





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/	
<p><b>B.Myagmar:</b> The meeting was chaired by B.Myagmar (Chair of the Country Coordinating Mechanism), introduced the meeting agenda and members approved the agenda.</p> <p><b>B. Oyundari, CCM coordinator</b> introduced the previous 79th meeting decision, its implementation and introduced the newly selected member to CCM-Mrs.B.Suvd, Director of the National Center Against Violence, representative of the non-governmental organization in the field of HIV / AIDS.</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>	

AGENDA ITEM #2	<b>Opening speech</b> <b>Mr.Allan Nfamba, TGF Fund Portfolio manager</b>										
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											
<p><b>Allan Nfamba, Fund Portfolio Manager,</b> Thank you very much for taking the time to meet with me in Mongolia during my 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. Belated happy lunar new year to all of you even it is a bit of a late.</p> <p>The Prioritised Above Allocation Request (PAAR) submitted late last year. Many thanks to all of you for the work that went into submitting a PAAR in such a short span.</p> <p><u>Intervention 1 Case detection and diagnosis – Global Fund investment US\$ 500,000 - For joint investment with ADB (viral hepatitis project) to allow for combined training and capacity building of all health care workers on TB screening, diagnosis and treatment, as well as increased awareness on TB through joint information, education and communication activities contributing towards increased case detection.</u></p> <p><u>Intervention 2 Other service delivery intervention (s) – Global Fund investment US\$ 1,000,000 - GF funding to incentivize the integrated care of TB and HIV at the primary and secondary health care level. ADB loan to the Government for improving the integration of the primary and secondary health care and improving primary health care services starting in 2019.</u></p> <p>The submission of grant documents</p> <ul style="list-style-type: none"> <li>• Revised budget summary of the project;</li> <li>• Revised performance framework of the project</li> </ul> <p style="text-align: center;"><b>Submission of the grant documents to GAC</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">GAC meeting</th> <th style="width: 33%;">Initial document submission</th> <th style="width: 33%;">Final document submission</th> </tr> </thead> <tbody> <tr> <td>21 February</td> <td>7 February</td> <td>14 February</td> </tr> <tr> <td>14 March</td> <td>28 February</td> <td>7 March</td> </tr> </tbody> </table> <p>1 million USD grant request probably will need to be submitted in April. I would like to express my gratitude to the CCM for the implementation and support of the TGF</p>			GAC meeting	Initial document submission	Final document submission	21 February	7 February	14 February	14 March	28 February	7 March
GAC meeting	Initial document submission	Final document submission									
21 February	7 February	14 February									
14 March	28 February	7 March									

supported programs. Particularly, the national high-level meeting of TB organized and discussed at a higher level of advocacy. Selenge aimag started TB self-examination and increased the salaries of all TB doctors.

However, we need to intensify advocacy work on HIV/AIDS.

I appreciate your efforts and leadership and hoping it would continue to successfully implement the ongoing HIV / AIDS and TB programs. Thank you.

**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*

**B.Myagmar:** Thank you very much. We will follow your valuable advice and guidance. The Global Fund is a huge contributor to Mongolia. I would like to express my gratitude to all our partners and their close cooperation. We will focus on the the effective usage of PAAR investment of 1.5 million USD.

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	>
*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 #3** **Additional funding for Mongolia tuberculosis /1.5 million USD/, Q&A**

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**

**T.Enkhzaya, Public Health Department Director of MoH,** We are planning to do a lot of work in 2019, that reflects the development of the transition plan and to intensify early detection of the key population and risk groups. The epidemiological survey and the results of the TB screening survey conducted in 2018 lead us to intensify activities in TB. We are planning to organize the screening on in TB infected schools this year. You will find particular information and knowledge are being carried out through mass media, television, radio, and other networks.

The CCM Executive Committee meeting was held on January 28, under the submission of \$ 1.5 million. At that meeting, we appointed the working group members.

**S.Ganzaya,** TB program officer of PCU introduced budget summary and performance framework of the project. */Please see Attachment-1/*

**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*

**M.Sergelen:** In the case of monitoring and evaluation, we will have a discussion with the TGF that there is a lack of opportunity to change our targets for M&E this year. Because this year's activities are geared towards strengthening human resources and we do not see the basis for changing the numbers and number of cases. We have indentified our goals and objectives of the program when submitting the 2018-2020 project. But the TGF requires us to raise our targets, but we have to clarify that to make a reasonable negotiation.

**T.Enkhzaya:** I also need to tell you that it is not complete version and some of the indicators have been mixed as we are not in the scope of the monitoring and evaluation framework. We will discuss this and present to you as soon as we completed.

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	
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**AGENDA ITEM #4** **Information on Multi-Country Grant proposal Sustainability of services for key populations in the South East Asia region, Q&A**

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**

Sustainability of services for key populations in the South East Asia region / **Multi-Country Grant** / presented by **Youth for Health NGO, D.Myagmardorj, Executive Director of Youth for Health NGO**

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.

I am happy to announce that we are able to implement this program in Mongolia, in 2018-2021. Therefore, I will share the latest and short information about the process of Multi-country grant.

- CCM-Mongolia disseminated Request for Proposal on December 2018.
- “Youth for health” submitted The Expression of Interest (EOI) to AFAO on December 2018.
- “Announcement of SR” received on January 2019.
- Agreement was willing to be signed by 28 February 2019.
- The national consultation/ workshop- in early March 2019-Discuss detailed activity planning in a country and at a regional level:.

There is no agreement between us at this moment, hence now I am not able to speak about the budget plan.

I would like to express my gratitude to the Ministry of Health, the PCU, the NHRC and the NSC and other NGOs who have been actively participating in the project development process. We hope to cooperate in the future and work together to implement the project effectively. Thank you!

**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*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING	X	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS
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AGENDA ITEM #5	<p><b>Site visit report</b></p> <ul style="list-style-type: none"> <li>• In Ulanbator</li> </ul> <p><b>HIV and TB- STI Departments of NCCD, Mongolian Association of Soum Medicine Specialists (MASMS), Mongolian Child Adolescents' Support Center, Mongolian Association of Family Medicine Specialists (MAFMS)</b></p> <ul style="list-style-type: none"> <li>• Rural area</li> </ul> <p><b>Uvs, Zavkhan provinces</b></p>
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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**

In Ulanbator

**1. Presentation of HIV and TB- STI Departments of NCCD, Mongolian Association of Soum Medicine Specialists (MASMS) presented by A.Tsetsegmaa, Member of the CCM Oversight Committee;**  
*/Presentation attached to Annex 2/*

**TB NTP of NCCD**

- Lack of financial officer, doctors responsible for the timely financial reports apart from the work duty.
- The funding recipient process is slow. The process takes time from the State Fund.
- Procured drugs/equipment being delayed at the toll.
- ✓ Grant implementation activities should be done on time
- ✓ PCU officers should provide TA in spot.

**STI Department of NCCD**

- 3rd and 4th quarter funding has been delayed at MoF.
- Need to intensify the funding process.
- Lack of doctors and specialists.
- ✓ Need of PRs attention to grant implementations on time. Assist on funding delay.
- ✓ PCU should search for avenues to support SRs, get CCM support when necessary.

**Association for Mongolian soum doctors and specialists**

- Sputum transportation cost has been delayed.
- ✓ PR and PCU should present the method on how to conduct the prevention screening for remote

population.

- **Joint collaboration**
  - Insufficient usage of equipment
  - Outcome
  - Day to day activity vs grant activity /Main duty, financial report/
- **Transition and sustainability of grants**
  - Procurement of MDRTB- 80% - TGF
  - Procurement of condoms
- **Support from MoH, MoF, PCU**
  - funding delay
  - late decisions
  - joint collaboration

## **2. Presentation of Mongolian Child Adolescents' Support Center, Mongolian Association of Family Medicine Specialists (MAFMS) S.Enkhjin, member of the CCM Oversight Committee.**

*/The presentation attached Annex 3/*

### **Mongolian Association of Family Medicine Specialists (MAFMS)**

- Implementation is focusing on the target group.
- 168 medical doctors and specialists of the Family Health Center's engagement to tuberculosis care and services reduce the burden of TB dispensaries, and the capability of specialized doctors and specialists have improved, and access to services have increased.
- The TB care and service approaches to a community.
- 20809 people with pneumonia suspected, 20879 people were sent to TB dispensaries, 2106 specimens were transported 1634 times at regular intervals to detect 909 new TB cases, detection has been increased and monitoring has improved.
- TB treatment was provided to approximately 30% of the cases. The success of treatment is 84%.
- As of 2017, 21.5% of new TB cases were identified at provinces and district levels, and 22% of new TB cases were detected at the national level.

#### **Obstacles**

- Building sufficient cooperation with the government, necessary to take measures to increase the amount of funding from the Social Insurance Fund to one citizen expenditure of the Family Health Center.

#### **Suggestions**

- The sustainability of human resource management of FHC (human resources change 40% annually, which reduces work efficiency).
- Family Medicine Centers' doctors/physicians and professionals need to receive incentives in order to get efficient results.
- Empowering re-training for doctors/physicians to improve the linkage between the Family Medicine Center and Dispensary.
- Strengthen and improve advocating activities of the population
- Involve homeless and unemployed people in social welfare services.

### **Mongolian Child Adolescents Support Center**

- Implementation focuses on the target group.
- After conducting "Open your eyes" and "Magical World" training, participants' request to receive training manuals and materials to conduct training in their local area.
- Providing health education to the public, behavioral change training and promotional activities are actively organized.

#### **Obstacles**

- Program implementation usually delayed because the budget doesn't arrive on time.
- Government experts are constantly changing, which make us hard to collaborate and implement our activities.
- Adolescents' participation is very strong, but students from universities and VTPC are less active.

Rural area

### 3. Presentation of Uvs, Zavkhan provinces presented by Ts.Adiyaikhshig, CCM member

*/The introduction is attached to Annex 4/*

#### ***The main conclusion***

#### **Tuberculosis**

- Maintain regular TB early screening and diagnosis
- High-cost equipment not properly installed, need to improve the situation (portable digital X-ray apparatus);
- Improve the use of expensive equipment and stabilize the inspection;
- Consider on storage of medicines and need to store in the Warehouse of the General Hospital;
- Improve supervision on Soum hospitals' implementations;
- Immediately modify the infection control regime in TB dispensary of Zavkhan aimag;
- There is no mechanical ventilation system for TB department and dispensary;
- To build a good working environment for employees;
- Consider human resource sustainability;

#### **HIV/AIDS/STI**

- Maintain regular STI screening and diagnosis
- Early detection and testing are insufficient. The Health Minister's 305th order not enforced since it has approved in 2017;
- The sample handling procedure is lost, the risk of sample quality loss is high;
- There is no involvement of NGOs activities for Target group.
- Patients' health condition is not protected and high risk of collapse;
- Mongolia National University of Science and Medicine and the private universities provide insufficient knowledge and skills, pay attention to the quality of Doctors' retraining;
- Improve doctors and medical personnel' human rights knowledge and understanding, and maintain human right-based health care services, they also need to attend Human Rights training.

#### **CCM Oversight Committee**

- Review and revise the Terms of Reference of the project implementation oversight and site visit procedures.
- Proposal for the visit to Primary Health service providers such as family medical center in soum and district area.

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.*

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

The CCM Secretariat obliged to summarize all of the above-mentioned obstacles and recommendations to share with all CCM members for approval to submit the official letter to the Health Minister (PR). The introduction of the PR solutions will have to be presented by the MOH at the next 81st CCM meeting. Both CCM and PCU have to collaborate for submission of requirements, and to monitor MOH solutions and its implementation should be reviewed in a timely manner. The members have approved the decision by 100% of their votes.

The CCM Secretariat obliged to revise the Terms of Reference for the CCM site visit by considering the suggestions of the CCM members and the members would discuss for approval at the next CCM meeting.

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 <b>17</b>
				SECRET BALLOT
	ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >			
	ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION >			
ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >				

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<b>AGENDA ITEM #6</b>	<b>CCM financial report of 2018-2019, Q&amp;A</b>
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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
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

**B.Oyundari, CCM Secretariat Coordinator presented CCM financial report of 2018-2019. /Introduction has attached to Annex 5/**

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	
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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
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<b>AGENDA ITEM #7</b>	<b>CCM financial request of 2019-2020, CCM Self-assessment, Q&amp;A</b>
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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
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

**B.Oyundari, CCM Secretariat Coordinator presented CCM financial request of 2019-2020 /introduction is attached to Annex #6/, CCM Self-assessment- has been distributed to all CCM members via e-mail and based on members response, I will present the assessment result. Annex 7.**

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	<b>J.Munkhjargal:</b> It was reported that the Transitional plan had been completed earlier. Why does it come up here again?
CCM	<b>B.Oyundari:</b> As I know, the establishment of the Sustainability and Transitional Plan development-working group was transparently announced and the NSC was elected and submitted their plan to the Ministry of Health. However, it needs to be improved. As a result of that, we had to develop a new plan and the request for the establishment of a working group was submitted to the MOH. If the MOH established the working group, we would need a budget to run working group. Therefore, the budget is fir this activity.
GOV	<b>J.Munkhjargal:</b> In terms of CCM activity, I would like to propose that CCM members are encouraged to conduct a study tour, particularly in neighboring country-China's TB Chest Hospital and research center.
KAP	<b>G.Nyampurev:</b> The 22nd International AIDS conference was held in 2018, which had a great impact. Similarly, the International Conference on Asia and the Pacific is scheduled to be held in September this year, hence my proposal is to finance CCM participants of that meeting.
GOV	<b>M.Zendmaa:</b> Need to increase the CCM site visit budget to \$ 10,500, and increase the number of this type of activity from 5 to 6 times.
GOV	<b>Ts.Adiyakhishig:</b> Make sure CCM Secretariat to confirm dates of the CCM visit and clarify if CCM members can participate.
CCM	<b>B.Oyundari:</b> Based on the comments above, we will find a way to include all your proposals. At this time, I assume a study tour could be conducted from the 2018-2019 savings, and a high level meeting among miners could be funded from the program. We need to clarify from TGF.

Answer(S) Summarize the answer in the section below

DECISION(S) Summarize the decision in the section below

CCM Secretariat obliged to reflect members' comments on the CCM funding request in 2019-2020. CCM members unanimously endorsed the CCM funding request in 2019-2020 and CCM self-assessment evaluation sheet to submit to the Global Fund.

**DECISION MAKING**

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING	X	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	17
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**AGENDA ITEM #8** Others: Introduce the Global Fund-funded supported HIV and TB grant requirements and conditions  
Honoring Ceremony-A.Oyunbileg, PCU coordinator

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			
<p><b>S.Ganzaya, TB program officer and B.Gansukh, HIV program officer</b> introduced the Global Fund-fund supported HIV and TB grant requirements and conditions and its fulfillments.</p> <p style="text-align: center;"><b>Explanation for the delay of fulfillment of the conditions for MNG-T-MOH grant confirmations</b></p> <p style="text-align: right;">21 Feb 2019</p>			
Condition	Deadline per grant confirmation	Submitted date	Explanation
Transitional and Sustainability plan	1 March 2019		Not complete
National Monitoring and Evaluation plan of HIV and TB	31 March 2018	31 Dec 2018	Status – complete and under discussion.
GeneXpert Expansion plan	31 Oct 2018	30 June 2019	Status – In progress. The technical working group of development of Xpert expansion plan was established on 19 Oct 2018, according to the order A/95 order of General director of NCCD. The TWG will be finalize the draft of the expansion plan within this mount and will be submit to MOH. The review process is taking a time at MOH and we expected to submit it in June of 2019.
Human Resource Strategy	31 Dec 2018	31 Dec 2018	Status – Current policy documents are met for this condition. The MOH responsible people declared that there is no need for a standalone HR strategy. The HR matters will be reflected in the Health Sector Master Plan for 2019-2027 which is planning to be developed with the support of ADB. The TB department of NCCD has been offered they comment to the TWG. In addition to that, the Government of Mongolia has been endorsed “The Government Policy on Health” on 18 Jan 2017. This policy shall be implement in 8 area including human resource of health. The policy will cover 2017-2026 and will be implement two periods such as 2017-2021 and 2022-2026. The policy has been identified and set the target of impact indicators including human resource. To ensuring this policy, the Minister of Health has been released following order to fill the human resource gap on TB. As: Approval of the number of postgraduate training heading and the number of trainees on 15 May 2018. Also, Approval of the name of a physician to study for basic qualification training, the training heading and type of training fee on 19 Oct 2018. Booth of order has been included TB and total of 18 physicians will be enroll the TB training in 2018-2019. The

			training course will be continuing 9 months. Except above mentioned document, the MOH has been developed the “Social Security Program for Health Workers” and now taking the voice and idea through MOH website.
Standard operating procedures (“SOPs”) related to inventory management of all Health Products.	31 May 2018	28 Nov 2018	Status –Done. The SOP finalized and reviewed by TB drug management team of NCCD and responsible officers at MOH.
National guidelines the engagement of public-private collaboration for TB care and control.	1 Jan 2019	28 Feb 2019	Status- Current policy documents are met for this condition. The Mongolian parliament endorsed the Government policy on Public-Private Partnership. According this policy, under the social sector partnership included the partnership in the health system. The Minister of Health approve the Priority area on Public Private partnership in Health system on 27 Dec 2017. The eight priority area has been identified. The activities are under the Public Health care area included; IEC activities for communicable and non-communicable disease, active screening above mentioned disease. Also, under the Hospital health care area included the care of Family health centers etc. In this regards, the Family health centers as PPM on TB control program. The MOH, approved the Evaluation of Family Health Center Performance on 4 Jan 2017. It has included performance indicators for each FHC and TB related score (10) are under the Public Health section (100).

*Honoring ceremony was held for A.Oyunbileg, coordinator of the PCU. Within the framework of this activity, Ms.Myagmar, Chair of the CCM, delivered the gratitude to her.*

**A. Oyunbileg**, former PCU coordinator expressed her gratitude to all of her colleagues, who have been working with her and wished the highest achievement in their life.

**N. Tsogzolmaa**, newly appointed PCU coordinator: *I have been working for the Ministry of Health for the last 15 years, and before that, I worked at the State Professional Inspection Agency and the Governmental organizations. My experience and profession would carry out our activities in further achievement.*

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

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

At the next meetings, if the PCU is presentation included in the agenda for introducing, mandatory preparatory materials should be distributed to CCM members when the meeting hours are tight members could be familiar with the relevant materials and more accessible. This problem has also arisen in the past, so we hope that the PCU coordinator will take this into account.

The members of the CCM Secretariat reviewed and approved the Terms of Reference for the CCM. The CCM members discussed and approved the proposal by the CCM members and presented them to the next CCM meeting.

DECISION MAKING				
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
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### SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #5	<p>The CCM Secretariat obliged to summarize all of the above-mentioned obstacles and recommendations to share with all CCM members for approval to submit the official letter to the Health Minister. The introduction of the PR solutions will have to be presented by the MOH at the next 81st CCM meeting. Both CCM and PCU have to collaborate for submission of requirements, and to monitor MOH solutions and its implementation should be reviewed in a timely manner. The members have approved the decision by 100% of their votes.</p> <p>The CCM Secretariat obliged to revise the Terms of Reference for the CCM site visit by considering the suggestions of the CCM members and the members would discuss for approval at the next CCM meeting.</p>	CCM-MoH-PCU	AT 81 <sup>ST</sup> CCM MEETING
AGENDA ITEM #7	CCM Secretariat obliged to reflect members' comments on the CCM funding request in 2019-2020. CCM members unanimously endorsed the CCM funding request in 2019-2020 and CCM self-assessment evaluation sheet to submit to the Global Fund.	CCM	
AGENDA ITEM #8	<p>At the next meetings, if the PCU presentation included in the agenda for introducing, mandatory preparatory materials should be distributed to CCM members when the meeting hours are tight members could be familiar with the relevant materials and more accessible. This problem has also arisen in the past, so we hope that the PCU coordinator will take this into account.</p> <p>The members of the CCM Secretariat reviewed and approved the Terms of Reference for the CCM. The CCM members discussed and approved the proposal by the CCM members and presented them to the next CCM meeting.</p>	PCU coordinator	

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 ( <i>dd.mm.yy</i> )	<b>2019</b>
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.		

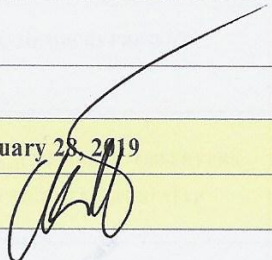
CHECKLIST (Place 'X' in the relevant box)			
	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE	X		The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2 weeks</u> before the meeting took place.
ATTENDANCE SHEET COMPLETED	X		An attendance sheet was completed 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.

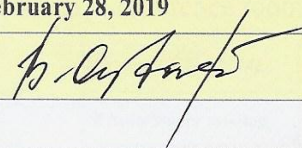
\* Often CCM minutes are approved at the next meeting. For many months can pass before the next scheduled meeting, electronic endorsement of the CCM minutes is considered to be a more efficient method for effective meeting management.

GLOSSARY FOR ACROYNMS USED IN THE MINUTES:	
ACROYNM	MEANING
CN	<b>Concept Note</b>
MOH	<b>Ministry of Health</b>
CCM	<b>Country Coordinating Mechanism</b>
NGO	<b>Non-Governmental organization</b>
WHO	<b>World Health Organization</b>
UN	<b>United Nations</b>

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

<b>CCM MINUTES APPROVAL:</b>			
APPROVED BY (NAME) >	B.Myagmar	DATE >	February 28, 2019
	CCM chair	SIGNATURE >	

<b>CCM MINUTES REVIEWED BY:</b>			
TYPE / PRINT NAME >	B.Oyundari	DATE >	February 28, 2019
FUNCTION>	CCM Secretariat Coordinator	SIGNATURE >	

<b>CCM MINUTES PREPARED BY:</b>			
TYPE / PRINT NAME >	L.Nomin-Erdene	DATE >	February 28, 2019
FUNCTION>	CCM Secretariat assistant	SIGNATURE >	