

Minutes of the consultative meeting with the stakeholders

Date: 7th July 2006

Venue: MoH conference hall.

A meeting was convened at the conference hall of the ministry on 7th July 06. It was chaired by the Hon'ble Secretary with the participations from the relevant stakeholders such as the Uniform personnel, Private sector, international donor agencies, faith based institutions. The main purpose of the meeting was to have an in-house discussion on the proposal for the GFATM fund.

Opening Remarks

The Hon'ble chair in his opening remarks welcomed all the participants to the meeting and expressed his appreciation for making up to the meeting in a short notice. Further the chair mentioned that such a meeting was important to discuss on the activities to be implemented by the stakeholders through the GFATM funding. The chair also expressed his acknowledgement to the WHO for fielding in the technical consultant to help the ministry in developing the proposal.

The chair also reminded that the GFATM proposal was on the 6th round and urged the relevant stakeholders to give in their inputs to secure the fund in the interest of the general population. The chair finally reminded that every individual involved should make a difference in developing the proposal as it is OUR proposal and not the proposal of the Ministry of Health thereby giving due ownership to the proposal. With these words, the chair directed the forum for active discussions.

Presentation by Dr Renu Garg on 6th Round GFATM

Dr Renu Garg expressed her appreciation to the Royal Government of Bhutan and in particular the Ministry of Health for inviting her to develop the proposal for Bhutan. She reminded the forum that securing the funds from the GFATM was not an easy task and involved a lot of efforts. She also informed the forum that only few countries in the world are able to secure the funds on the basis of three criteria: **Soundness of the proposal, Feasibility of the proposal and Sustainability of the proposal**. The forum was informed that the deadline for the submission of the proposal to the GFATM was 3rd August 2006 and urged the participants to expedite the process.

Dr Renu made it clear in her presentation that the focus of the proposal should be on the gender, people affected by the disease, evidence based and complimentary to the existing funding and not as a replacement to the existing fund. The presentation also highlighted that the release of the fund depended on the capacity of the country to implement the activities. The forum was also made clear that in the 6th Round there was no separate component for the Health System Strengthening and the GFATM does not entertain the construction of large scale capital infrastructure.

Presentation by Dr Gampo Dorji on HIV/AIDS Fund Gap.

The presentation covered a brief the status of the HIV/AIDS programme in Bhutan and also the Gap analysis for the programme to secure the GFATM funds. The total reported cases of HIV/AIDS as presented was 83 as of 2006 June. The presentation reported that 15 out of 20 districts have HIV infected people. The programme expressed a grave concern of the infection to all the categories of the people. The programme also appraised the forum of the World Bank support in terms of intensifying scaling up activities. The programme also mentioned that since HIV/AIDS prevention was cross cutting in nature and need for a multi sectoral approach was emphasized. The programme presented a tentative summary of the budget required by each stakeholder and reported that the budget could be inflated or deflated as per the requirements of the stakeholders.

Discussions:

The chair informed the floor that combating the HIV/AIDS required a multi sectoral approach and urged the relevant stakeholders to give in their inputs to the programme. The chair directed the programme to book certain portion of the fund to the private sector since they play a crucial role in terms of spreading the messages to the mass. The chair also directed the programme discuss with the uniform personnel's on the budgeting the detail plan of activities. To this effect, the programme reported that detailing of activities will be done for each stakeholder. The participants were informed by the programme to give in their inputs so that the budget can be inflated to the extent desirable.

One representative from the private sector was of the view that the budget allocated for the health sector was quite low. He suggested for the inflation of the budget since the budget has to be divided into 20 districts and may not be sufficient to meet the planned activities. Reiterating to this, the chair mentioned that money may be requested depending on the capacity to absorb. If the funds secured are not utilized then it will bear negative implication to Bhutan as a country from the GFATM. The representative from the private sector requested the need to seek proper explanation from the non performing organizations in terms of fund utilization then there won't be underutilization of the funds. The chair also reported that underutilization of funds may be due to difficulty in coordination of the MSTF in the dzongkhags. HIV/AIDS is one issue for the districts but they also have line priority activities to be implemented.

The Join Director of the QASD requested the programme to make target specific interventions like specific sex workers, youth focused interventions etc. He also suggested to address the risk taking behaviors and also suggested for peer support. Through peer support the affected ones can implement the activities. The chair mentioned that it was more imperative to take care of the potential risk taking groups then the already affected one.

PPD reported that some provision needs to be kept for the budget for the School Health Programme and VHW programme since they played a crucial role in advocacy programmes. The DS also felt the need to improve the laboratory services from the GFATM support. The DS/PPD also informed the programme to re visit the Do's & Don'ts of the GFATM such as long term training etc. The financial rules of the GFATM and RGoB needs to be revisited. To this effect, the chair informed the forum that PPD should be party to preparation of the proposal and that the division should be also aware of the rules of the GFATM.

The representative from the RBA reported that the figures for the budget may go up or down depending on the detail activities. The other point raised was whether the migrant workers were being taken care of since they fall under vulnerable group. The programme reiterated that this would be covered under the SAARC.

The Representative from the private sectors suggested that Indo Bhutan Border Friendship Association be used as a medium to promote awareness on HIV/AIDS and the budget for the same may be kept separately.

Unicef suggested that if the private sectors can film short movies to impart knowledge to the public when they visit the hospitals as 3 hours duration movies was too long for any one to watch.

Presentation by Dr Lungten Z. Wangchuk on the TB Fund Gap.

The programme manager informed the forum that the GFATM has released the first and second disbursement of the 4th round proposal. Further the programme informed the floor of the need to do programmatic gap and financial gap analysis in order to secure the funds. The program mentioned that HIV/AIDS and TB are different in the sense that TB required more technical inputs of the health workers where the focus is on the diagnosis and cure. The ministry of health has to take the main lead role due to the technical nature of the programme. The chair reiterated by informing the floor of the high correlation between HIV/AIDS and TB. HIV patients are more susceptible to suffering from TB.

Discussions:

One of the participants informed the floor that due to nature of congested accommodation in the monastic bodies it was difficult to control the spread of the infection.

The chair felt the need to inform the monastic bodies on the sign and symptoms of the TB so that timely interventions could be taken. The chair being full concerned about the

issue directed the programme to look at the % of TB patients from the monastic bodies. The chair also mentioned that the proposal should be evidence based as mandated by the GFATM. The chair also directed the programme to strengthen the discrimination against the TB patient's. To this effect, the programme manager reported that the strengthening of the discrimination was covered in the 4th round proposal in the form of advocacy. . One participant was of the view that the social stigma attached to the TB patients has gradually reduced over the years.

The program was also asked to improve certain components of the DoTS and also to focus the interventions on the susceptible groups like the truck drivers and with the involvement of the Road Safety & Transport Authority.

Presentation by Mr Tashi Tobgyal on the Malaria Fund Gap.

The program reported that the main focus of the proposal would be on the scale up activities due to external factors such as global warming, increasing populations etc. The major funding gap was reported in the field of environmental management. Another area Gap was also reported was in the long term human capacity building.

The chair directed the programme to look into the control of malaria through cross border activities with the border of India. Introduction of mechanism to coordinate with the bordering states of India in terms of control of malaria. The chair also suggested that the program could focus on biological control through proper environmental management and involving the community participation.

The chair also directed the program to strengthen the entomological studies through operational research. It was emphasized to enhance the operational research to be able to facilitate decision making and introduction of new insecticides.

Noting the increase of mosquitoes in other urban areas, one participant informed that due consideration should also given to other district other than the endemic southern districts. To this effect, the program reported they were fully aware of the situation and also reported that mosquito bites does not cause malaria.

The programme also appraised the forum that they are fully involving the support of the armed forces in terms of controlling the mosquitoes by forcing then to use of nets.

The chair reiterated by saying that forcing people to use the nets was against human rights and must be discouraged at every level. The program should instead properly educate the people on the benefits of using the mosquito nets.

One food for thought question was raised by the chair whether Mosquito bites cause HIV/AIDS. To this effect, Dr Krishna, pathologist from the JDWNRH reported that HIV/AIDS virus does not survive in the body of the mosquitoes and the chances of getting HIV/AIDS through bites was negligible.

Closing Remarks:

The chair while appreciating the proposal development team for the development of the proposal further urged the team to fully work towards meeting the dead line of August the 3rd 2006. The chair mentioned that the skeletal has already been made and now it's the time to add flesh and bone to the structure. To this end, the chair urged all the stakeholders to give in their inputs in shaping the proposal. With these words the meeting was winded up.