Wangmo, Executive Director, RENEW (NGO Constituency).
16. Mr. Lam Ngodup Dorji, Secretary, Ati Foundation (FBO Constituency).
17. Mr. Kesang Wangdi, Dy. Secretary, Bhutan Chamber of Commerce & Industries (Private Sector Constituency).
18. Mr. Wangda Dorji, Executive Director, Lhaksam (PLWD Constituency)
19. Mr. Tashi Dendup, Peer Counselor (KAP Constituency).

Alternate CCM members:

1. Ms. Sonam Chuki, Budget Officer, Dept. Of National Budget, MOF (Government Constituency).

Principal Recipient (PR) Representatives:

1. Mr. Tandin Dorji, CPO, DoPH, MOH
2. Dr. Lobzang Dorji, CPO, Vector-borne Disease Control Programme (VDCP), MOH.
3. Mr. Tobgay Drukpa, Sr. Program Officer, Vector-borne Disease Control Programme (VDCP), MOH.
4. Mr. Namgay Tshering, Program Officer, National HIV/AIDS Control Program, MOH
5. Mr. Lekey Khandu, Asst. Program Officer, National HIV/AIDS Control Program, MOH
6. Mr. Chewang Rinzin, Sr. Program Officer, National Tuberculosis Control Programme, MoH

7. Mr. Tashi Dendup, Program Officer, National Tuberculosis Control Programme, MoH
8. Ms. Kinzang Wangmo, PO, PMT, MOH
9. Mr. Jigme Thinley, Asst. M&E Officer, PMT, MOH

CCM Secretariat:

1. Mr. Karma, CCM Coordinator
2. Ms. Suneeta Chhetri, Asst. M&E Officer

Observers:

1. Mr. Yeshey Dorji, Local Fund Agent, UNOPS.
2. Ms. Dechen Wangmo, Consultant, GMS
3. Ms. Sonam Pelden, Journalist, Kuensel Corporation Ltd.
4. Dr. Md. Mushfrin Rahman, WHO Consultant

Quorum:

Attendance - 100%

Opening remarks

The 22nd CCM meeting was chaired by Ms. Phuntshok Choden, CCM Chair, in her opening remarks she thanked member for their continued support and cooperation, She shared the primary aim of the 22nd CCM meeting is to review the final draft proposal of all three disease component and get endorsed prior the submission to the Global Fund Secretariat.

Adoption of the Agenda

The agenda for the Ad Hoc CCM meeting was approved. ([Refer Annex 1 for the agenda of the meeting](#))

1. Overview of the final draft proposal in line with CCM recommendations – HIV

The NACP program presented the final draft proposal in line with recommendations provided during the last ad-hoc CCM meeting

Ad-hoc CCM meeting recommendation

- Re-phrasing of the TFM proposal goal/title.
- Require additional information and research findings on uniformed personnel [for separate SDA]
- Program to review and refer Reproductive Health Review report
- 44% of total budget share for training – to be rationalized

Action taken

- The proposal goal/title for HIV component has been re-phrased as “To sustain gains in detection of HIV /STI transmission among MARPs and increased risk population and enhance quality of life of people living with HIV/AIDS”
- The CCM was informed, based on the information and research findings (BSS-2008 – Technical report November 2009), the program kept separate SDA for uniformed personnel under Transitional Funding Mechanism.
- The Program has reviewed and referred reproductive health review report and findings were incorporated in the TFMM proposal.
- As recommended, the training program prioritized and proposed professional development in services centres not the management training.

Presentation on final Draft TFM proposal – HIV component

- The member were appraise on the programmatic and financial analysis need to be address
- Goal and objectives of proposal under TFM
- Detail budget presentation by Service Delivery Area
- Cost category
- The members were appraised the yearly incremental funding request not applicable to HIV component, since current grant (Round 6) ends before the start of TFM request.
- Update on Sub-recipient, budget allocation and activities to implement
- Presentation on targets to achieved in the two years of TFM funding period
- Presented on coordination & development of funding application to engage broad range of stakeholders, including non-CCM and most-at –risk population during the solicitation & review of activities to be included in the TFM
- Program also shared the overview of the performance framework

Discussions & Recommendations :

- On behalf of Bhutan-CCM, chair congratulated the whole team who were involved in developing HIV proposal for their immense hardship and contribution and come up with intervention which are aligned with TFM requirement.
- The program was requested to revisit the wording structure how funding from other source to support the intervention proposed under TFM is impossible.
- The Chair, asked for additional comments from members on HIV component, since there were no further clarification and comments, chair ask member to show up hands, if they endorsed the TFM proposal of HIV component. All 20 members unanimously agreed and showed their hands up and said endorsed.

- the CCM requested all three programs to submit the proposal both electronic and hard copy to CCM Secretariat on agreed timeline to avoid delays reaching the Global Fund Secretariat

2. Overview of the final draft proposal in line with CCM recommendations – TB

The NTCP program presented the final draft proposal in line with recommendations provided during the last ad-hoc CCM meeting

Ad-hoc CCM meeting recommendation

- Revisit the goal of the proposal
- Relook justification on TB TFM proposal
- Revisit SDA 5. ACSM
- Seek expert advice on Procurement of LPA
- Include/ merge Infection Control SDA with MDR-TB

The program updated the status of the proposal particularly focusing on those recommendations provided during Ad-CCM meeting to review the draft proposals of all three components.

- Discussed within the programme and sought views of the Consultant and amended as “Sustaining quality services for TB and MDR-TB Control”
- Amended after revisiting the proposal on the progress made and highlighted the challenges, listed the essential services likely to be interrupted and its associated risks
- In depth discussion within the programme and consulted TWG members
- Intensively consulted the experts at WHO and PHL staff
- As recommended the infection and control SDA merged with MDR-TB

Presentation on final Draft TFM proposal – TB component

- The member were appraise on the programmatic and financial analysis need to be address
- Goal and objectives of proposal under TFM
- Detail budget presentation by Service Delivery Area
- Cost category
- The yearly incremental funding request not Update on Sub-recipient, budget allocation and activities to implement
- Presentation on targets to achieved in the two years of TFM funding period
- Presented on coordination & development of funding application to engage broad range of stakeholders, including non-CCM and most-at –risk population during the solicitation & review of activities to be included in the TFM
- Program also shared the overview of the performance framework

Discussions & Recommendations :

- On behalf of Bhutan-CCM, chair congratulated the whole team who were directly or indirectly involved in developing TB proposal for their immense hardship and contribution
- The program was requested to revisit the justification for submitting proposal under Transitional Funding Mechanism.
- The Chair, seek additional comments from the members with TB component, since there was no further clarification and comments, chair ask member to show up hands, if they endorsed the TFM proposal of TB component. All 20 members unanimously agreed and showed their hands up and said endorsed.
- The CCM requested the programs to submit the proposal both electronic and hard copy to CCM Secretariat on agreed timeline to avoid delays reaching the Global Fund Secretariat.

3. Overview of the final draft proposal in line with CCM recommendations – Malaria

The program updated the status on recommendations provided during Ad-CCM meeting to review the draft proposals of all three components.

Ad-hoc CCM meeting recommendation

- The programs must provide adequate reasons in the proposal, as to why the funding from other sources would not be available.
- Revisit the activity under SDA 3.1 HSS: Health work force and SDA 3.2: Building community linkages, collaboration and coordination.
- With regard to HR component, provide adequate reasoning that without this support the programs cannot be carried out.
- Carefully use the appropriate words to suit the TFM guidelines to justify the interventions on the proposal

Action taken by the Malaria Program

- The program presented the justifications for submission of activities under Transitional Funding Mechanism
- The SDAs revisited and refined accordingly
- Human Resources recruited through the Global Fund are not included in 10th Five Year Plan Human Resource plan, and also the Human Resource plan for 11th Five Year Plan was submitted. Thus, it requires continue support through TFM.
- Carefully use the appropriate words to suit the TFM guidelines to justify the interventions on the proposal

Presentation on final Draft TFM proposal – Malaria component

- The member were appraise on the programmatic and financial analysis need to be address

- Goal and objectives of proposal under TFM
- Detail budget presentation by Service Delivery Areas
- Cost category
- The members were appraised the yearly incremental funding request.
- Update on Sub-recipient, budget allocation and activities to implement
- Presentation on targets to achieved in the two years of TFM funding period
- Presented on coordination & development of funding application to engage broad range of stakeholders, including non-CCM and most-at -risk population during the solicitation & review of activities to be included in the TFM
- Program also shared the overview of the performance framework

Discussions & Recommendations :

- On behalf of Bhutan-CCM, chair congratulated the whole team who were directly or indirectly involved in developing Malaria proposal for their immense hardship and contribution
- The program was requested to revisit the justification for submitting proposal under Transitional Funding Mechanism.
- The Chair, seek additional comments from the members with Malaria component, since there was no further clarification and comments, chair ask member to show up hands, if they endorsed the TFM proposal of Malaria component. All 20 members unanimously agreed and showed their hands up and said endorsed.
- The CCM requested the programs to submit the proposal both electronic and hard copy to CCM Secretariat on agreed timeline to avoid delays reaching the Global Fund Secretariat.

4. Single Country Application: Section 1-2

The CCM Secretariat updated the session on the fulfilment of six eligibility criteria

- Coordination and development of all funding applications through transparent and document process that engage a broad range of stakeholders and efforts to engage key population group
- Processes to select Principal Recipient
- Non-implementation of dual track financing
- Process to oversee program implementation
- Inclusive of broad membership in Bhutan-CCM
- Managing conflict of interest

5. Re-programming proposal for CCM endorsement – HIV/AIDS program

The HIV program proposed the re-programming of USD 12,000.00 from SDA 1.8.5 to “Establishment of Care & Treatment Unit” with the following:

Background:

Developing countries often lack access to continuous patient data, which is an important component of providing quality health care and Bhutan is no exception. However, Bhutan has a very small number of positive cases at the moment and initiating a system to record data will be comparatively easier.

In terms of providing care and treatment of PLWHA (People Living with HIV/AIDS), Bhutan began offering AZT (zidovudine) to infected pregnant women in 2001 (4). HAART was initiated in 2004 with 27 patients following the guidelines of WHO. There are CD4 count analysis facilities available at the National Referral Hospital in Thimphu and Mongar Regional Referral Hospital in the East. Treatment for opportunistic infections and counseling services are also being offered, along with VCT and mandated spouse/partner reporting.

While there has been progress in these areas; like the rest of the developing countries, Bhutan has also neglected sufficient HIV care and treatment data collection and employment of information technology to store these data sets. The few data sets that the MOH did collect according to the WHO guide lines are only for those people on HAART or near HAART requirement. Moreover these data sets are not collected in a standardized fashion all around the districts and are not reported to a central unit where proper compilation can take place. There is no standardized form for collection of data from HIV infected patients who are not on HAART and this could prove to be a massive gap for future studies involving care and treatment in Bhutan. Finally for the variables that are being collected in Bhutan, their permanent storage is still carried out on paper and filed in boxes. With a HIV infection history as young as ours and a cohort just as small, we should seize this perfect opportunity for Bhutan to build a strong system of HIV care and treatment data base.

Keeping in view the importance of having such system and understanding that Bhutan stands a better chance of creating such system when the cases are comparatively low, the Ministry of Health agreed to create a Data Set for Care and Treatment of Patients with HIV in Bhutan. Following that a team of health workers were trained on HIV cohort data recording and reporting organized by WHO in 2009. The National HIV Care and Treatment unit then coordinated a data stabilization tour to collect data available in the districts and identifying data managers. A letter of decentralization of HIV positive cases was also distributed during the tour. The data stabilization tour recognized a need for conduct of a training workshop of data managers on HIV cohort data recording & reporting to initiate HIV cohort data recording & reporting system in the country.

Purpose for re-programming;

- Develop HIV Cohort data tools
- Printing of the tools
- Cost of advertisements and
- Supply of office stationeries

Discussions & Recommendations :

- The Vice Chair, also the Secretary of Health and Director General, DoPH, MoH, is the member of CCM, left the particular session to mitigate the potential conflict of interest.
- After a prolong deliberation, member unanimously endorsed the re-programming proposal submitted the program

5.1. Any Other Business (AOB)

Ms. Kunzang Wangmo, the Project Coordinator, introduced herself to the CCM members and presented the implementing status of SR-BCCI:

- Agreement on SR started from 1/02/2012 for a period of three years with a budget of USD 63,985
- Implementation status :
 - 2010- out of 4 activities only 2 were implemented. However, the expenditure incurred is still un-liquidated (Nu. 4,68,891.08)
 - 2011 – none were implemented (4 planned) (USD 23,970)
 - 2012 – 5 activities planned (Jan 2013- Grant ends)
- Budget for 2012 USD 24,470 (work plan till Oct 2012)

Actions taken

- Several reminders sent (formally and informally)
- Matter reported to the management, BCCI & CCM
- CCM Oversight visit
 - Letter received from BCCI, stating they want to implement the activities as planned

Discussions & Recommendations :

- The CCM acknowledged BCCI's for their immense contribution to reach the private sector community to fight against the disease.
- Write a management letter to BCCI to liquidate the budget within stipulated time frame (i.e. March 28, 2012), with all necessary documents in acceptable terms as per the financial rules and regulations of RGOB.
- Inform BCCI, failure to liquidate the outstanding and the commitment from the management will force PR in taking a serious action by disengaging with the organisation to implement proposed activities of Round 6

Closing Remarks:

The meeting adjourned with the Chairperson thanking all the CCM members for their participation and wishes the program teams for success of the proposal submission

22nd Bhutan-Country Coordinating Mechanism meeting
Venue: Main Conference Hall, Ministry of Health building, Thimphu

Date: 19th March 2012, 2:30pm
Draft Agenda

Objective:

1. Review and endorse the final draft proposals of
 - HIV/AIDS,
 - Tuberculosis
 - Malaria
 - Single Country Application: Section 1-2

Time	Topic	Responsibility
2:30 - 2:40pm	Opening Remark	CCM Chair
2:40 – 3:00pm	Overview of final draft proposal in line with CCM recommendations	HIV Program
3:00 – 3:15pm	Clarification/discussion/endorsement	Bhutan-CCM
3:15 – 3:35pm	Overview of final draft proposal in line with CCM recommendations	TB Program
3:35 – 3:50pm	Clarification/discussion/endorsement	Bhutan-CCM
3:50pm	Tea Break	Tea will be served in the meeting
3:50 – 4:10pm	Overview of final draft proposal in line with CCM recommendations	Malaria Program
4:10– 4:20pm	Clarification/discussion/endorsement	Bhutan-CCM
4:20 – 4:40pm	Update on six minimum eligibility criteria	
4:40 – 5:00pm	Discussion on re-programming proposal	HIV Program
5:00 – 5:30pm	Any other business	CCM/Program
5:00pm	Tea Break	

TASHI DELEK!

