

30thCCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS												
COUNTRY (CCM)		Bhutan			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)				15			
MEETING NUMBER (if applicable)		30 th CCM meeting			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)				13			
DATE (dd.mm.yy)		12 February 2015			DETAILS OF PERSON WHO CHAIRED THE MEETING							
HIS / HER NAME & ORGANISATION	First name	Yumiko			QUORUM FOR MEETING WAS ACHIEVED (yes or no)				Yes			
	Family name	Asakuma			DURATION OF THE MEETING (in hours)				5			
	Organization	Bilateral constituency			VENUE / LOCATION		Jambayang Resort, Thimphu					
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair				MEETING TYPE (Place 'X' in the relevant box)		Regular CCM meeting		X			
	Vice-Chair	X					Extraordinary meeting					
	CCM member						Committee meeting					
	Alternate				GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA		X			
HIS / HER SECTOR* (Place 'X' in the relevant box)				FPM / PO								
GOV	MLBL	NGO	EDU	PLWD			KAP	FBO	PS	OTHER		X
	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

AGENDA ITEM No.	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	Introduction Objectives of agenda															
AGENDA ITEM #2	Update on the CCM chair election result and formal endorsement				X											
AGENDA ITEM #3, 4 & 5	Update on the Global Fund approved concept notes of TB, AIDs and Malaria, review and discuss the TRP recommendation and additional clarification, and update on the TB and AIDS grant extension plan.	X														

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 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
			X											
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	Introduction Objectives of the agenda			
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				
In the opening remark, CCM Vice Chair thanked all members and implementing partners for their participation The Vice Chair informed that after endorsement, the new Chair would chair the next sessions of the meeting.				
The CCM Secretariat briefly presented on the meeting agenda objectives, and informed that if there is any conflict of interest the member will refrain from attending session.				
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 of the meeting 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> >	15
		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 CCM chair election result and formal endorsement			
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 Coordinator, CCM Secretariat presented on the outcome of the new CCM Chair election :				
For transparency and maximum participation,				
<ul style="list-style-type: none"> The CCM Secretariat proposed the CCM members vote the chair electronically. The CCM members voted electronically (via email). 				
Results :				
<ul style="list-style-type: none"> Dr Dorji Wangchuk -12 votes Ms Chime P Wangdi- 2 votes Ms Tandin Lhamo- 1 vote Lam Ngudrup Dorji- 1 vote. 				
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	Dr Dorji Wangchuk accepted the Chairmanship, as elected by the CCM members. He thanked the members for showering their confidence in him. In his remark as the Chair, he requested the CCM members to support him in achieving the results of the programs funded by the Global Fund.
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	
PVT	

DECISION(S) Summarize the decision in the section below

- The CCM members unanimously endorsed the new Chair.
- The new Chairperson then chaired the next sessions of the meeting.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
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Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.

DECISION MAKING

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING	X	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	X
				ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION >	17
				ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION >	0
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>>	3	

*Consensus is general or widespread agreement by all members of a group.

AGENDA ITEM #3, 4 & 5	Update on the Global Fund approved concept notes of TB, AIDs and Malaria, review and discuss the TRP recommendation and additional clarification, and update on the TB and AIDS grant extension plan.
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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)>	Yes
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

TB presentation :

The Program Officer, NTCP presented the following on update of the NFM CN proposal, comments by the TRP and the Global Fund and the TB extension plan :

Grant Overview

- Principal Recipient – Ministry of Health
- Sub Recipients
 - Dratshang Lhentshög
 - University of Medical Sciences of Bhutan
 - Youth Development Fund
- Grant Amount – USD 2.273m
- Grant Period – July 1 2015-30 June 2018

Modules Selected

1. TB care and prevention
2. MDR-TB
3. TB-HIV
4. Health information systems and M&E
5. Procurement supply chain management

Module 1 – TB care and prevention

- Interventions

- Case detection and diagnosis
- Treatment
- Prevention
- Engaging all care providers
- Key affected population
- Collaboration with other program and sectors
- Community TB care
- Other activities

Module 2 – MDR-TB

Interventions

- Case detection and diagnosis
- Treatment
- Infection Control

Module 3 – TB-HIV

- Intervention
 - TB HIV collaborative interventions

Module 4 – PSCM

- Intervention
 - Operationalization of procurement and supply chain management system

Module 5 - HMIS and M & E

- Interventions
 - Routine reporting
 - Intervention - Analysis, review and transparency
 - Intervention - Other activities

CN Submission and grant making process

SI.No.	Activity	Date
1	Final TB Concept Note was submitted to the GF	15/08/2014
2	TRP and GAC comments received from the GF	11/12/2014
3	1st Grant making documents shared to the GF	15/01/2015
5	Second Comments on grant making documents received from the GF	29/01/2015
6	Submit final revised grant documents/clarifications	10/02/2015
7	Grant documents signed off and approved internally by the Global Fund	25/02/2015
8	Grant docs ready to be submitted to GAC	March 2015
9	GAC meeting – date to be confirmed	April 2015
10	Board decision – date to be confirmed	May 2015

Notification received on 2/12/2014 stating that the Grant Approval Committee (GAC) has endorsed the recommendations of the Technical Review Panel (TRP) for TB Concept Note to proceed to grant making

Budget by Recipients

By Recipients	Total in % (initial)	Total in % (After TRP comments)
Ministry of Health of Bhutan (PR)	2,059,048 (87%)	2,125,161(93.5)
Youth Development Fund	51,819 (2.2%)	35,548(1.6)
University of Medical Sciences	73,387 (3%)	51,939(2.3)
Dratshang Lhentshog	60,870 (2.6%)	60,870(2.7)
Total	2394627	2273518

Budget by Module during initial submission & after TRP comments

Module	Initial submission	After TRP comments
TB Care and Prevention	847,279	683210
TB/HIV	25,241	25242
MDR-TB	1,020,778	1053666
PSM	155,905	155905
HI System and M & E	345,423	355497
Total	2,394,627	2373518

Comments by GAC/TRP

Comments	Clarifications
Duplication of supervision activities	Clubbed under NTCP supervision activities
Mass media campaigns/IEC materials such as comics	Changed the activity to airing of messages
Master's degree	Retained as usual
Activities proposed by Tarayana and YDF is not clear	Tarayana activities dropped. YDF activities retained with more justifications
2 Operational Research studies on EPTB and Paediatric TB (US\$ 150,000)	Clarified as commented
Budget of USD 150,000 for treatment of XDR-TB to be included	Clarified as commented
Comments by the GF	
Unit cost of medicines and pharmaceuticals under and overestimated	Clarified as commented.
Unit cost of health and health products under and overestimated	Clarified as commented.
Unit cost of Binocular microscopes underestimated	Unit estimated cost: USD 500 \$ →→→ USD 8000 \$
Unit cost of LED microscopes underestimated	Unit estimated cost: USD 1441 →→→ USD 2220
Unit cost of X-Ray machines under-estimated	Unit estimated cost: USD 21210 \$ →→→ USD 30000
Unit cost of N95 Mask over-estimated	Unit estimated cost: USD 1.3 \$ →→→ USD 1
Specimen container to sputum container from 10 pc/pack to 500 pc/pack	Changed as commented.
Gene X-Pert Calibration cost over-estimated	Reduced from 1000 USD to 450 USD
Unit cost for Gene X-Pert machine under-estimated	Unit estimated cost: USD 17,000 →→→ USD 17,800
PSM Costs for medicines, health products and health equipments to be consistent	Incorporated as commented.
To complete the budget in the new template	Under process to be completed.
The PR has not mentioned the sustainability issue in the approval response form	The statement has been included that in the absence of GF support, the government will support the program.
The PR to change the figures of impact and outcome indicators in line with 2014 Global TB Report	Changes as comments made in the baseline line figures of impact and outcome indicators.
The PR has not submitted the details of quantification worksheet pertaining to health products and health equipment	The quantification worksheet is ready and will be submitted along with the grant making documents in this second round submission
Activities remarked as not supported is not be included in the next submission	The PR is in the process of reviewing those and drop those activities accordingly.
Comments by the GF on Audit report	
Audit report & financial statement not as per the GF TORs and guidelines	Prepared as the TORs and guidelines reflecting both local currency and USD. Yet to be submitted.
Financial Statement and Fund balance does not tally with the submitted PUDR and EFR	Still working on it to response accordingly.

- In the process of providing all necessary clarifications to the second round of GF comments
- In the process of completing all grant making documents for the second time
- Requested to the GF for time extension for submission of grant making documents until 15th Feb.

Update on TB TFM Grant Extension Plan - Program Grant Agreement

- Program Title: Sustaining Quality Services for TB and MDR-TB Control.
- Grant Name: BTN-607-G04-T
- Implementation Period Dates: 01 January 2013 to 30 June 2015
- Extension Period: Six Months from 01 January to 30 June 2015
- Grant amount of US\$ 676,112

Summary Budget by Expenditure Category

Sl.No.	Category	P29-30	Total	Total TFM Extension	Percentage
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1.	Human Resources	0	0	0	0
2.	Technical Assistance	0	0	0	0
3.	Training	18030	18030	18030	9%
4.	Health Products and Health Equipments	2981	2981	2981	2%
5.	Medicines and Pharmaceutical Products	106,471	106,471	106,471	
6.	Procurement & Supply Management Costs	22,217	22,217	22,217	
7.	Infrastructure & Other Equipments	0	0	0	
8.	Communication Materials	8,550	8,550	8,550	
9.	Monitoring & Evaluation	6,666	6,666	6,666	
10.	Living Support to Clients/Target Population	0	0	0	
11.	Planning & Administration	25,000	25,000	25,000	
12.	Overheads	0	0	0	
	TOTAL	189,915	189,915	189,915	

Malaria presentation :

The Program Officer, VDCP presented the following on update of the NFM CN proposal and comments by the TRP and the Global Fund :

Grant Over view

- Principal Recipient – Ministry of Health
- Implementing partners
 - DRA
 - UMSB
 - PHL
- Grant Amount – USD 2.318m
- Grant Period – July 2015 - June 2018

Financial Gap Analysis (Malaria)					
		2015-2016	2016-17	2017-18	Total
A	Total funding needs(US \$) as per NSP	2,113,207	2,399,208	1,979,313	6491728
B	National funding	1047924	1090341	1141191	3279456
C	External Source (GOI /WHO/APMEN	206,532	202,068	203,472	612072
D	Total planned resources (B+C)=	1254456	1292409	1344663	3891528
E	Proposed for GFATM	747071	1005366	565481	2317918
F	Grant Making budget	649973.7	906375.7	471661.7	2028011
G	Still gap A - (D+F)=	208777.3	200423.3	162988.3	572189

Budget Summary (in grant currency)

By Modules	Year 1	Year 2	Year 3	Total	%
Vector control	180880.8	534565.6	146680.8	862127.2	37.19
Case management	166885.2	153855.2	174735.3	495475.7	21.38
HSS - Health information systems and M&E	238450	153525	89100	481075	20.75
HSS - Policy and governance	23675	17600	15800	57075	2.46
Community systems strengthening	32140	44240	30275	106655	4.60
Program management	105040	101580	108890	315510	13.61
				2317918	

S.no	Activity	Time schedule
1	Cleared from the TRP review	10/12/2014
2	Received Grant Making Application and formats	15/12/2015
3	Grant Making documents submitted to the Global Fund	18/01/2015
4	GF comes back with comments	5/2/2015
5	Bhutan submits final documents	16/02/2015
6	TRP review on the response form	End of Feb. 2015
7	GAC meeting - date to be confirmed	April 2015

8	Board decision – date to be confirmed	May, 2015
9	Grant implementation	July, 2015

TRP Comments & recommendations

Strength of Proposal:

- The concept note is technically sound, appropriate to existing epidemiological and operational context.
- The concept note sets a very ambitious goal of eliminating malaria leading to the WHO certification by 2020.
- Strategies are adopted from globally recommended interventions for countries in the elimination phase.
- The concept note presents a comprehensive epidemiological analysis, describing the current malaria situation with key populations and disease trends.
- It takes into account the recommendations of the Mid-term Review completed in September 2013 which led to the revision of the National Malaria Strategic Plan for 2015-2020.
- The concept note has identified critical gaps and prioritized interventions that will assist the program towards malaria elimination and is built on earlier investments, achievements, and lessons learned from previous grants.

Technical Strategies:

- Prolonged use of same type of chemical for IRS and LLIN and there is no mention in concept note for change of chemical use in IRS
- LLIN social marketing activities reflected in modules but not elaborated in the concept note, TRP questions its feasibility in the elimination context

Imported Malaria, mobile/migrant workers and border population:

- Country recorded increased cases of imported over the years, but the concept note does not describe which activities/interventions would address this issue. (*How to address Nepali minority*)

Cross-cutting – Health Information System (HIS):

- Concept note did not articulate "Bhutan Malaria and Fever Information System (BMFIS), the proposed GIS activities and how it will be linked with DHI/NHIS.

Community Systems Strengthening (CSS):

- TRP raised concern on sustainability of few activities such as remuneration for referral of fever cases, exposure trip for community action group (CAG) and how this could link to National Community Health Strategy

Training and Alignment with other Disease Programs:

- How the program link community level training with other programmes under health

The TRP considers the prioritization of modules and/or intervention within the allocation funding request to be appropriate. However, there may be some programmatic elements that may require review during grant-making, such as external trainings and community action group remuneration.

Overall process of Concept Note & Grant Making

- Challenges:
 - Difficulties in use of formats
 - Cross border activity planning difficult
 - Mismatch of donor and national priorities
- Lessons learnt:
 - Plan and initiate the CN development process early
 - Discuss and seek advice from WHO early
 - Need proper country level information
 - Involved stake holders from the beginning of the process

Audit Report Updates

- No Audit memo for this auditing period.
- RAA has issued unmodified clean report for the programme.

Fund Receipts & Payments

Receipts			Payments		
Particulars	Amount (Nu)	Amount in USD	Particulars	Amount (Nu.)	Amount in USD @61.33
Opening Balances	1742069	28926.49	Expenditure		Average Exchange Rate
a) Cash	24,194.40	401.74	a) Expenditure by PR (Ref: Annex)	7,507,608.60	122,413.31
b) Bank	276,226.10	4,586.64	b) direct payment by the Global Fund to suppliers	16,381,917.63	267,111.00
Releases			Other Payments		-
a) Donor Budgetary (@62.01)	8,567,301.60	138,160.00	a) Cash balance surrendered to DPA after 30th June 2014	135,658.00	2,211.94
b) Non Revenue	-	-	b) Bank balance lapsed for 30th June	1,748,733.40	28,513.51
c) Direct released by GF to suppliers	16,381,917.63	267,111.00	Closing Advances	-	-
Performance Security	-		31st January 2013	-	-
Past Year's Advance Recovery	-	-	Performance Security Deposit	-	-
Opening Advance			Non Revenue Deposit	-	-
31st January 2012			Balance at DPA		

	-	-		1,217,791.10	19,856.37
Total	26,991,708.73	439,185.88	Exchange loss	0.00	-920.25

The Global Fund Comments on Audit report

- Overall, financial statements meet the minimum Global Fund requirements
- The 2013/2014 audit report is satisfactory
- Audit report have not included USD 2197 disbursed directly by the Global Fund to the suppliers
- Question on calculation of average exchange rate
- Differences of budget than that of approved by the Global Fund
- Accounting framework was not properly mentioned on financial statement explanation.
- Discrepancies in Audit financial statement and the expenditure statement as per PUDR submitted to the Global Fund
- No Management letter issued as per TOR
- No mention on follow up on last audit management letter

HIV Presentation:

The Program Officer, NACP presented the following on update of the NFM CN proposal, comments by the TRP and the Global Fund and the HIV extension plan :

Initial Grant period – 1st Feb 2013 to 30th June 2015
No cost extension approved – 1st Feb 2015 to June 2015

Module	Requested budget in USD
Prevention Program for Vulnerable Population High Risk Transport Workers	347,393
Prevention Program for Vulnerable Population Uniformed Services	107,847
Prevention Program for Vulnerable Population-Prisoners	22,204
Prevention Program for Vulnerable Population-Migrant and cross border population	144,531
Prevention Program for Vulnerable Population-People who use drugs (PWUD/PWID)	145,438
Treatment, care and support	700,740
TB/HIV	5,386
Health information systems and M&E	227,337
Community systems strengthening	176,512
Program management	296,280
Total	2,173,667

Strengths of the concept note:

- **Significant domestic funding for the HIV program.** The government of Bhutan is responsible for recurrent costs and components of the HIV prevention program, the provision of free access to health care. There are plans for the government to take over ARV procurements from 2016. Health accounts for 8% of the national budget with domestic funding of HIV interventions currently at 41%. 85% of total health expenditure is financed by government. Allocation for health is projected to increase significantly in the next four years. 44% of the cost of the national strategic plan is covered by government.
- Good geographic prioritization focusing interventions in six districts that account for 83% of the disease burden.
- HSS and TB/HIV collaboration is well described and included in the concept note.

Outcome:

- Request for further iteration
- After conducting a review of the proposed program as described in your concept note, the TRP recommended a further iteration of the concept note before proceeding to grant-making. The TRP considers that the concept note needs to strengthen its strategic focus and alignment with the national strategic plan. The TRP raised as part of its recommendation, issues for further consideration and actions that should be addressed by the Bhutan CCM.

Weaknesses of the concept note (TRP concerns):

- The concept note proposes removing a prevention focus from some of the important key populations specified in the NSP, in particular female sex workers and their clients as well as men who have sex with men, while adding programs for other groups. (Whilst the TRP has no objection to the expansion of services to these other groups, the exclusion of female sex workers and men who have sex with men is difficult to justify. In an environment where sex work and male same-sex behavior are stigmatized and less likely to be self-reported, this shift has the potential of limiting access to services among these groups.
- Prevention interventions for key populations—people who inject drugs, sex workers and men who have sex with men—are inadequately addressed.
- The concept note fails to describe how these operational research and surveys will be conducted.
- While structural, environmental and legal barriers such as the criminalization of drug use, same-sex behavior and sex work, are raised in the concept note and the NSP, they are not addressed in any substantive way in the proposed activities.

Issues to Address

- Issue 1: Reconsider the balance of prevention efforts in the iterated concept note.
- Issue 2: The prevention needs of critical key populations, such as sex workers and men who have sex with men, are not addressed in the concept note.
- Issue 3: The prevention needs of people who inject drugs are not adequately addressed in the concept note.

- Issue 4: Lack of details of operational research and surveillance activities
- Issue 5: Address structural, environmental and legal barriers.
- Revised Concept Note Objectives
- To scale up HIV treatment, care and support to 90% of those diagnosed with the virus in order to reduce mortality and morbidity, and leverage the prevention effects of early treatment;
- **To scale up HTC among KAPs** and vulnerable populations by adopting an intensified case-finding approach to order to diagnose at least 60% of those estimated to be living with HIV in Bhutan;
- To provide a comprehensive package of HIV prevention services at high coverage targeted to KAPs or more vulnerable groups;
- To ensure that strategic information for an evidence –based response is in place, and capacity of MoH and CSOs to monitor the response is well-developed;
- To strengthen health and community system to deliver an equitable, gender sensitive and sustainable response
- Target Groups
- Seven key populations will be addressed. These are: (i) Drayang workers and informal (non-venue based) sex workers;
- (ii) men who have sex with men (MSM) and transgender (TG) populations;
- (iii) high risk transport workers (TWs);
- (iv) uniformed services;
- (v) prisoners;
- (vi) people who use drugs (PWUD), including those who inject drugs (PWID),
- (vii) high-risk migrant workers (MWs); and people living with HIV and their sero-discordant partners.

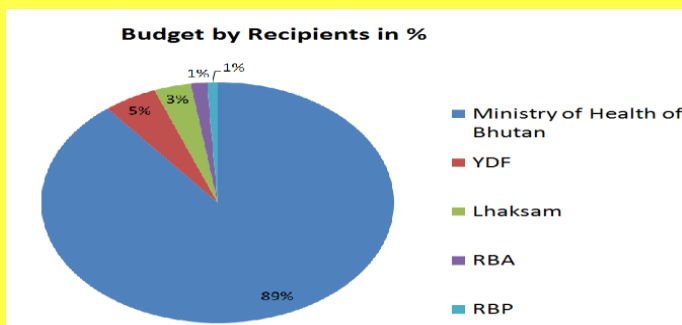
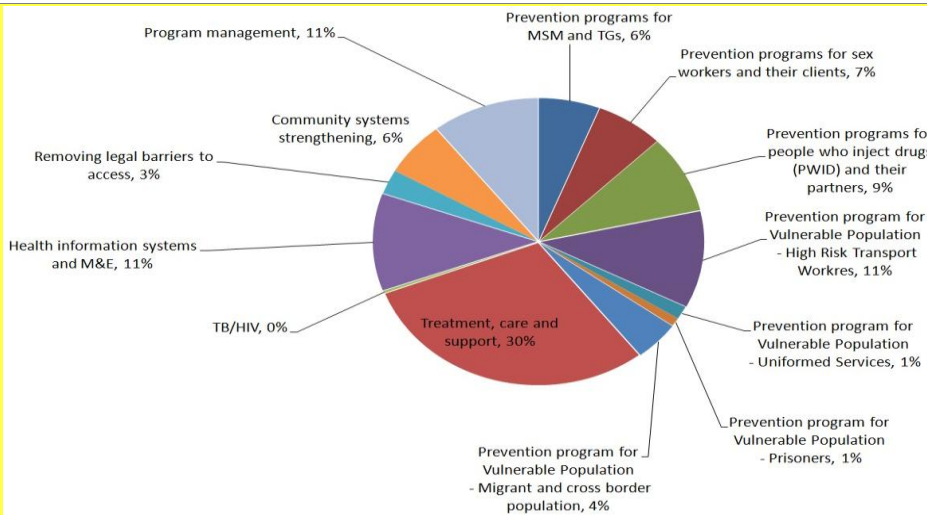
Modules (14)

- Prevention programmes for MSM and TGs
- Prevention programmes for sex workers and their clients
- Prevention programmes for people who inject drugs (PWID) and their partners
- Prevention programmes for Vulnerable Population
- High Risk Transport Workers
- Uniformed Services
- Prisoners
- Migrant and cross border population
 - Treatment, care and support
 - TB/HIV
 - Health information systems and M&E

Removing legal barriers to access

- Community systems strengthening
- Programme management

Modules	Budget
Prevention programs for MSM and TGs	133624
Prevention programs for sex workers and their clients	149039
Prevention programs for people who inject drugs (PWID) and their partners	196737
Prevention program for Vulnerable Population - High Risk Transport Workres	244,979
Prevention program for Vulnerable Population - Uniformed Services	33,327
Prevention program for Vulnerable Population - Prisoners	21,121
Prevention program for Vulnerable Population - Migrant and cross border population	100,211
Treatment, care and support	663043
TB/HIV	5386
Health information systems and M&E	245336
Removing legal barriers to access	61906
Community systems strengthening	137303
Program management	236516
Total	2,228,527



Prevention programmes for MSM and TG

- Targeted peer, internet and social media based strategies aimed at MSM and TG;
- community led demand creation for HCT, recruitment into HCT (mobile, outreach and health facility based);
- outreach based distribution of male condoms and lubricants;
- STI management;
- HCT for regular partners; referral services

Prevention programmes for FSW and their clients

- Targeted BCC strategies for *Drayang girls* and non -venue based sex workers and owners of venues (bars etc.);
- use of network based approaches to ensure reach;
- recruitment into HCT (outreach and health facility based);
- testing of regular partners,
- distribution of condoms and lubricants via condom dispensing machines located strategically;
- STI management; promotion of sexual and reproductive health; referral services.

Prevention programmes for PWID/PWUD and their partners

- Sub-lingual buprenorphine OST for opioid dependent drug users,
- BCC (including risk reduction information), overdose prevention,
- Hep B screening and referral to vaccination for those who are negative,
- condom provision and promotion,
- HTC for PWID

Addressing legal and policy barriers

- Training on rights for police and health workers;
- analysis; review of laws and policies specifically in terms of impact on KAPs and vulnerable populations and recommendations for change;
- Training on harm reduction for police and other law enforcement agencies at regional and provincial levels; policy and advocacy for legal rights.

Operational Research

- Formative assessments to determine drug use patterns, injecting practice and mapping of substance use, particularly injecting drug use in Bhutan are also needed and will be under taken in priority districts
- A feasibility assessment for initiating needle syringe programmes will also be undertaken.
- As part of the pilot buprenorphine OST, operational research will be conducted during programme implementation to document the costs, benefits, impact and efficacy of the intervention.
- Operational research to track adherence in the context of early treatment, and patient chart reviews to monitor treatment quality will also be undertaken.
- IBBS
- Current Draft submitted to GF for review on the 9th of February 2015
- Final submission - the Applicant Response Form should be submitted by 27 February 2015 at the latest for TRP review in March 2015.

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"> Audit: RAA is a competent organisation, and since the GF works with many countries they have standard guidelines. The Program should clearly explain the country scenario to the GF and come to an agreed terms. New Grant Regulation: On immunities and privileges, taxes the PR should be more cautious, the programs must understand what they are tying themselves into. The GF is stringent and CCM should understand the New Grant Agreement properly. The CCM and the program should be clear and open to the discussion with the GF on all issues. On the privileges and immunities, the GNHC informed that they did not comment much, as it is the mandate of the Ministry of Foreign Affairs and they should suggest. Therefore a meeting with them should be arranged as well. TB: Comments by TRP and the GF: The programs must coordinate well and respond to the issues /comments in the given time. During the 2nd round of grant making, ensure to include a well discussed programme intervention measures. For MDR-TB do risk analysis, recurrent kind of observation is needed. DRA needs strengthening. The programs must follow the guidelines on the costing provided by GF, and if not available, the program should discuss with GF what is acceptable. HIV: needs careful study and sound proposal. KAP could not be identified; the PR should provide proper explanations. KAP has no barriers to accessing health services. Bring on board social aspects, clear cut explanation of activities and plans for all the issues. Through the import/sale records, the use of ipills is high, find a good measure to encourage the use of condoms instead of ipills. Malaria: the program must take the indicators beyond sustainability; look into traditional methods for programme interventions.
MLBL	<ul style="list-style-type: none"> New Grant Regulation: The PR should set timeline with GF and come up with the decision. Before negotiation with the GF, the PR and concerned officials should to meet and discuss. Malaria: The TWG needs to look at the technical needs to improvise the objectives, especially the sustenance part.
NGO	<ul style="list-style-type: none"> TB: The member from Tarayana informed that the intervention is just distribution of TB drugs, had there been more activities the organization could participate as SR. Malaria: On the mobile/migrant workers and border population- the concept note not describing how Nepali minorities are addressed, the PR should seek clarification by what the GF mean by that. The PR should inform that the Malaria prone regions have more population of the ethnic Nepali community. HIV: The programs must propose sound methods/plans to address the legal barriers of the KAP, so that the interventions will be smooth. Bhutan being a progressive and tolerant society, there should not be challenges to address these legal barriers. The program needs to think of innovative ideas to tackle the problems, for example: 1. Offer incentives to the KAP to make them come forward. 2. Involve the local community in the advocacy programs during their local events, particularly the religious events, where the public participation is huge. Member from RUB suggested that the program could introduce the mother-baby HIV box to end transmission of the deadly virus to babies. Member from YDF suggested that the program should carefully term the <i>Drayang girls</i> and not address them as sex workers, as they are not sex workers. It was observed that PRs are in constant communication with the GF, correcting small errors. As proposed by the TWG member present to help; the program should seek their support and thoroughly check and edit the documents before sending it to the GF. There is a need for due diligence while responding to the issues highlighted by the GF, and time can be saved and utilized in program implementation. Audit & New Grant Regulation: Member from Tarayana informed that there could be room for negotiation on the management issues and TOR. Member from YDF informed that many other countries also have similar problems; there could be room for negotiation. On the immunities and privileges, it is matter of discussing with GF well.
EDU	
PLWD	HIV: Member from the PLWD commented that the program must address the legal barriers of the KAP as at the moments all KAP groups: Sex workers, msm, drug users are deemed illegal.
FBO	

KAP	
PVT	
DECISION(S) Summarize the decision in the section below	
<ul style="list-style-type: none"> On the Concept notes and comments by the TRP and GF, the PR will respond on the given time and avoid errors by using the expertise of the TWG to refine the proposal and other comments by the GF before sending to the GF. For HIV, the PR will refine its proposal and include suggested innovative measures for programme interventions. On the new Grant Regulation It was decided that the PR would sit with various stakeholders, such as GNHC, Ministry of Foreign Affairs, Ministry of Finance and come up with a decision before meeting the GF team visiting the country in 2 & 3 March 2015. 	

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>		
> The PR- TB and Malaria will include suggestions of the CCM in their 2 nd grant making process.	PR – TB/Malaria program	February 2015
> For HIV, the PR will refine its proposal and include suggested innovative measures for programme interventions.	PR – HV program	March 2015
> PR will sit with various stakeholders, such as GNHC, Ministry of Foreign Affairs, Ministry of Finance, RAA on the New Grant Regulations and framework agreement.	PR – HV/TB/Malaria program	February 2015
> The outcome of the New Grant Regulations will be updated to the CCM in the next meeting.	CCM Secretariat	May 2015

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</u> THE DECISION >
		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 May 2015
PROPOSED AGENDA FOR NEXT MEETING	WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED
AGENDA ITEM #1	Follow up - 30th CCM meeting
AGENDA ITEM #2	Progress update - 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 ACRONYMS USED IN THE MINUTES:	
ACROYNM	MEANING
GF	Global Fund
CCM	Country Coordinating Mechanism
NFM	New Funding Model
CN	Concept Note
SR	Sub Recipient
MSM	Men having sex with Men

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 >	23/02/2015
FUNCTION>		M&E Officer	SIGNATURE >	

CCM MINUTES APPROVAL:				
APPROVED BY (NAME)	>	Dr. DORJI Wangchuk	DATE >	30/03/2015
FUNCTION>		CCM Chair	SIGNATURE >	