

29thCCMMeeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS										
COUNTRY (CCM)			Bhutan				TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			14
MEETING NUMBER (if applicable)			29 th CCM meeting							
DATE (dd.mm.yy)			10 October 2014				TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			10
DETAILS OF PERSON WHO CHAIRED THE MEETING										
HIS / HER NAME & ORGANISATION		First name	Nima				QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes
		Family name	Wangdi				DURATION OF THE MEETING (in hours)			5
		Organization	Government constituency				VENUE / LOCATION		Main Conference Hall, Ministry of Health, Thimphu	
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair				X	MEETING TYPE (Place 'X' in the relevant box)		Regular CCM meeting	X
		Vice-Chair							Extraordinary meeting	
		CCM member							Committee meeting	
		Alternate					GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA	
HIS / HER SECTOR* (Place 'X' in the relevant box)						FPM / PO				
						OTHER				
						NONE				
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS			
X										

LEGEND FOR SECTOR*			
GOV	Government	PLWD	People Living with and/or Affected by the Three Diseases
MLBL	Multilateral and Bilateral Development Partners in Country	KAP	People Representing 'Key Affected Populations'
NGO	Non-Governmental & Community-Based Organizations	FBO	Religious / Faith-based Organizations
EDU	Academic / Educational Sector	PS	Private Sector / Professional Associations / Business Coalitions

AGENDA SUMMARY	
AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW
AGENDA ITEM #1	Introduction Objectives of agenda Declaration of conflict of interest (COI) Endorsement – Draft Agenda
AGENDA ITEM #2	Final draft concept note(3rd review) - Follow up on comments – CCM,

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)														
GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS														
Review progress, decision points of last meeting – Summary Decisions	Review CC M annual work plans / budget	Conflict of interest / Mitigation	CC M membership renewal / appointments	Communication / consultation with civil society / nongovernmental stakeholders	CC M communications / consultation with civil society / nongovernmental stakeholders	Gender issues	Proposals development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiation / Agreement	Oversight (PUDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TAs solicitation / progress	Other

	Global Fund and other partners <ul style="list-style-type: none"> - Update - in country dialogue (with stakeholders and KAP) - Objectives and goals - Performance/measurement framework - Budget summary by modules - PSM plan and budget - TB/HIV collaboration Update – SRs, activities and total allocation																	
AGENDA ITEM #3	Final draft concept note (2nd review by full CCM) <ul style="list-style-type: none"> - Follow up on comments – CCM, Global Fund and other partners - Update - in country dialogue (with stakeholders and KAP) - Goal and Objectives - Performance/measurement framework - Budget summary by modules - PSM plan and budget - TB/HIV collaboration Update – SRs, activities and total allocation																	
AGENDA ITEM #4	TB extension plan – TFM grant (period 1 January – 20 June 2015)																	

To add another 'Agenda Item' highlights the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and click on the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #1	Introduction Objectives of the agenda Declaration of conflict of interest (COI) Endorsement – Draft Agenda
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
<p>The CCM Secretariat informed the floor that the CCM wrote to the Fund Portfolio Manager (FPM) prior to the CCM meeting the with regard to the COI mitigation on the agenda of the 29th CCM of reviewing and endorsing the HIV, Malaria and TB extension plan.</p> <p>It was also informed that while endorsing TB's NFM proposal all 20 CCM members had to sign the endorsement form and the same was also stated in the email from the FPM with FPM further stating that it is up to the CCM to define what is considered COI.</p> <p>Therefore, it was concluded that it did not seem reasonable for the CCM members who are also from the PR organization, to refrain from the discussion or endorsement of the proposal, when it is mandatory for all CCM members to sign the endorsement form.</p>	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<p>In the opening remark, CCM Chair thanked all members and implementing partners for their participation and commitment to fight against three diseases.</p> <p>The CCM secretariat briefly presented on the meeting agenda objectives.</p>	
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM	
<i>Please summarize the respective constituencies' contributions to the discussion in the spaces provided.</i>	
GOV	The Chair sought feedback on agenda from the members if agenda needs any changes.
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	
PVT	
DECISION(S) <i>Summarize the decision in the section below</i>	
<ul style="list-style-type: none"> • The agenda was endorsed. 	

ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
<i>Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.</i>			
DECISION MAKING			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	x	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
	VOTING		VOTING METHOD (Place 'X' in the relevant box)
			SHOW OF HANDS
			SECRET BALLOT
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >
			14
		ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	0
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	0
*Consensus is general or widespread agreement by all members of a group.			
AGENDA ITEM #2	Final draft concept note(3rd review) <ul style="list-style-type: none"> - Follow up on comments – CCM, Global Fund and other partners - Update - in country dialogue (with stakeholders and KAP) - Objectives and goals - Performance/measurement framework - Budget summary by modules - PSM plan and budget - TB/HIV collaboration - Update – SRs, activities and total allocation 		
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)			
Non			
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>			
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED			
<p>Discussed way forward during GF team visit in September</p> <ul style="list-style-type: none"> ✓ Geographical prioritization Thimphu and border areas with India ✓ Entry points: STI clinics, TB patients, VCT centers ✓ Testing and treating – phased approach ✓ Ensure implementation of WHO 2013 treatment guidelines while monitoring the treatment cascade ✓ Enhance sustainability: would it be feasible if MoH could take over 50% of patients by end 2017? ✓ Strengthen routine reporting and recording system – Review possibility of establishing electronic recording & reporting ✓ Training – Surveillance and M&E training packages ✓ Operational Research: sexual behavior studies ✓ Assessment current legal environment (what has been done so far) ✓ Assessment legal norms that affects vulnerability to HIV and access to services ✓ Leverage the prevention effects of early diagnosis and treatment by scaling up HIV testing and providing ART to all HIV patients as per the National Guideline ✓ Provide high coverage comprehensive HIV/STI prevention and diagnosis services in a geographically and epidemiologically prioritised manner; ✓ Ensure sustainability by strengthening community and health systems and promoting the linkages between them at national and sub-national levels; ✓ Strengthen strategic information and monitoring for an evidence-based and focussed response. ✓ Geographical prioritization <ul style="list-style-type: none"> Thimphu Chhukha - Phuntsholing Sarpang – Gelephu Samdrupjongkhar Wangdue Phodrang Trongsa <p>*Half of Bhutan's population lives in these districts (49%), and 83% of the HIV cases detected were reported in these districts.</p> <p>*HIV treatment and PITC activities will be provided nationally in the interest of equity and leveraging the prevention benefits of treatment.</p> <ul style="list-style-type: none"> • Key Populations <ol style="list-style-type: none"> 1. High risk transport workers 2. Uniformed services 3. High-risk migrant workers 4. People who use drugs, including those who inject drugs 5. Prisoners 			

6. People living with HIV and their sero-discordant partners

7. Farmers (women) in rural areas – Interventions through VHVs

* High Risk Women in Drayangs will be covered through the HISCs and MSTFs funded by RGoB and other donors

* MSM interventions will be conducted through regional GF grant (Lhak-Sam, NACP)

Goal: To reduce new HIV infections and provide a continuum of care to people living with and affected by HIV.

Modules :

1. Prevention among other vulnerable populations (HTW, MW, Uniformed services, Prisoners, Drug Users)
2. Care Treatment and Support
3. HMIS and M&E
4. TB-HIV
5. Community system strengthening (CSS)
6. Programme Management

Comments Received on 9th October:

- Some of the interventions have been included in the budget but not in the narrative
- Other gaps identified but not fully addressed in the narrative include EID, inadequate information regarding male sexual behaviour and PWID/PWUD – (although the budget includes OR)
- “feminisation of the epidemic” – but no intervention highlighted
- There is operational research included in the budget, but these studies are not clearly explained in the narrative.
- to include additional impact and outcome indicators
- IDUs: from the narrative there seems to be evidence regarding unsafe needle practices. Given this has been identified; the CN should explain how this will be addressed.

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

Please summarize the respective constituencies’ contributions to the discussion in the spaces provided.

GOV	<ul style="list-style-type: none"> • Under the <i>impact indicator</i>, the program must include early detection. • The member informed the floor that the proposal has already been reviewed by the TWG members. • The member stated that the program should not start any new activity which the government cannot continue as commented by the Global Fund and for which there are no government policies. This was in relations to the comments on the Global Fund for inclusion of living support activities for PLHAs.
MLBL	
NGO	<ul style="list-style-type: none"> • Several members expressed opposing the view on the above remarks, not to start any new activity which the government cannot continue. The members suggested that the activity must take off as in the later stage the activity can be implemented by the CSO as the organisation is strengthened. It was also voiced that even if there are no policies, if the needs for the interventions are justified than the interventions should be incorporated. It was highlighted that there are many areas where there are no policies but interventions are in place to meet the needs of the ground realities. • The program should look to bring forth activity especially in HIV prevention in IDUs. • The program should keep the new activities based on the need and evidence for its requirement.
EDU	<ul style="list-style-type: none"> • The member informed that the proposal should have been first reviewed by the technical team and then only the proposal should be seen by the CCM. • The program should do activities irrespective of the policy and adequately justify the need for the activity and the activities that are being done by the Ministry now will later come as a mandate to be implemented under any other CSO, so the program should not step behind from taking up new activities.
PLWD	<ul style="list-style-type: none"> • The member commented that it is difficult to reach to the people of Bhutan (with update HIV information), without using the tool such as mass media and advocacy/awareness campaign, considering the geographical

	<p>location and climatic condition of the country. Lhak-Sam with its experiences and effectiveness and now with the HIV-human face in Bhutan through the mass media and advocacy/awareness campaign, and strongly recommended that the Bhutan CCM should justify adequately to the Global Fund, for all the three disease programs.</p> <ul style="list-style-type: none"> The member commented On the GF's comments on the existing and future government policy on living support for the PLHIV, Lhak-Sam mentioned that if there is no policy within the Government, then it's time that government start instituting such policies that provides living support not only to PLHIV but also to other disadvantaged people living with diseases. However Lhak-Sam recommended that the living support should be supported from GF, so that it gives Lhak-Sam three years' time to plan and fundraise on sustaining the living support for PLHIV. He also mention that sadly and unfortunately PLHIV needs are more than a mere treatment to live a quality life.
FBO	
KAP	
PVT	

DECISION(S) Summarize the decision in the section below

- It was decided that program would clarify and incorporate the comments made by the Global Fund on the proposal, and the CCM also highlighted that the program at the same time must ensure that the country's need is not compromised.
- It was decided that the program will consider the inclusion of additional impact indicator.
- The 3rd draft Concept note of HIV was endorsed for submission to the Global Fund by 15 October 2014.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
<i>Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.</i>		
➤ Incorporate the comments of the CCM on the 3 rd draft Concept note.	HIV Program	15 Oct 2014.
➤ Submit the final proposal under NFM to the Global Fund.		

DECISION MAKING

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING		VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	
*Consensus is general or widespread agreement by all members of a group.			SECRET BALLOT		
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >	14	
			ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION >	0	
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	0	

AGENDA ITEM #3	Final draft concept note (2nd review by full CCM) <ul style="list-style-type: none"> Follow up on comments – CCM, Global Fund and other partners Update - in country dialogue (with stakeholders and KAP) Goal and Objectives Performance/measurement framework Budget summary by modules PSM plan and budget TB/HIV collaboration Update – SRs, activities and total allocation
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
Non	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
Country Dialogue process for Global Fund New Funding Model <ul style="list-style-type: none"> Review of the National Strategic Plan by National/WHO Consultant & Programme. Discussion of review findings with the Technical Working Group. Consultative meeting with TWG on NSP & Epi-analyses and programmatic gap analyses. 	

- Open announcement in media for interested stakeholders to apply as SR or Imp. Partners
- Country Dialogue on Indicative Resource Allocation for disease split (CCM)
- Recruitment of Consultant on Concept Note writing and TWG meeting (sharing for comments)
- Consultative stake holders meeting (risk population /community leaders) for comments
- Incorporation of comments and final endorsement from the CCM
- Concept Note Finalization and endorsement by CCM& on-line submission to GF
- Concept Note Objectives

Goal: To achieve zero indigenous malaria in Bhutan by 2016 and obtain WHO-malaria free certification by 2020.

Outcome Objectives:

- Active Foci of malaria eliminated by 2016
- Resurgence of malaria prevented from 2015 onwards
- Zero malaria death achieved and sustained
- Health system and community system strengthened to sustain malaria elimination
- Strategic Objectives:
 - Focused prevention, elimination of transmission and prevention of re-introduction (Foci classification and targeted intervention)
 - Quality assured laboratory diagnosis, treatment and follow up
 - Intensified surveillance and response
 - Strengthened Governance and institutional capacities

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

Please summarize the respective constituencies' contributions to the discussion in the spaces provided.

GOV	<ul style="list-style-type: none"> • Under the <i>Impact Indicators</i>, the program must look to include one more indicator, as the impact indicator no.2 inpatient malaria deaths per 1000 persons per year is not clearly defined. • Under the <i>Outcome Indicator, the Malaria O-1a: Proportion of population that slept under an insecticide-treated net* the previous night (disaggregated by sex)</i>, should be reviewed. • Under the <i>Output Indicators (Case Management)</i>, <i>CM-6: Percentage of foci fully investigated (malaria elimination phase)</i>, the indicator is a risk assessment, and the program cannot put all geowgs(districts), the program must make correction in this. • The program must make the LLIN distribution more sustainable, through public private partnerships in the fight against malaria, with the social marketing programs and/or the commercial sector.
MLBL	
NGO	
EDU	<ul style="list-style-type: none"> • As the programs need to travel for case mapping, LLIN distribution, or any other activity, the program should justify adequately that with the travel the indicator achievement will be impossible.
PLWD	
FBO	
KAP	
PVT	

DECISION(S) Summarize the decision in the section below

- It was decided that program would incorporate the comments made by the CCM.
- It was agreed that the program will review and make changes on outcome indicator.
- The 2nd draft Concept note of Malaria was endorsed for submission to the Global Fund by 15 October 2014.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
<i>Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.</i>		
➤ Incorporate the comments of the CCM on the 2 nd draft Concept note	Malaria program	15 Oct 2014
➤ Submit the final proposal under NFM to the Global Fund.		

DECISION MAKING				
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING		VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS
			SECRET BALLOT	
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			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	0
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	0

AGENDA ITEM #4	TB extension plan – TFM grant (Period : 1 January – 20 June 2015)
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

Non

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

- Extension Period (P29-30) – Jan 1-June 30, 2014
- Fund required – USD 188,074.2
- Costed Extension Plan
- Alignment of NFM with country fiscal cycle
- Most activities under TFM spread until June 2015

Indicator	Baseline (Y)	Target
Number and proportion of microscopy centers showing adequate performance in external quality assurance for smear microscopy among the total number that undertake smear microscopy	31/32 (96%), 2011	100%
Number of TB cases (all forms) notified to the national health authorities	1311 (2010)	576
Number of new smear-positive TB cases notified to the national health authorities	457 (2010)	259
Treatment success rate, new smear positive cases (number and percentage)	90%	90%
Number and proportion of reporting units that have had at least one supervision using checklist by the NTP and have received feedback	46%	16/16 (100%)
Number of migrant workers screened for symptoms of TB	NA	1600
Number of indigenous units collaborating with the national program	NA	27
Number of laboratory confirmed MDR-TB patients enrolled on second-line anti-TB treatment during the specified period of assessment	21 (2011)	29
Laboratory confirmed MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled in second line anti-TB treatment (number and percentage)	7/11 (64%), 2009	75%
MDR-TB cases initiated on second line anti-TB treatment who have a negative culture at the end of six months of treatment during specified period of assessment (number and percentage)	NA	65%
HIV positive patients who are started on or continue previously initiated antiretroviral therapy during or at the end of TB treatment, among all HIV positive TB patients registered during the reporting period (number and percentage)	NA	95%
TB patients registered during the reporting period who had an HIV test result recorded in the TB register among the total number of TB patients during the reporting period (number and percentage)	NA	70%

Sl	Activity	Q29	Q30	Amount (USD)
1	Annual monitoring and supervision visits to all 34 MCs by the PHL staff	8	9	3,434
2	In-country shipment of panel slides to 34 MCs	34	34	476
3	National Unit to conduct monitoring and supervision visits to reporting centers	8	8	3,232
4	Conduct annual national TB review meeting		1	15,150
5	Commemoration of the World TB Day (at national level and in 20 districts)	1		8,550
6	Procurement of reagents and supplies for LPA	3		2,980
7	Procurement of reagents and supplies for LPA: PSM costs	3		447
8	Training of Lab Technicians for LPA (2 LTs, one each per year at SNRL)	1		2,880
9	Procurement of 2nd line anti-TB drugs for 57 MDR-TB patients per annum through GLC	57		104,937
10	Procurement of 2nd line anti-TB drugs for 25 MDR-TB patients per annum through GLC: PSM Cost -20%	1		20,987
11	Green Light Committee secretariat support services	1		25,000

SI	Particulars / Details	Amount in USD
1	Cash balance as of 31/07/2014	211,398.70
2	Undisbursed fund with GF as of 30/08/2014	17,652.46
A	Total fund available	229,051.16
1	Less expenditure (01/08/2014-31/12/2014)	116,616.5
2	Less committed/ approved activities under TFM Y1 and R6 savings until 31/12/2014	31,615.00
3	Less procurement of balance second line drugs	12,622.58
4	Less final payment for NFM TA	4,388.00
B	Total expenses and commitments	165,242.08
C	Total fund available for the extension period (A-C)	63,809.08
D	Total Fund Required for extension period	188,074.2
E	Total Additional Fund Required for extension period (D-C)	124,265.12

GF Comments

- Availability of consumables/reagents for extension period and at least a 3 month buffer
- As per the new budget guidelines, the GF can only cover DSA for the days of the training/meeting and up to one extra day
- Revise PSM plan and submit by 27/10/2014

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

Please summarize the respective constituencies' contributions to the discussion in the spaces provided.

GOV	<ul style="list-style-type: none"> The member raised the issue that the Audit report in USD should have been in the TOR of the Royal Audit Authority and not executed by the program. The member also enquired if the HIV program will also submit their extension plan for CCM endorsement.
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	
PVT	

DECISION(S) *Summarize the decision in the section below*

- It was decided that as per the clarification of the program, that the USD conversion on the audit report will be done by the program and submitted to RAA for verification.
- It was agreed that the program address the comments made by the Global Fund, as on the DSA for training/ meeting, the programs will follow the national financial regulations.
- The TB extension plan was endorsed by the CCM members during the 29th CCM meeting held on 10 October 2014 at the Main Conference Hall, Ministry of Health, Thimphu.

ACTION(S)				KEY PERSON RESPONSIBLE	DUE DATE
<i>Summarize below all actions to be undertaken indicating who is responsible for the action and by when the action should be completed.</i>					
The endorsed TB extension plan will be submitted to the Global Fund.				TB Program	October 2014
DECISION MAKING					
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING		VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	
			SECRET BALLOT		
	ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >				14
	ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION >				0
	ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >				0
*Consensus is general or widespread agreement by all members of a group.					

NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)	
TIME, DATE, VENUE OF NEXT MEETING (dd.mm.yy)	Will be held by last week of January 2014
PROPOSED AGENDA FOR NEXT MEETING	WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED
AGENDA ITEM #1	Follow up - 29th CCM meeting
AGENDA ITEM #2	Progress update of TFM grants implementation- HIV, TB and Malaria
AGENDA ITEM #3	Any other update /issues

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
ANNEXES ATTACHED TO THE MEETING MINUTES	Yes	No
ATTENDANCE LIST	X	
AGENDA	X	
OTHER SUPPORTING DOCUMENTS	X	
IF 'OTHER', PLEASE LIST BELOW:		
Presentations files of HIV, Malaria and TB programs.		

CHECKLIST (Place 'X' in the relevant box)			
	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE	X		The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2 weeks</u> before the meeting took place.
ATTENDANCE SHEET COMPLETED	X		An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING	X		Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1 week</u> of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*		X	Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	X		Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.

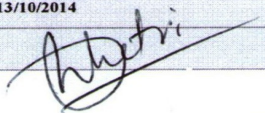
* Often CCM minutes are approved at the next meeting. Since many months can pass before the next scheduled meeting, electronic endorsement of the CCM minutes is considered to be a more efficient method for effective meeting management.

GLOSSARY FOR ACROYNMS USED IN THE MINUTES:

ACROYNM	MEANING
GFATM	Global Fund to fight against HIV, TB and Malaria.
CCM	Country Coordinating Mechanism
PR	Principal Recipient
NFM	New Funding Model
PDC	Proposal Development Committee
OSC	Oversight Committee
WtP	Willingness to pay
GMP	Grant Management Platform

To add an additional 'Acronym', highlight the entire row corresponding to the last 'Acronym' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows

CCM MINUTES PREPARED BY:

TYPE / PRINT NAME >	Suneeta Chhetri	DATE >	13/10/2014
FUNCTION>	CCM Secretariat	SIGNATURE >	

CCM MINUTES APPROVAL:

APPROVED BY (NAME) >	Nima Wangdi	DATE >	14/10/2014
FUNCTION>	CCM Chairman	SIGNATURE >	