

# Ad-Hoc CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

| MEETING DETAILS                                       |      |                    |                         |      |  |  |   |   |     |   |  |  |
|---|------|--------------------|-------------------------|------|--|--|---|---|-----|---|--|--|
| COUNTRY (CCM)   |      | Bhutan             |                         |      | TOTAL NUMBER OF <u>VOTING</u> MEMBERS PRESENT (INCLUDING ALTERNATES)                         |  |   |   | 17  |   |  |  |
| MEETING NUMBER (if applicable)                        |      | Ad-Hoc CCM meeting |                         |      | TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF) |  |   |   | 27  |   |  |  |
| DATE (dd.mm.yy)                                       |      | 30 May 2014        |                         |      | QUORUM FOR MEETING WAS ACHIEVED (yes or no)  |  |   |   | Yes |   |  |  |
| DETAILS OF PERSON WHO CHAIRED THE MEETING             |      |                    |                         |      |  |  |   |   |     |   |  |  |
| HIS / HER NAME & ORGANISATION                         |      | First name         | Nima                    |      |  | DURATION OF THE MEETING (in hours)           |   |   |     | 5 |  |  |
|   |      | Family name        | Wangdi                  |      |  | VENUE / LOCATION                             |   | Main Conference Hall, Ministry of Health, Thimphu |     |   |  |  |
|   |      | Organization       | Government constituency |      |  | MEETING TYPE (Place 'X' in the relevant box) |   | Regular CCM meeting                               |     |   |  |  |
| HIS / HER ROLE ON CCM (Place 'X' in the relevant box) |      | Chair              |                         |      |  | X  | Extraordinary meeting   | X   |     |   |  |  |
|   |      | Vice-Chair         |                         |      |  |  | Committee meeting   |   |     |   |  |  |
|   |      | CCM member         |                         |      |  |  | GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box) | LFA   | X   |   |  |  |
|   |      | Alternate          |                         |      |  |  | FPM / PO  |   |     |   |  |  |
| HIS / HER SECTOR* (Place 'X' in the relevant box)     |      |                    |                         |      |  |  |   |   |     |   |  |  |
| GOV   | MLBL | NGO                | EDU                     | PLWD | KAP  | FBO  | PS  | OTHER   |     |   |  |  |
| X   |      |                    |                         |      |  |  |   | NONE  |     |   |  |  |

| 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                                    |  | SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box) |                                       |                                   |                                  |                           |  |               |                      |   |                     |                                |  |   |                            |       |
|---|--|---|---------------------------------------|-----------------------------------|----------------------------------|---------------------------|--|---------------|----------------------|---|---------------------|--------------------------------|--|---|----------------------------|-------|
| AGENDA ITEM No.                                   |  | GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS              |                                       |                                   |                                  |                           |  |               |                      |   |                     |                                |  |   |                            |       |
| WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW |  | Review progress, decision points of last meeting – Summary Decisions            | Review CCM annual work plans / budget | Conflict of Interest / Mitigation | CCM member renewals/appointments | Constituencies engagement | CCM Communications /consultations with in-country stakeholders | Gender issues | Proposal development | PR / SR selection / assessment / issues | Grant Consolidation | Grant Negotiations / Agreement | Oversight (PUDRs, management actions, LFA debrief, audits) | Request for continued funding / periodic review / phase II / grant consolidation / closures | TA solicitation / progress | Other |
| AGENDA ITEM #1                                    | <b>Introduction</b> <ul style="list-style-type: none"> <li>- Objectives</li> <li>- Agenda</li> </ul> <b>Declaration of conflict of interest (COI)</b>  | X   |                                       |                                   |                                  |                           |  |               |                      |   |                     |                                |  |   |                            |       |
| AGENDA ITEM #2                                    | <b>Update on the draft concept note - TB</b> <ul style="list-style-type: none"> <li>- Modules &amp; interventions (How 50% of intervention is focused to special group?)</li> <li>- Performance</li> </ul> |   |                                       |                                   |                                  |                           |  | X             |                      |   |                     |                                |  |   |                            |       |

|                |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
|                | <ul style="list-style-type: none"> <li>- Financial</li> <li>- Willingness to pay</li> <li>- Counterpart financing</li> <li>- Sub-recipient (if any) for endorsement</li> </ul> <p>Update on country dialogue with relevant stakeholders and key affected population.</p>   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| AGENDA ITEM #3 | <p><b>Update on the draft concept note - HIV</b></p> <ul style="list-style-type: none"> <li>- Modules &amp; interventions (How 50% of intervention is focused to special group?)</li> <li>- Performance</li> <li>- Financial</li> <li>- Willingness to pay</li> <li>- Counterpart financing</li> <li>- Sub-recipient (if any) for endorsement</li> </ul> <p>Update on country dialogue with relevant stakeholders and key affected population.</p> |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |

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  | <p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>- Objectives</li> <li>- Agenda</li> </ul> <p><b>Declaration of conflict of interest (COI)</b></p> |                                     |   |                                     |
| 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)>  | Yes   |                                     |   |                                     |
| SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED   |   |                                     |   |                                     |
| <p>In opening remark, CCM chair thanked all members and implementing partners for their strong participation and commitment to fight against three diseases. In addition, the CCM Secretariat apprised the CCM members that the Ad-Hoc CCM meeting was organized to review draft concept note of HIV and Tuberculosis.</p> <p>Furthermore, CCM Secretariat briefly highlighted on the conflict of interest policy and submitted the draft agenda for endorsement.</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. And members were asked to show of hand if agenda is endorsed   |                                     |   |                                     |
| MLBL  |   |                                     |   |                                     |
| NGO   | Endorsed the agenda   |                                     |   |                                     |
| EDU   |   |                                     |   |                                     |
| PLWD  |   |                                     |   |                                     |
| FBO   |   |                                     |   |                                     |
| KAP   | Endorsed  |                                     |   |                                     |
| PVT   |   |                                     |   |                                     |
| DECISION(S) <i>Summarize the decision in the section below</i>  |   |                                     |   |                                     |
| <ul style="list-style-type: none"> <li>• None of the members had conflict with any of agenda and was endorsed for discussion.</li> </ul>  |   |                                     |   |                                     |
| 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<br>(Place 'X' in the relevant box)  | CONSENSUS*  | <input checked="" type="checkbox"/> | IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS |                                     |
|   | VOTING  | <input type="checkbox"/>            | VOTING METHOD<br>(Place 'X' in the relevant box)      |                                     |
|   |   |                                     | SHOW OF HANDS   | <input checked="" type="checkbox"/> |
|   |   |                                     | SECRET BALLOT   | <input type="checkbox"/>            |

|  |    |
|--|----|
| ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> > | 17 |
| 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 Update on the draft concept note – TB (NTCP)**

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)> Yes

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

The Program Officer of National TB Control Program updated the following to the CCM members, Proposal Development Committee members, Oversight Committee and the Technical Working Groups and SRs present :

**Update of TB NFM Concept Note**

Concept Note Development Process:

| Sl# | Activity   | Date             | Remarks                                  |
|-----|--|------------------|--|
| 1   | Joint Monitoring Mission   | March 3-9        | Completed                                |
| 2   | TB Epi data assessment   | April 23-25      | Completed                                |
| 3   | Recruitment of TA to support CN development  | April 22 – May 3 | Remote assistance ongoing                |
| 4   | Review of proposals from potential and interested organizations/ internal partners | April 24         | Completed (12 proponents and 3 selected) |
| 4   | Review of the CN by TWG members (1st Round)  | May 11-14        | Completed                                |
| 5   | Review of CN by the GF and technical partners                                      | May 19-23        | Completed                                |
| 6   | Review of CN by the TWG second round   | May 28-June 1    | Ongoing                                  |

**Goal**

- To reduce TB and MDR TB burden until it no longer poses a public health problem in Bhutan

**Objectives**

- To sustain and increase case notification rate of  $\geq 90\%$  among prevalent cases
- To sustain and increase treatment success rate of  $\geq 90\%$
- To ensure early diagnosis and treatment of all MDR-TB cases and sustain Treatment Success Rate of 75%
- Improve TB-HIV collaborative activities and increase HIV testing among TB patients to 80%

**Modules Selected**

- TB care and prevention
- MDR-TB
- TB-HIV
- Health information systems and M&E
- Procurement supply chain management

*Module 1 – TB care and prevention*

**Intervention - Case detection and diagnosis**

- Train all BHU staff on sputum collection and transportation
- Shipment of slides for blinded rechecking, panel testing to PHL of laboratory technicians from PHL and identified microscopy centers on LED microscopy
- Procurement of 6 LED microscopes and weighing balances for high workload hospitals
- Procurement of shipment cold boxes for maintaining cold chain
- Annual supervision to all 35 microscopy centers by PHL
- Modular based training for new laboratory technicians and refresher trainings for those performing below average
- International training of two PHL staff on EQA for sputum microscopy
- Procurement of two X-ray machines

**Intervention – Treatment**

- Honorarium to DOT providers for DOT observation of TB & MDR-TB
- Follow up of TB and MDR-TB patient by district/ TB in-charge/BHU staff
- Follow up of patients through mobile contact on a daily basis
- Revision of TB guidelines and development of training modules
- External TA to support revision of guidelines and development of training modules
- Training of Medical Officers and TB in charges on the new guideline including childhood TB and refresher trainings
- Training of TB in-charges on communication and counseling patients

**Intervention – Prevention**

- Scale up implementation of INH prophylaxis
- Training of one nurse each from all hospitals

#### Intervention – Engaging all care providers

- Sensitizing private pharmacy staff in TB care and control to encourage referral of presumptive cases to centre
- Sensitization of local healers in all districts to encourage referral of presumptive cases to centre
- Refresher training of traditional medicine practitioners

#### Intervention - Key affected population

- Active screening and educational programs among mine worker, migrant labors, national workforce, prisons
- Training of Trainers on Basics of TB and DOT for monastic institutions and prison staff
- Awareness and active screening program in the monastic institutions

#### Intervention - Collaboration with other program and sectors

- Training of MCH health staff and diabetic clinic workers in TB in 3 batches from all districts
- Review pre-service training curricula for RIHS and capacity building programs
- Training of school health coordinators on TB and DOT

#### Intervention - Community TB care

- Development of guideline for community TB care
- Identify and train VHW in rural area in all districts
- Provide platform for cured and under treatment TB patients for a patient-provider meeting
- Sensitization programs by MSTF in the community
- Training of NFE instructors of all districts
- Training of outreach workers of Tarayana on basic of TB, TB-HIV, MDR-TB, DOT
- Community awareness in the 100 villages
- Awareness generation by the Tarayana school clubs during community gatherings and local festivals

#### Intervention – Other activities

- Development and distribution of printed awareness material (comic strip on TB, pamphlets, posters, flip charts)
- Dissemination of key messages on TB through SMS/vouchers
- Development and airing of TB awareness and education messages on radio and television
- Printing and dissemination of Bhutanese calendar leaflets with messages on TB
- Observation of world TB day in all districts
- Sensitization workshop for local journalists/reporters/radio and television presenters on TB, TB-HIV reporting

#### *Module 2 – MDR-TB*

#### Intervention - Case detection and diagnosis

- Procurement of 2 Bios-safety Cabinets class II, one PCR hood, 1 inspissator, and high precision digital balance (4 digits)
- Procurement of laboratory consumable for DST in NTRL
- Reagents & supplies for liquid culture & DST at
- Procurement of reagents for LPA for speciation of MTB Complex
- Reagents/test kits for LPA for speciation of atypical mycobacterial species
- Reagents and supplies for Line Probe Assay for rapid MDR-TB detection at PHL
- Procurement of Gene X-pert machines and cartridges and associated supplies
- International training on culture and DST

#### Intervention – Treatment

- Procurement of second line drugs for treatment of MDR-TB patients
- Procurement of drugs to treat XDR-TB patients
- Training and refresher training of medical officers in PMDT
- Annual Green Light Committee fees
- Training of staff in specialized counseling for MDR-TB patients
- Revision of MDR-TB guidelines
- Nutritional support for MDR-TB patients
- PG in Chest Medicine

#### Intervention – Infection Control

- Procurement of N 95 and surgical masks
- Training of nursing staff and para-medical staff on infection control
- Improving and expansion of infrastructure facilities with adequate infection control measures

#### *Module 3 – TB-HIV*

#### Intervention - TB HIV collaborative interventions

- TB-HIV coordination meetings
- Increase HIV testing among TB cases
- Increase case detection and early diagnosis of TB among HIV
- Training of Medical Officers on clinical management of TB-HIV
- Refresher training of TB and VCT in charges on TB-HIV guideline

#### *Module 4 – PSCM*

#### Intervention - Operationalization of procurement and supply chain management system

- Introduce web based bar code enabled inventory system
- Training of pharmacy in charges and TB in charges on drug and supply management
- Annual testing of all batches of anti-TB drugs at WHO prequalified lab
- Procurement of one light pick up vehicle and 1 fork lift machine
- Procurement of palletes and racks for MSDD and hospitals
- Procurement of 1 walk-in cooler for MSDD store
- Development and printing of guidelines and SOPs on rational management of pharmaceuticals

#### Module 4 – HIMS and M&E

##### Intervention - Routine reporting

- Development of the web based patient recording and reporting system
- Trainings for relevant staff on the newly introduced system in three batches
- Procure 10 sets of computers with UPS to replace old or unserviceable computers
- Revision and printing of recording and reporting forms

##### Intervention - Analysis, review and transparency.

- Conduct workshop on operational research to build research capacity and fund support for operational research (EPTB, health systems delay etc.)
- Annual national symposium on TB, MDR-TB, HIV, TB-HIV
- Conduct annual national and bi-annual regional review meetings
- Joint review mission of the national programme
- Training of relevant staff in M&S for TB control
- Training of district staff on use of local data
- Intensify monitoring and supervision visits
- Development of TB NSP II and revision of M&E plan
- Master's program in Public Health (epidemiology)

##### Intervention - Other activities

- Recruitment of one additional staff for M&E at NTCP
- International training course on M&E, Program Management
- Participation to regional and international workshops/ conferences

#### Measurement Framework

| Impact Indicator  | Base Line |      | Targets |     |     |
|---|-----------|------|---------|-----|-----|
|   | Value     | Year | Y1      | Y2  | Y3  |
| TB prevalence rate / 100000   | 225       | 2012 | 220     | 215 | 210 |
| TB incidence rate   | 180       | 2012 | 177     | 175 | 173 |
| TB Mortality rate   | 14        | 2012 | 14      | 12  | 12  |
| MDR-TB prevalence among new TB patients   | 5%        | 2012 | 5%      | 5%  | 5%  |
| Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases (disaggregated by age <15, 15+, sex and HIV status) | 147       | 2013 | 165     | 183 | 202 |
| Treatment success rate - all new TB cases (disaggregated by age <15, 15+, sex and HIV status)   | 92%       | 2013 | 92%     | 92% | 92% |
| Treatment success rate of MDR-TB  | 85%       | 2012 | 80%     | 80% | 80% |

#### 1. TB care and Prevention

| Outcome indicator   | Base Line |      | Targets |      |      |
|---|-----------|------|---------|------|------|
|   | Value     | Year | Y1      | Y2   | Y3   |
| Number of notified cases of all forms of TB                                       | 1080      | 2013 | 1279    | 1372 | 1467 |
| No of notified cases of bacteriologically confirmed TB new and relapse            | 489       | 2013 | 508     | 518  | 528  |
| Percentage of all new TB cases successfully treated among all new cases           | 92%       | 2012 | 92%     | 92%  | 92%  |
| Percentage of bacteriologically confirmed new TB cases successfully treated       | 90%       | 2012 | 90%     | 90%  | 90%  |
| Percentage of laboratories showing adequate performance in EQA for microscopy     | 87.5%     | 2013 | 94%     | 94%  | 100% |
| % of reporting units reporting no stock out of first line anti-TB drugs quarterly | 100%      | 2013 | 100%    | 100% | 100% |

## 2. MDR-TB

| Outcome indicator  | Base Line |      | Targets |      |      |
|--|-----------|------|---------|------|------|
|  | Value     | Year | Y1      | Y2   | Y3   |
| Percentage of previously treated patients receiving DST                                      | 44%       | 2013 | 70%     | 80%  | 90%  |
| Number of bacteriologically confirmed drug resistant TB cases notified                       | 49        | 2013 | 57      | 57   | 58   |
| Number of DR-TB cases that began second line treatment                                       | 49        | 2013 | 57      | 57   | 58   |
| Percentage of cases with DR-TB started on treatment who were lost to follow up at six months | 0         | 2013 | 0       | 0    | 0    |
| % of DST laboratories showing adequate performance on EQA                                    | 100%      | 2012 | 100%    | 100% | 100% |

## 3. TB-HIV

| Outcome indicator   | Base Line |      | Targets |      |      |
|---|-----------|------|---------|------|------|
|   | Value     | Year | Y1      | Y2   | Y3   |
| Percentage of TB patients who had an HIV test result recorded in the TB reg | 50%       | 2013 | 70%     | 80%  | 90%  |
| % of HIV positive registered TB patients given ART during TB treatment      |           | 2013 | 100%    | 100% | 100% |
| % of HIV positive patients who were screened for TB                         |           | 2013 | 100%    | 100% | 100% |
| % of new HIV positive patients starting IPT during the reporting period     |           | 2013 | 30%     | 60%  | 80%  |
|   |           |      |         |      |      |

### Budget Summary by Modules (in USD)

| Module                                     | Y1        | Y2      | Y3      | Total     |
|--|-----------|---------|---------|-----------|
| TB care and prevention                     | 419,465   | 229,609 | 213,228 | 862,302   |
| TB/HIV                                     | 14,598    | 406     | 14,598  | 29,602    |
| MDR-TB                                     | 473,520   | 250,791 | 270,709 | 995,021   |
| Procurement supply chain management (PSCM) | 157,382   | 23,165  | 12,726  | 193,272   |
| Health information systems and M&E         | 183,514   | 105,408 | 65,621  | 354,543   |
| Total                                      | 1,248,479 | 609,379 | 576,882 | 2,434,740 |

### Budget for Health Sector & TB Control

| Fiscal Years                            | 2011-12  | 2012-13  | 2013-14  | Projected 2014-15 |
|---|----------|----------|----------|-------------------|
| Total Budget for health sector in (USD) | 27586917 | 26087767 | 23725183 | 32648483          |
| Total budget for TB control (USD)       | 818271   | 886703   | 988744   | 916145            |
| Global Fund & others(USD)               | 321571   | 288566   | 353404   | 258998            |
| RGoB (USD)                              | 496700   | 598137   | 635340   | 657147            |

### Global Fund Comments

- Need to clearly define key populations
- Describe funding request section 3.2 strategically with clear justifications
- XDR-TB treatment – agreement
- Mass media campaigns
- Long term capacity building programs
- Set ambitious targets
- Include all impact indicators
- Detail plan to strategically introduce Gene X-pert
- Detailed assumptions and costing
- Complete 6 programmatic gap tables

### Submission of concept note (Appraisal to the CCM)

- Endorsement of the CCM sought to defer the submission to 15 August 2014 – the Program officer, NTCP, reported that there would be a delay of implementing activities by three months, however there would not be any impact on the

programs as the consignment of drugs supply will arrive by April 2015 and the other activities has already been shifted due to the delay in TFM grant signing.

**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.

|             |  |
|-------------|--|
| <b>GOV</b>  | <ul style="list-style-type: none"> <li>The member enquired, from where and how key affected populations' data is derived. Since Bhutan does not maintain specific source of data collection, as all population are vulnerable, the concept note should provide strong justification for their source of data for KAP.</li> <li>The member recommended that the program should be mindful of submission deadline and plan accordingly.</li> </ul>   |
| <b>MLBL</b> | <ul style="list-style-type: none"> <li>The member agreed that to identify KAP may be difficult, but the programs need to work on the best methods to identify KAP and the future proposals must be based on strong evidences and not on assumptions. The member suggested that it is high time that the programs make their source of data collection more appropriate and reliable.</li> <li>The member also informed that at some point it is good to opt for ambitious target rather than considering the same without changes. The programs must set ambitious target and aim higher for the interventions to be successful.</li> <li>Training: the member suggested that the program must plan strategically in training the right people to achieve better results.</li> <li>The member commented that delaying the submission of proposal is not a good practice, and in future programs must submit within agreed deadline.</li> <li>The member commented that the programs should incorporate and the address all the feedback provided by the Global Fund country team on the concept note.</li> </ul> |
| <b>NGO</b>  | <ul style="list-style-type: none"> <li>The member enquired how SRs were finalized.</li> </ul>  |
| <b>EDU</b>  | <ul style="list-style-type: none"> <li>The member suggested that the Focal persons/school health coordinators can be trained to maintain the continuity of the knowledge imparted.</li> <li>To ensure sustainability, the program was recommended to keep the activity of research module under university of medical sciences (UMS).</li> <li>If data quality is poor, than it sounds program lacks careful evaluation practice, the programs were urged that concept note should equally focus to improve program evaluation.</li> </ul>   |
| <b>PLWD</b> | <ul style="list-style-type: none"> <li>Program should gear towards strengthening the quality of data</li> </ul>  |
| <b>FBO</b>  | <ul style="list-style-type: none"> <li>Program should plan how they can involve religious person in disseminating the messages particularly during gatherings.</li> </ul>  |
| <b>KAP</b>  | <ul style="list-style-type: none"> <li>As recommended by TFG country, CCM strongly recommended the programs to prioritize the proposed activities.</li> </ul>  |
| <b>PVT</b>  |  |

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

- Considering the country needs and priorities, the CCM recommended to include need based long term capacity development programs into the proposal clearly justifying the need.

**Intervention – Prevention**

- Training of one nurses each from all hospitals: CCM recommended being specific on one nurse. Suggested to mention as focal person from all hospitals.
- It was agreed that treatment success rate of MDR-TB will be kept 85%
- It was agreed that program will address and incorporate all the feedback made by TGF country team and CCM.
- The CCM endorsed to defer the submission of TB concept note by 15 August 2014, hereafter, program should be mindful of agreed deadline.

| ACTION(S) | KEY PERSON RESPONSIBLE | DUE DATE |
|-----------|------------------------|----------|
|-----------|------------------------|----------|

*Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.*



|  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• TB program to discuss further with the YDF to explore means/ approaches to engage YDF as a SR to reach the young population as more than 60% of the cases are notified among the young age groups annually.</li> <li>• The program will submit the revised concept note to full CCM on the agreed deadline.</li> <li>• Since the deadline to submit the concept note has been deferred, program shall share new timeline with CCM (electronically)</li> <li>• The list of final SRs will be updated to proposal development committee for pre-endorsement.</li> </ul> | TB program<br>TB program<br>TB Program<br>TB Program | Immediately<br>8 August 2014<br>Immediately<br>Immediately |
|--|--|--|

| DECISION MAKING  |  |          |   |               |
|--|--|----------|---|---------------|
| MODE OF DECISION MAKING<br>(Place 'X' in the relevant box)               | CONSENSUS*   | <b>X</b> | IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS         |               |
|  | VOTING   |          | VOTING METHOD<br>(Place 'X' in the relevant box)              | SHOW OF HANDS |
|  |  |          |   | SECRET BALLOT |
|  | ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION > |          |   | 17            |
|  | ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION >      |          |   | 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 #3 Update on the draft concept note – HIV (NACP).**

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)> Yes

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

The Program Officer of National AIDs Control Program updated the following to the CCM members, Proposal Development Committee members, Oversight Committee and the Technical Working Groups and SRs present.

the NFM ProposalDraft HIV concept Note :

Concept Note development process :

- Desk Review and Epi analysis by WHO
- Orientation meeting to interested organization on the New Funding Model and Program Priorities
- 25 Proposals received in Mid of April
- TWG meeting to screen out proposals on 1<sup>st</sup> May 2014
- TWG meeting to draft the proposal (May 11-14)
- One to one meeting with potential SRs and community members
- Review of the proposal by GF (May 19-23)

| SI# | Pvt Companies                             | SI# | Government                   |
|-----|---|-----|------------------------------|
| 1   | Athang IC Tech                            | 12  | Royal Bhutan Army            |
| 2   | BCCI                                      | 13  | Dratshang Lhentshog          |
| 3   | Bhutan Media & Communications Institute   | 14  | Department of Youth & Sports |
| 4   | Kuensel Corporation Ltd                   | 15  | Royal Bhutan Police          |
|     | <b>Autonomous</b>                         |     | Ministry of Health           |
| 5   | NCWC                                      | 16  | PHL                          |
| 6   | University of Medical Science of Bhutan   | 17  | HMIS                         |
| 7   | DRA                                       | 18  | Infection Control Program    |
|     | NGO/CBO                                   | 19  | Blood Safety Program         |
| 8   | Bhutan Association of Women Entrepreneurs | 20  | Pharmacy Department          |
| 9   | RENEW                                     | 21  | ICT Unit, MoH                |
| 10  | YDF                                       | 22  | Mental Health                |
| 11  | Lhak-Sam                                  | 23  | Clinical Lab                 |



## Potential SRs or Implementing Partners

- University of Medical Science of Bhutan
- Drug Regulatory Authority
- BMHC
- Dratsang Lhentshog
- RENEW
- Lhak-Sam
- Youth Development Fund(YDF)
- Royal Bhutan Army
- Royal Bhutan Police
- Athang IC Tech
- NCWC

## Goal

*To reduce new STI and HIV infections and provide continuum of care to people living with and affected by HIV (NSP II- 2012-2016)*

## Objectives

- Provide HIV/STI comprehensive package of services for key population (MSM, TG, HRW, and DU/IDUs) in selected districts by engaging peer educator for service delivery.
- Strengthen provider initiated testing and counseling (PITC) in health care facilities for vulnerable population (youth, migrant workers, mobile population and uniformed personnel) in collaboration with relevant key stakeholders (government and CSOs).
- Strengthen PMTCT through the use of existing decentralized primary health delivery system and engagement of village health worker at the community level.
- Increase access to quality treatment, care and support including HIV/TB collaboration for infected and affected populations in partnership with relevant CSOs.
- Strengthen strategic information management and institutional capacity for effective evidence based response.

## Prioritization Process

- Guided by NSP-II, GARPR-2014, Portfolio Analysis by the GF, 2013 HIV AIDS Report Asia, UNAIDS and Programmatic experience and review.
- Consultative meeting with SRs and key partners (feasibility of implementation).

## Prioritized Module

- Prevention Program for Key Population: MSM/TGs, high risk women (HRW), and DU/IDUs
- Prevention program for vulnerable populations (migrant worker, mobile population, Armed forces, prisoners)
- PMTCT
- Care treatment and support
- Crosscutting: HSS, CSS, M&E, and Grant management
- TB/HIV – to be reflected with the TB concept note

## Proposed Strategy – Key Population

- Active community outreach to deliver comprehensive package of services through PE recruitment.
  - Using existing infrastructure and HR
  - Linkages to health services (HTC and STI treatment) and other support services
  - Self help group and pocket meeting
  - Removing legal and policy barriers

## Proposed Strategy – Vulnerable

- Migrant workers and mobile: awareness, Outreach and referral
  - Services: condom, routine mass awareness and referral to HTC and STI
- Uniformed personnel: Access to HTC, awareness and outreach to prisons (collaboration with CSO)
- Youth: In school and out of school youth
  - Services: prevention, risk assessment and referrals

## Proposed Strategy – PMTCT

- Strengthen ANC services through engagement of village health worker:
  - For prevention of vertical transmission and primary prevention of HIV among women of childbearing age.
  - Facilitate treatment, care and support for positive mothers and family
  - Agent of change in the rural village to raise awareness on HIV, gender violence, teenage pregnancy and Stigma & Discrimination.

Proposed Strategy: Care treatment and support

- Establishment of decentralized treatment services with formation of expert panel body at the regional hospital (Pharmacist, Doctor, and VCT).
- Increasing involvement of PLHIV network for outreach and support services and for treatment adherence monitoring.
- Capacity building of the care providers
- Laboratory strengthening
- Procurement of Drugs and health products (viral load)

Crosscutting

- HSS
  - Capacity building of care providers (STI, HIV, PMTCT and treatment)
  - Integration of the HIV prevention/STI management and sexuality in the curriculum of the Medical University and RIHS.
  - Institutionalization of HIV prevention/STI mgt/sexuality at the services delivery facilities
  - Strengthen Procurement system and stock management
- M&E
  - Monitoring and evaluation (HIV vertical system integration with DHIS, Development of all forms and monitoring system) inclusive of programme and financial reporting
  - Monitoring and supervisory visit
  - Data quality assurance mechanism
  - Evaluation plan and Research agenda to inform policy decision
  - PR-SR coordination meetings – strengthen TA services to SRs.
  - Need for better synergy between the two proposals
- CSS
  - Positive network (capacity and program implementation), component mentioned under the Care and treatment as well.
  - Active Engagement of CSO in decision-making and program planning, implementation and evaluation.
  - Capacity building of Positive network

| Module  | Year 1    | Year 2    | Year 3    | Total      |
|---|-----------|-----------|-----------|------------|
| Prevention programs for MSM and TGs                                       | 122058.05 | 15300.03  | 26210.17  | 163568.25  |
| Prevention programs for sex workers and their clients                     | 63204.90  | 29390.69  | 80230.61  | 172826.20  |
| Prevention programs for people who inject drugs (PWID) and their partners | 88102.22  | 49870.50  | 12713.74  | 150686.46  |
| Prevention programs for other vulnerable populations                      | 102749.84 | 51560.42  | 45041.77  | 199352.03  |
| PMTCT   | 80804.35  | 22971.57  | 23859.51  | 127635.43  |
| Care & Treatment  | 164533.12 | 67312.18  | 73792.18  | 305637.48  |
| Health information systems and M&E  | 119085.58 | 74730.24  | 121188.57 | 265004.39  |
| Health and community workforce  | 166206.50 | 543138.13 | 30562.12  | 789,906.74 |
| Total   | 906744.6  | 854273.8  | 413598.7  | 2,174,617  |

Budget for Health Sector

|                            | 2014      | 2015      | 2016      | 2017      |
|----------------------------|-----------|-----------|-----------|-----------|
| Total funding needs as NoP | 1,599,954 | 1,602,019 | 1,664,462 | 1,810,936 |
| Government support         | 698,169   | 733,077   | 769,731   | 808,218   |
| Other external sources     | 120,000   | 122,000   | 116,000   | 116,000   |
| Gap                        | 781,785   | 746,942   | 778,731   | 886,718   |

CCM endorsement

- Proposal to change the submission dates from 15<sup>th</sup> June to 18<sup>th</sup> August 2014.

The program reported that there will not be any gap of implementation, as the TFM signing took longer and hence there will be shift in the program implementation as well.

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"> <li>• The member informed that programs have to sign an agreement with all organizations irrespective of number of activities in a year.</li> </ul>  |
| MLBL | <ul style="list-style-type: none"> <li>• The member remarked that the size of MSM and TG is not known and also program has not mention how to address and reach these groups by concept note.</li> <li>• There is gap in how HIV is preventable.</li> <li>• The program needs to see how to reach the target groups and address the legal barriers.</li> <li>• The program should ensure that the SRs involved should be real change makers or how it can help in case detection rather than just receiving fund</li> </ul> |

|      |  |
|------|--|
|      | <ul style="list-style-type: none"> <li>Earlier the UNFPA had initiated life skill based education on HIV, henceforth; UNFPA will focus only in complementing the Global Fund not duplicate.</li> </ul> |
| NGO  | <ul style="list-style-type: none"> <li>If SR has less than two activities in a year, it can be included as implementing partners with principal recipient.</li> </ul>                                  |
| EDU  | <ul style="list-style-type: none"> <li>The Global Fund has commented that documents not speak to each other and concept not should be consistent and need to review cautiously.</li> </ul>             |
| PLWD |  |
| FBO  | <ul style="list-style-type: none"> <li>Program can take advantage of the religious gatherings and plan how they can involve religious person, in disseminating the messages.</li> </ul>                |
| KAP  |  |
| PVT  |  |

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

- If SRs has proposed less than two activities in a year, CCM recommended principal recipient to include them as implementing partner not as SR
- As Athang (SR) has proposed only one intervention to develop animation, CCM decided to exclude Athang as SR, provided program initiate the activities in line of the Procurement rules and regulation of the Country.
- It was agreed that the program shall address and incorporate all the feedback made by TGF country team and CCM.
- The CCM endorsed to defer the submission of HIV concept note to 15 August 2014, hereafter, program should be mindful of agreed deadline.
- It was agreed that the programs will be more proactive in identifying the target groups, and especially the MSM and see how best to reach this target group.

| ACTION(S) | KEY PERSON RESPONSIBLE | DUE DATE |
|-----------|------------------------|----------|
|-----------|------------------------|----------|

*Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.*

|  |             |   |
|--|-------------|---|
| <ul style="list-style-type: none"> <li>The program will submit a revised Concept note on the new agreed deadline to the full CCM.</li> <li>Since the deadline to submit the concept note has been deferred to 15 August 2014, program shall share new timeline with CCM (electronically).</li> <li>The list of final SRs will be updated to proposal development committee for pre-endorsement.</li> </ul> | HIV program | 8 August 2014<br><br>Immediately<br><br>Immediately |
|--|-------------|---|

**DECISION MAKING**

|  |  |          |   |               |           |
|--|--|----------|---|---------------|-----------|
| MODE OF DECISION MAKING<br>(Place 'X' in the relevant box)               | CONSENSUS*   | <b>X</b> | IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS |               |           |
|  | VOTING   |          | VOTING METHOD<br>(Place 'X' in the relevant box)      | SHOW OF HANDS |           |
|  |  |          |   | SECRET BALLOT |           |
|  | ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION > |          |   |               | <b>17</b> |
|  | ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION >      |          |   |               | <b>0</b>  |
| ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >            |  |          |   | <b>0</b>      |           |
| *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 decided later after confirming dates with the members of the CCM |
| PROPOSED AGENDA FOR NEXT MEETING             | WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED                   |
| AGENDA ITEM #1                               | Recap on decision points of previous meetings                            |
| AGENDA ITEM #2                               | Overview of draft proposal for NFM – HIV, TB and Malaria                 |
| AGENDA ITEM #3                               | Progressupdate of HIV, TB and Malaria                                    |

|                |                    |
|----------------|--------------------|
| AGENDA ITEM #4 | Any other business |
|----------------|--------------------|

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 TB and HIV 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:**

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

To add an additional 'Acronym' include the column 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. Insert as appropriate word and function keys.

**CCM MINUTES PREPARED BY:**

|                   |                 |           |  |
|-------------------|-----------------|-----------|--|
| TYPE (PRINT NAME) | Suneeta Chhetri | DATE      | 03/05/2014   |
| FUNCTION          | CCM Secretariat | SIGNATURE |  |

**CCM MINUTES APPROVAL:**

|                    |              |           |  |
|--------------------|--------------|-----------|--|
| APPROVED BY (NAME) | Nima Wangdi  | DATE      | 04/05/2014   |
| FUNCTION           | CCM Chairman | SIGNATURE |  |