

AGENDA ITEM #3	Global Fund mission introduction						X						X						
AGENDA ITEM #4	<u>Presentation of the Sub Recipient:</u> <ul style="list-style-type: none"> • MATA • Perfect Ladies NGO • Youth for Health NGO 	X					X						X						X
AGENDA ITEM #5	Present Sustainability of services for key populations in the South East Asia region / Multi-Country Grant presentation/ Questions and answers	X												X					X

To add another 'Agenda Item' highlight 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 of an agenda, previous meeting decisions and its performances
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

None

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED/

B.Myagmar: The meeting was chaired by **B.Myagmar** (Chair of the Country Coordinating Mechanism). She introduced the meeting agenda and members approved the agenda. **L.Nomin-Erdene** introduced the previous meeting decisions and its performances.

AGENDA ITEM NUMBER	78 TH MEETING DECISIONS	KEY RESPONSIBLE PERSON	PERFORMANCE
AGENDA ITEM #2	According to the CCM members' recommendation, MOH specialists to collaborate with PCU and certain counterparts to resolve the issues and then MOH officials able to bring the reprogramming proposal to the CCM meeting.	MOH-PR, PCU	70%
AGENDA ITEM #4	CCM members discussed the composition of the committees of the executive, oversight and conflict of interest and CCM chair and vice chair as 3 tables below with the votes of 14 members, who was attending the CCM 78th meeting. In addition, the CCM Secretariat obliged to submit a letter of CCM membership appointment to required organizations.	CCM SECRETARIAT AND MEMBERS	100%

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.

AGENDA ITEM #2	Newly elected CCM members' introduction
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

None

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

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Introduction of new members elected to the CCM The members of the CCM resumed their co-workers and presented themselves.

	Names of members	Position	Representation (area)	Date
1.	U.Byambasuren	Deputy Chief of the Cabinet Secretariat Government Mongolia	Governmental Organization	2017-02-23
	B.Khongorzul			
2.	B.Tsogtbaatar	MOH representative, CCM vice chair	Governmental Organization	2018-05-31
3.	T.Enkhzaya	Public Health Department representative	Governmental Organization	2018-05-31
4.	J.Munkhjargal	Governmental organization	Governmental Organization	2018-01-31
5.	Ts.Adiyakhishig	Senior officer of Policy analysis and human rights education division	The representative of the National Human Rights Commission	2017-02-03
	G.Zolzaya	officer		
6.	M.Erdenejargal	The City Governor's Department	The City Governor's Department representative	2017-02-22
	M.Zendmaa			
7.	D.Angarmurun	Director of Science and Technology Department of the MNUMS	Educational organization	2018-06-20
8.	R.Oyungerel	Head of Infectious Diseases Department of the MNUMS	Academicals organization	2018-06-20
9.	Ts.Davaasuren	Anti-Tuberculosis Association	Non-Government Organization	2018-07-25
10	B.Suvd	National Center Against Violence	Non-Government Organization	2018-10-05
	E.Erdenetsetseg	Princess Center		
11	S.Dondov	Head of the Human Rights Center for Citizens	Human Right Non-Government Organization	2018-01-19
	Ch.Semjidmaa	Head of the Setgelzuin Medremj NGO		
12	A.Nyamdorj	Youth Lead Council,	Non-Governmental Organization	2016-01-29
	G.Chinzorig			
13	B.Myagmar	Confederation of Mongolian Trade Union, Executive Director	Bilateral Organization	2014-11-10 2016-11-20
14	Kh.Ganbaatar	Mongolian Employer's Federation	Business Organization	2018-08-03
	E.Enkhjargal			
15	Ts.Purevjav	Community representative	PLWD/HIV	2018-09-07

	T.Enkhjargal			
16	N.Tuyatsetseg	Khan-Uul district	PLWD /TB/	2018-08-29
17	J.Odgarid Byambajargal	GandanTegchilen Monastery	Religious Organization	2016-09-25
18	A.Tsetsegmaa	Coordination Specialist	United Nations Resident Coordinator's office	2017-06-23
19	Dr. Sergey Djorditsa J.Narantuya	WHO, Representative	Multilateral Organization	2017-09
20	G.Nyampurev E.Sod-Erdene	Youth Health NGO	Key Affected Population	2018-01-16
21	B.Bayrmaa	Perfect ladies NGO	Key Affected Population	2018-09-13
	S.Enkhjin	CCM, Oversight Committee member	MOH, monitoring and evaluation department	2018-06-20

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.

Answer(S) *Summarize the answer in the section below*

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

DECISION MAKING

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	<input checked="" type="checkbox"/>	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS			
	VOTING	<input checked="" type="checkbox"/>	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> >			
			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >			
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >				

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

AGENDA ITEM #3

Global Fund mission introduction

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

None.

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

No

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Allan Nfamba, Fund Portfolio Manager, Thank you very much for taking time to meet with us in Mongolia during our visit. It was a pleasure to meet with you to discuss the Global Fund programs in Mongolia. We were pleased to see the continued investment by the Government into HIV and TB, the

political commitment as well as by the technical capacity and commitment shown by the program staff, civil society and the CCM.

Luca Occhini – Regional Manager, It was my pleasure to meet with you to discuss the Global Fund programs in Mongolia. I have found 3 elements that could improve our implementations.

- 1) Government commitment to fight against TB and HIV.
- 2) Technical capacity of Mongolian implementors and their stakeholders
- 3) Mongolia has an advantage that they could cooperate with WHO experts in their program.

Allan Nfamba, Fund Portfolio Manager,

1. In order to strengthen active case finding, several Genexperts and mobile digital X-rays have been purchased. We acknowledge that plans are underway by the NCCD to ensure that these are installed and in use. We look forward to receiving the Genexpert optimisation plan.
2. Currently, most of the program activities are implemented through NGOs such as MATA who are effectively reaching and providing services to the Key Population in Mongolia. With both TB and HIV being more concentrated among key population, sustaining the continuation of services through the NGOs will be key in the preparation for transition towards domestic funding. In order to sustain the current gains, we request that government puts in place a mechanism for contracting of NGOs.
3. 90-90-90 -We also noted that current efforts for active screening by the national program are focused on the general population, schools, workers in the kindergartens etc. However, to achieve impact and for efficiency, more needs to be done in testing of the key population MSM and FSW. We therefore urge the national programs to increase the efforts in testing these population. These will go a long way in allowing for the catch up on the first 90% of people living with HIV that know their status which currently stands at 32%.

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.

Trade Union	B.Myagmar: We would like to thank all GF mission team for the continued support and efficient efforts to Mongolia.
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FPM	Luca Occhini, Regional Manager , Thank you for accepting us and let us participating in this meeting. In the future, it's important for you to focus on sustainability, equality and financing and to increase your community's participation and to achieve the unified benefits of harmonizing the cooperation between the government and civil society. Thank you.
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Answer(S) *Summarize the answer in the section below*

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

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DECISION MAKING

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

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

AGENDA ITEM #4	<p><u>Presentation of the Sub Recipient:</u></p> <ul style="list-style-type: none"> • MATA • Perfect Ladies NGO • Youth for Health NGO
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
None.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>	No
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<ul style="list-style-type: none"> • MATA, B.Solongo, Executive Director of MATA <p>Mongolian Anti-Tuberculosis Association has been working as a sub-recipient of Global Fund Supported Tuberculosis Projects since 2003.</p> <p style="text-align: center;">Outputs</p> <ul style="list-style-type: none"> • The first initiative of community participation in TB control in Mongolia • Since health volunteers are selected and trained from local communities, they do more in outreach work among local communities than other people. • Non-medical volunteers united against tuberculosis have contributed to the treatment of 31343 tuberculosis patients over the past 15 years. • Community based Home DOT or delivering TB medication at patients' home was implemented nationwide in 2005-2017. In 2018-2020, 200 health-volunteers will be working in 8 provinces and UB. • As of June 2018, 7554 patients with tuberculosis were successfully treated /cured and completed treatment/ for the Lunch DOT program. • About 30 percent of all patients on tuberculosis treatment are receiving community-based DOT. A total of 50 TB patients who are unemployed and with a low income people receive food support for 15 USD per each patient once a month. <p style="text-align: center;">Success</p> <ul style="list-style-type: none"> • By first quarter 2016, a total of 755 students of 39 secondary schools and 21 provinces were trained as peer educators on TB. • Trained peer educators have distributed information to 18944 people, including their peers and parents. • Evaluation to the peer education program was done by the National Public Health Center. <p style="text-align: center;">Obstacles</p> <ul style="list-style-type: none"> • Poor government support /organizational capacity building, sustainability, funding • Poor intersectoral collaboration and cooperation of organizations within the sector as well. / facing with difficulties in sending and receiving suspected tuberculosis cases, vulnerability surveys, etc. • The legal environment for TB care needs to be improved. (There is no system of accountability in the case of compulsory treatment and treatment.) • Treatment supervision of homeless and alcoholics. 	
<ul style="list-style-type: none"> • Perfect Ladies NGO, D.Nyam-Ulzii, Executive Director of Perfect Ladies NGO <p>Our purpose is to reduce HIV and STI prevalence among FSWs through implement comprehensive HIV and STI prevention program for FSWs.</p> <p style="text-align: center;">Outputs</p> <ul style="list-style-type: none"> • In 2015-2017, "Perfect Ladies" NGO and Sub-SRs of the 9 provinces were reached 17,100 FSWs in HIV prevention program and 11,200 FSWs were tested. • Total 63 FSWs were participated in vocational training on hair cut, accountant, manicurist, valet and so far 19 of them were employed. • The Vinnica accounting software has been applied to corporate accounting calculations. • Result of the advocacy meetings among administrative, decision makers, and law enforcement 	

agencies and policeman, the cooperation between government and non-government organizations were improved, and received positive information about sex workers, and collaborating on HTC.

- The cooperation with organization working against violence have improved, counseling and protecting services can be provided to FSWs affected on violence.
- Number of reached FSWs were increased due to result of the advocacy meetings with pimps and owners of the bar, sauna-massage.

Success

- No HIV cases were detected among FSWs during program implementation period.
- Enrolled in the "HIV and Syphilis Surveillance Survey" conducted by WHO and the Global Fund 2005, 2007, 2009, 2011, 2014, and 2017.
- The first time, "Perfect ladies" NGO became a member of the Asia Pacific Network of Sex workers in Oct 2015, and introduced international and regional best programs for FSWs.
- In Oct 2015, case management program was introduced among FSWs.
- 2 outreach workers were participated in training of the Asia Pacific Network Sex workers in Myanmar, Jun 2016 with support of APNSW. During the training, HIV prevention program for FSW in Mongolia was introduced.
- APNSW was organized skill building training among case managers and outreach workers, using their own fund in Ulaanbaatar, 2017.
- Over the years, the number of FSWs being enrolled in the HTC and treatment coverage are increasing.

Obstacles

- Recently beginning of 2018, general police department is regularly organizing namely "Sauna Massage" event, to prevent and combat crimes against others.
- The bars, saunas, and massage centers are closed and FSWs are changed their location. Due to this, to reach the FSWs community is getting more difficult.
- Number of the sex work using social media to find clients was increased, under the advertisement namely need financial support.
- There is more risk on violence among sex workers.

• Youth for Health NGO, D.Myagmardorj, Executive Director of Youth for Health NGO

- 80% of men living with HIV are MSM
- HIV prevalence among MSM/TG is 9.2%
- Approximately 0,4% of a total adult men in Mongolia considered as MSM

Outputs

- Choosing and training one of the participants to become reach out employee
- Provide required social and health services to MSM community through trained reach out employee.

	2010	2011	2012	2013	2014	2015
Number of participation	340	290	314	350	370	711
HIV cases	7	4	6	1	7	2

Success

- Target number is (Indicator) high. (National estimation size 3.400)
- Syphilis infection is still increasing among MSM
- Only UB and Darkhan city.
- Stigma and Discrimination is still in social.
- Low support and cooperation of domestic government, and Ministry of health

Obstacles

- Focus more on instilling positive mindset to the community. (reach out to hidden people requires lots of funding)

- Increase governmental, Provincial governances, and private-sectors participation and cooperation (change policy for high risk populations, resilience and to expand NGOs activities.)
- Using new approaching of testing for hidden communities
- Zero discrimination related HIV, support human rights among high risk populations

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.Myagmar: I would like to thank you for the NGOs that efficiently implementing GF supported projects. Most of the program activities are implemented through NGOs such as MATA who are effectively reaching and providing services to the Key Population in Mongolia. As well as Perfect ladies NGO and Youth for Health NGO work efficiently when government couldn't reach those areas.

Answer(S) *Summarize the answer in the section below*

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

DECISION MAKING

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

AGENDA ITEM #5

Present Sustainability of services for key populations in the South East Asia region
/Multi-Country Grant presentation/

- Questions and answers

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

None.

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

- Present Sustainability of services for key populations in the South East Asia region **/Multi-Country Grant presentation/** presented by Joselyn Pang, Manager, International Programs, Australian Federation of AIDS Organization

Based on input from key stakeholders in February 2018, the terms of reference were developed for the multi-country grant in Asia. This eight-country Global Fund grant will be covering Bhutan, Papua New Guinea, Timor Leste, Malaysia, Philippines, Laos, Mongolia, and Sri Lanka.

The grant aims to promote sustainable services for key populations at higher risk of HIV exposure including sex workers, men who have sex with men, transgender people, people who use drugs, in the Asia region. The grant will build on existing Global Fund-supported programs in country and multi-country grants for key populations as well as focus on developing strategies to promote the scale-up of necessary interventions and their long-term financing in each country to:

- Secure up-to-date strategic information, particularly on key epidemiological and response information including population size estimates and program coverage, community needs assessment of key populations to inform program design;
- Scale-up outreach to key populations and improve their access to prevention, testing and treatment and retention in the service cascade;
- Strengthen community responses and systems to support increased scale-up of services for key populations;
- Strengthen community advocacy for the sustainability of community-led and community-owned services through community-based research, effective use of data and other strategic information and through community mobilization;
- Address barriers to access, including addressing stigma and discrimination and other human rights- and gender-related barriers to services, where relevant;
- Secure the long-term sustainability of increased service delivery at national levels through securing domestic investment and spending, exploring innovative approaches and identifying alternative sources of funding for key programs

From March – April 2018, the Global Fund Secretariat solicited interest from regional organizations to lead the convening of regional dialogue through an RFP process. As a result, the Australian Federation of AIDS Organisations (AFAO) was selected to perform this role with the aim of developing a funding application for the Global Fund to be submitted by 6 August 2018.

Multi country grant (Bhutan, Lao PDR, Malaysia, Mongolia, Papua New Guinea, Philippines, Sri Lanka, Timor-Leste)

- US\$ 12.5 million for 3 year grant (Year 2019—2021)
- Regional and country activities
- Focus on impact and sustainability
- Enhanced role for KP networks and community partners
- Partnership with government and other sectors and alignment with national strategies
- **Total allocation for Mongolia: USD \$945,815**

Mongolian Priority Activities

Activities	Budget (USD)
Training and advocacy to support scale-up HIV services in high prevalence areas	92,344
Developing/promoting TG friendly services:	36,055.00
Piloting of community friendly government clinics at district and provincial level.	44,337.36
Increase domestic funding on HIV:	57,729.00
Strengthen Strategic Information Systems	6,620.51
Conduct community mapping survey	30,000.00
Strategic Information to remove barriers for KPs Access to Health and Social Justice	120,000.00
Advocate for the removal of legal barriers that create blockages to testing and treatment access of all KPs and people living with HIV	72,998.00
Establishment of national umbrella HIV organization for financial sustainability advocacy, KP program and policy advocacy and service delivery capacity	126,398.58

Cross-cutting activities implemented at country level

Activity	Budget (USD)
FINANCING Country Financing Plan	131,250
STRATEGIC INFORMATION Develop and provide training and support for piloting models of community based surveys for knowledge, attitude, behaviour monitoring and service quality monitoring	18,600
SERVICE DELIVERY Develop workplan to implement and scale up state-of-the-art evidence-based HIV prevention and treatment interventions (additional	18,600

allocate a minimum percentage of 2nd round grants for piloting interventions)	
COMMUNITY SYSTEM STRENGTHENING Provide support for CSS priority interventions	25,957
ENABLING ENVIRONMENT Reduce stigma and Discrimination in Health Care Settings through implementation of the Regional Support Strategy for Zero Discrimination in Healthcare Settings in Asia and the Pacific - led by APN+	9,300
SECOND ROUND GRANTS	80,347

SR Selection Process



- Finalise detailed activity planning in country and at regional level: In consultation
- Outstanding follow-up actions
- CCM presentation and endorsement: November 6
- Finalise Global Fund Grant Making documents: November 6
- GAC Review: 20 November
- Select SRs: 26 November
- Finalise PR staff selection: 1 December

- **Grant start: 1 January 2019**

Country Actions

- Finalise detailed planning of country activities
- CCM endorsement
- Establish of country coordinating structure
- Establish country linkages with CCM and national strategy bodies (planning, harmonisation, liaison, protocols)

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

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

B.Myagmar: We are noted that we will continue to work with these programs and ensure that we will need to spend \$ 945,000 in efficient way in next 3 years. Also, I would like to thank the GF regional representatives who worked with us for a week. In the future, the CCM will plan the urgent letters to the Ministry of Health to discuss certain matters to improve implementations on timely manner.

Answer(S) *Summarize the answer in the section below*

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

DECISION MAKING

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING	X	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	>
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >		

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

SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #2			
AGENDA ITEM #4			

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.

NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)

TIME, DATE, VENUE OF NEXT MEETING (dd.mm.yy)	2018
PROPOSED AGENDA FOR NEXT MEETING	WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED
AGENDA ITEM #1	
AGENDA ITEM #2	
AGENDA ITEM #3	
AGENDA ITEM #4	
AGENDA ITEM #5	

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	
	Yes	No
ANNEXES ATTACHED TO THE MEETING MINUTES		
ATTENDANCE LIST	X	
AGENDA	X	
OTHER SUPPORTING DOCUMENTS	X	
APPENDIX 1-10	X	
IF 'OTHER', PLEASE LIST BELOW:		
Grant presentation from CCM, PCU.		

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 Nonmembers and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.

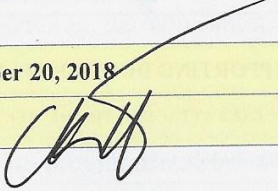
* Often CCM minutes are approved at the next meeting. For many months can pass before the next scheduled meeting, electronic endorsement of the CCM minutes is considered to be a more efficient method for effective meeting management.

GLOSSARY FOR ACRYNMS USED IN THE MINUTES:

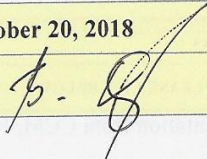
ACROYNM	MEANING
CN	Concept Note
MOH	Ministry of Health
CCM	Country Coordinating Mechanism
NGO	Non-Governmental organization
WHO	World Health Organization
UN	United Nations
COIWC	Conflict of Interest Working Committee
CMJ	Confederation of Mongolian Journalists
PCU	Project Coordinating Unit
PR	Principal Recipient
MOF	Ministry of Finance
PLWD	People Living With Diseases

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 APPROVAL:

APPROVED BY (NAME) >	B.Myagmar	DATE >	October 20, 2018
	CCM chair	SIGNATURE >	

CCM MINUTES REVIEWED BY:

TYPE / PRINT NAME >	B.Oyundari	DATE >	October 20, 2018
FUNCTION>	CCM Secretariat Coordinator	SIGNATURE >	

CCM MINUTES PREPARED BY:

TYPE / PRINT NAME >	L.Nomin-Erdene	DATE >	October 20, 2018
FUNCTION>	CCM Secretariat assistant	SIGNATURE >	