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**The Global Fund**

To Fight AIDS, Tuberculosis and Malaria

Minutes of the Ad Hoc Meeting  
of  
Country Coordinating Mechanism (CCM)  
Venue: Conference Hall, Ministry of Health  
Thimphu  
Date: March 9, 2012

Prepared by CCM Secretariat

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The Ad Hoc CCM was organized on March 9, 2012 at Ministry of Health's main conference hall, Thimphu, with an objective to:

1. Election of Bhutan-Country Coordinating Mechanism (BCCM) Chair
2. Review of draft proposals of HIV/AIDs, TB and Malaria

**Attendees:**

**CCM Members:**

1. Ms. Phuntshok Choden, CCM Chair, Secretary General, Bhutan Association of Women Entrepreneurs. (NGO Constituency).
2. Dasho Nima Wangdi, Hon'ble Secretary, Ministry of Health (Government Constituency).
3. Dr. Dorji Wangchuk, Director General, DoPH, MoH (Government Constituency)
4. Dr. Nani Nair, Representative, WHO Bhutan (Multilateral Constituency).
5. Dasho Sangay Thinley, President, Royal Society for Senior Citizens (NGO Constituency)
6. Mr. Rinchen Wangdi, Program Coordinator, GNHC (Government Constituency).
7. Ms. Dechen Zam, Chief Planning Officer, Ministry of Health (Government Constituency)
8. Mr. Kencho Wangdi, Portfolio Coordinator, SNV (Bilateral Constituency).
9. Dr. Sanga Dorji, Chairman, the Disabled Persons' Association of Bhutan. (CSO Constituency)
10. Mr. Gajel Lhundup, Director, Dept. of Planning and Resources (Academic /Education Constituency).
11. Mr. Lam Ngodup Dorji, Secretary, Ati Foundation (FBO 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. Mr. Wangda Dorji, Executive Director, Lhaksam (PLWD Constituency)
16. Mr. Kesang Wangdi, Dy. Secretary, Bhutan Chamber of Commerce & Industries (Private Sector Constituency).
17. Mr. Tashi Dendup, Peer Counselor (KAP Constituency).

**Absentees (CCM Member)**

1. Mr. Bikash Thapa, Chief Budget Officer, Department of National Budget, Ministry of Finance (Government Constituency).
2. Mr. Mark LaPrairie, Representative, World Bank (Multilateral Constituency)
3. Ms. Chimmi Wangmo, Director, RENEW Secretariat (NGO 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. Dr. R.Namgay, Dy. Chief Entomologist, VDCP, MOH.
5. Mr. Namgay Tshering, Program Officer, National HIV/AIDS Control Program, MOH
6. Mr. Lekey Khandu, Asst.Program Officer, National HIV/AIDS Control Program, MOH
7. Mr. Chewang Rinzin, Sr. Program Officer, National Tuberculosis Control Programme, MoH
8. Mr. Tashi Dendup, Program Officer, National Tuberculosis Control Programme, MoH
9. Ms. Kinzang Wangmo, PO, PMT, MOH
10. 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. Deki Zam, Project Coordinator, Draktsho Vocational Training Centre for Special Children and Youth (NGO Constituency)
3. Ms. Dechen Wangmo, Consultant, GMS

**Quorum:**

Attendance - 85%

**Opening remarks**

The Ad Hoc Meeting of the CCM was chaired by Ms. Phuntshok Choden, CCM Vice Chair. In her opening remarks; she highlighted the main objectives of the meeting and thanked all the members for their attendance at this important meeting as the presence of 3/4<sup>th</sup> of the CCM was necessary to elect the Chair. As the quorum has been met, the adhoc meeting could go ahead to conduct the election as planned. She informed that the meeting would continue to be chaired by the elected Chair of the CCM after the election.

At the start, the CCM Coordinator sought the endorsement of the replacement (membership) of Dr. Ugyen Dophu by Dr. Dorji Wangchuk, Director General, DoPH, MoH (Government Constituency). The latter has joined as the new Director General, Dept. of Public Health, in place of Dr. Ugyen Dophu. Next, the membership of Dr. Ugyen Dophu, Director, Dept. of Medical Sciences was also endorsed as alternate member to Dasho Nima Wangdi, Hon'ble Secretary, Ministry of Health (Government Constituency).

## Adoption of the Agenda

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

### 1. Nomination/Election of CCM Chair & Vice Chair

The CCM Secretariat presented the guidelines as laid out in the CCM governance manual with regard to the CCM Chair nomination/ election and also presented the roles and responsibilities of the Chair.

The Members were presented with two options to elect a chair through secret voting and to nominate suitable members and elect a chair.

After a brief discussion that led to the resignation of the Vice-chair, it was decided that the election at this Adhoc meeting would result in a new Chair and Vice-chair.

The CCM members opted to vote through secret voting system and the candidate with the highest vote would become the Chair followed by the second highest votes as the Vice Chair of the CCM.

Once this was agreed, the Bhutan CCM went ahead with the elections and the CCM members voted as follows

Members	Designation/Constituency	Total Vote
Ms. PhuntshokChoden	Secretary General/ NGO	11
Dasho NimaWangdi	Hon'bleSecretary/Government	5
Mr. WangdaDorji	Executive Director/PLWD	1

Results of the Election were as under :

1. Ms. Phuntshok Choden was elected as the Chair with 11 out of 17 votes, and
2. Dasho Nima Wangdi, Hon'ble Secretary, MoH was elected as the Vice Chair with 5 out of 17 votes.

Ms. Phuntshok Choden, accepted the CCM members' decision of electing her as the Chair, she thanked the Hon'ble members for their trust and confidence in her capacity to lead the Bhutan CCM. She assured them of her comittment to give her time and guidance to ensure that the CCM can serve the interest of the nation and requested the hon'ble members for their optimal cooperation and collaboration to work as a team

### 2. Overview of Transitional Funding Mechanism

The CCM Secretariat presented the procedures and guidelines of the TFM to highlight what the Global Fund is likely or unlikely to finance. In particular, under the TFM the support is meant to:

- Protect the gain achieved
- Save lives; and
- Have high impacts, evidence based, targeted population and also represents good value for money

### Key dates & Timeline

Steps in Transitional Funding Mechanism	Date
Publication of application materials for Transitional Funding Mechanism	- 12 December 2011
Submission date for proposals	- 31 March 2012
Proposals screened by the Global Fund for applicant eligibility and completeness	- April – May 2012
Reviews of proposals by Technical Review Panel	- Early June 2012
Board endorsement of Technical Review Panel's recommendations	- July 2012
Board funding decisions (after grant negotiations)	- 2012/2013

### Discussions & Recommendations :

- It was clarified that the programs will, soon after the natural end of the current grant, can begin the implementation of the TFM grants without failing to keep gaps in between, so as to be able to continue the services in the three diseases.

### 3. Presentation of TFM draft proposal by Malaria program (VDCP)

The Program Officer of the VDCP presented the TFM proposal to the members as follows:

Objectives:

1. To sustain malaria control and prevention in Bhutan.
2. To sustain 100% quality diagnosis and prompt treatment.
3. To sustain health system for malaria control and prevention at all levels.

#### Budget by cost category (TFM)

Cost Category	Y 1	Y 2	Y1 +Y2	%
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Health Products and Health Equipment	826,395	133,446	959841	70.77%
Planning and Administration	18,930	18,930	37860	2.79%
Communication Materials	27,600	27,600	55200	4.07%
Monitoring and Evaluation (M&E)	68,436	68,436	136872	10.09%
Training	33,040	33,040	66080	4.87%
Pharmaceutical Products (Medicines)	1,050	945	1995	0.15%
Human Resources	34,212	34,212	68424	5.05%
Technical and Management Assistance	0	30,000	30000	2.21%
<b>Grand Total</b>	<b>1,009,663</b>	<b>346,609</b>	<b>1356272</b>	<b>100%</b>

### Discussions & Recommendations :

The following suggestions were made by the CCM on the final draft proposal:

- 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.

#### 4. Presentation of TFM draft proposal by HIV program (NACP)

The Program Officer of the VDCP presented the TFM proposal to the members as follows:

Objectives:

1. To provide HIV/STI comprehensive package of services for MARPs in selected districts.
2. To continue HIV/STI preventive services for increased risk population including PMTCT through the existing decentralized health delivery system and collaborations
3. To continue access to quality treatment and care for infected population.
4. To strengthen strategic information and institutional capacity for effective response.

#### Budget by Service Delivery Area (SDA):

Service Delivery Area		Y 1-2013	Y 2-2014	Total	Total %
1.1	Comprehensive service packages for FSW, and MSM in 6 selected districts through HISC	309,856.7	233,827.8	543,684.4	25.4%
1.2	Comprehensive service packages for DU/IDUs in selected 4 districts through DIC	184,656.8	201,536.2	386,192.9	18.1%
2.1	To continue targeted HIV/STI preventive interventions for migrant workers, truckers and taxi drivers in eight selected districts	126,271.1	110,866.6	237,137.7	11.1%
2.2	To continue HIV/STI preventive services among uniformed personals (RBA, RBG, and RBP)	62,418.7	45,319.3	107,738.0	5.0%
2.3	To strengthen MCH services to accommodate PMTCT for inaccessible populations	77,788.9	161,260.2	239,049.0	11.2%
3.1	Continue ART and OI management in central and district hospitals	100,327.8	60,478.9	160,806.7	7.5%
3.2	Continue care and support for infected population	54,000.0	56,000.0	110,000.0	5.1%
3.3	Procurement of health and non-health commodities	13,333.3	17,666.7	31,000.0	1.4%
3.4	TB/HIV	20,361.7	4,327.2	24,688.8	1.2%
4.1	Sustain Sero-behavioral surveillance system	153,661.1	10,505.8	164,166.9	7.7%
4.2	Strengthen national M&E system	44,983.3	89,490.5	134,473.8	6.3%
	Total	1,127,297.7	986,951.7	2114250	100.0%

#### Discussions & Recommendations :

The following suggestions were made by the CCM on the final draft proposal:

- With regard to a separate SDA for the uniformed personnel, the programs must provide adequate reasoning/justification in the proposal. The proposal should be either backed by surveys.
- Revisit the activity under SDA 4: To strengthen strategic information and institutional capacity

for effective response.

- With regard to HR component, the proposal has budget plan of more than 50%, provide adequate reasoning that the support is for the capacity building of the peer educators and not the employee of the centres.
- Strongly justify that the programs interventions are aimed at the communities.
- Carefully use the appropriate words to suit the TFM guidelines to justify the interventions on the proposal.

## 5. Presentation of TFM draft proposal by TB program (NTCP)

The Program Officer of the VDCP presented the TFM proposal to the members as follows:

### Objectives of the TFM proposal

- To sustain case notification rate of > 90% among prevalent cases and to sustain treatment success rate of 90% among NSP
- To improve MDR-TB case detection and management
- To implement TB/HIV collaborative activities

Objectives	Service delivery areas	Number of activities	Total budget in year 1	Total budget in year 2	Total proposed budget
To sustain case notification rate of > 90% among prevalent cases and to sustain treatment success rate of > 90% among NSP cases	Quality Microscopy Services	5	20,153.00	19,139.00	39,292.00
	Monitoring and evaluation	4	59,052.00	87,118.00	146,170.00
	Vulnerable population	3	53,426.00	58,119.00	111,625.00
	Improving DOTS through strengthening community system	7	42,112.00	46,524.00	88,636.00
	Advocacy, communication and social mobilization	5	20,892.00	22,627.00	43,519.00
To sustain casenotification rate of > 90% among	Multi-drug-resistant TB (MDR-TB)	8	180,474.00	101,016.00	281,490.00



prevalent cases and to sustain treatment success rate of >90% among NSP cases	Infection Control	3	7,754.00	8,640.00	16,394.00
To implement TB/HIV collaborative activities	TB/HIV	2	13,298.00	534.00	13,832.00

### Discussions & Recommendations :

The following suggestions were made by the CCM on the final draft proposal:

- The programs need to relook at the justification on TB TFM proposal, which seems to portray negatively on the programs' effort to fight TB in the country.
- Revisit the activity under SDA 5. ACSM, the activity may not be adequate as per the essential services of the TFM.
- Revisit the activity under SDA 1.2: Training of new Lab. technicians in sputum microscope, the activity may not be strong.
- Revisit the activity under SDA 6.3: Training of Lab. Technicians for LPA ( 2 LTs, one each per year at SNRL).
- Consider including the SDA 7. Infection Control under MDR category and the SDA 8.1 is not strong.

### Closing Remarks:

The meeting adjourned with the Chairperson thanking all the CCM members for their participation and the program teams for their hardwork in preparing and sharing the proposals.

The Vice Chair, Dasho Nima Wangdi, Secretary, MoH, urged every one to take active interest and participate since the CCM is a national committee. Dasho said that the collaborative effort of all sectors and people were important to fight against the three diseases effectively

Annex I

**Ad-hoc Bhutan-Country Coordinating Mechanism meeting**  
**Venue: Main Conference Hall, Ministry of Health building, Thimphu**  
**Date: 9<sup>th</sup> March 2012**  
**Agenda**

Objective:

- Election of Bhutan-Country Coordinating Mechanism (BCCM) Chair and vice chair
- Review of draft proposals of HIV/AIDs, TB and Malaria

Time	Topic	Presenter/facilitator
9:30 - 9:40am	Opening Remark	Vice Chair, Bhutan-CCM
9:40 – 9:50am	Election Procedure	CCM Secretariat
9:50 – 10:30am	Nomination/Election of CCM Chair & vice chair	CCM members only
10:30 – 10:50am	Declaration of result	CCM Secretariat
10:50am	Tea Break	Tea will be served in the meeting
10:50 – 11:00am	Overview on the Transitional Funding Mechanism	CCM Secretariat
11:00– 11:20am	Presentation of draft proposal	Malaria program
11:20 - 11:40am	Clarification/discussion	CCM/program
11:40 - 12:00pm	Presentation of draft proposal	HIV/AIDs program
12:00 – 12:20pm	Clarification/discussion	CCM/Program
12:20 – 12:40am	Presentation of draft proposal	TB program
12:40 – 01:00pm	Clarification/discussion	CCM/Program
01:00 – 01:10pm	Any other business	CCM/Program
01:10pm	LUNCH	

TASHI DELEK !

