

CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS											
COUNTRY (CCM)		Mongolia			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			16			
MEETING NUMBER (if applicable)		74			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			9			
DATE (dd.mm.yy)		17 th of May, 2017			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			yes			
DETAILS OF PERSON WHO CHAIRED THE MEETING											
HIS / HER NAME & ORGANISATION		First name	Myagmar			DURATION OF THE MEETING (in hours)			4		
		Family name	Byambasuren			VENUE / LOCATION		Conference hall A, MOH			
		Organization	Trade Union			MEETING TYPE (Place 'X' in the relevant box)		Regular CCM meeting	X		
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair			x	Extraordinary meeting					
		Vice-Chair				Committee meeting					
		CCM member				GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA	X		
		Alternate				FPM / PO					
HIS / HER SECTOR* (Place 'X' in the relevant box)								OTHER	X		
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	NONE			
							x				

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

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)																
GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS																
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 of agenda, previous meeting decisions and its performances	X														
AGENDA ITEM #2	Presentation of CCM orientation program and FMP Manab Basnet's visit					X										

AGENDA SUMMARY	
AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW
AGENDA ITEM #1	Introduction of agenda, previous meeting decisions and its performances
AGENDA ITEM #2	Presentation of CCM orientation program and FMP Manab Basnet's visit

B.Myagmar: CCM orientation program was quite effective and we are aware of lots of information now. She had introduced **Manab Basnet's recommendations to the CCM members:** Let me update you the next steps for matters related to the CCM. On Monday 8 May 2017, I will have a debrief call with the consultants (Oleg/peter) to get an overall feedback following CCM orientation program in Mongolia. Thereafter, I shall share with you a consolidated recommendation on how partnerships within the CCM can be strengthened to bring about positive changes towards scaling-up of Mongolia's response to AIDS & TB in the future.

Following my meeting with the oversight Committee, I see the need to:

1. Strengthen the current committee; bring on board newer members (following Dr Soe's departure in end of May) with high technical skills in procurement/HIV/TB. Please add 3 additional members with RHSS/ TB/HIV knowledge, including procurement (Drugs/) & supply chain understanding.
2. Resolving communication issues between CCMs and PRs and establishing communication channels between the CCMs and the Local Fund Agents (LFAs) to strengthen CCM oversight capacity.
3. Carrying out Joint-missions (programmatic review) with representatives from PR/PCU/NCCD/MOH/CCM. CCM/oversight committee cannot work in isolation or in compartments.
4. For # 1 & 2 & 3 above, I am relying on your leadership to make this possible. I have discussed with the LFA team in Mongolia to include the oversight committee members during PU DR debriefs/some program review from now onwards.

However, there is a clear need to make the most from the role the oversight committee from now onwards. We should note that the OSC should be able to understand how grant implementation is progressing and be able to identify and respond to challenges and issue by making appropriate recommendations to the PRs/Implementers. In light of this, I would like to seek your support and leadership to:

1. Develop of an oversight plan and management tools (dashboard) to supervise the progress of PRs is critical for ensuring appropriate accountability for grant implementation, and to assist the PR in areas beyond its control or mandate. (please send this to me by no later than 30 May 2017)
2. I am attaching here a template for the development of a very basic/yet practical oversight plan that is useful. You may adapt this by adding country specific milestones.

I will send additional notes following the end of my call with the CCM Consultants. On a serious note, the Global Fund will continue to monitor how well CCM Mongolia is able to lead. And ensure all eligibility requirements are met on an ongoing basis.

Finally, let me reiterate that we use the word "impact" and 'commitment to achieve impact' so much that it is important to understand what this means in reality; it means, fewer people getting sick or dying in Mongolia out of TB and HIV; an excellent partnership continued under the aegis of CCM that yields results. Results to continue to implement current and future grants timely and with accountability, while leveraging and cementing national commitments to address declining resource base from the Global Fund. There are so many processes needed to fund programs effectively in Mongolia and we can easily lose sight of our common/ultimate goal. On top of that, achieving impact is becoming harder annually- (with increased TB prevalence of Mongolia looking at us; implementation of current programs lagging behind & HIV funding landscape shrinking in the future, particularly for prevention programs). As easy and obvious problems get solved, harder challenges loom even larger, and always with limited funding. We have to remember that our work is ultimately about people, not just grant amounts. To serve the People of Mongolia at risk of HIV and TB.

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.

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

The CCM members unanimously endorsed the new HIV and TB project program split.

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	SHOW OF HANDS
				X

	(Place 'X' in the relevant box)	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> >		
*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	Discussion of the prioritized above allocation request of TB project draft in 2018-2020		
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			
<p>B.Myagmar: We have to allocate 7.2 million USD in 2017-2020 for Tb and building resilient and sustainable systems for health. I worked as a team-leader of the TB-TWG and currently held 16 TWG meetings and a Country Dialogue. As we discussed in our previous meetings, we had recruited National Consultant Ts.Bazarragchaa and International consultants Paolo PIVA, MD, PHD, and Pratap Premanand Jayavant, where they have drafted the Tailored to Material Change Request to the GF.</p> <p>Ts.Bazarragchaa:</p> <ol style="list-style-type: none"> 1. The Global Funds (GF) Tailored to Material Change Request / Appendix 1 / 2. Introduction of Modular framework and a draft compilation of proposals / Appendix 2 / <p>All these documents will be attached along with a list of Technical Working Group (TWG) and other meetings on the development and submission process of the Global Funds (GF) Request. You could give your suggestions before we proceed any further.</p>			
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM			
<i>Please summarize the respective constituencies' contributions to the discussion in the spaces provided.</i>			
GOV	<p>N.Amarsaikhan: I am Head referent of the National Security Council and in charge of National security issues in health projects. Health policy is simply broken. I attended the National conference on last Saturday and aware of programs and projects' implementation is ineffective which lasted more than 10 years. The main purpose of our activities is to make the Sustainable Human Resources and Health System in 2020. Health Ministers and Deputy Minister, Government Secretarait and I have discussed about Health system and its further improvements.</p> <ul style="list-style-type: none"> • Administration cost of program coordinating seems very high. MOH is the Government organization, which should provide an office for its project units.. In addition, I wonder why there are certain difference between Korean and GF projects' specialists and staff's salary. • Apart from PCU 's expenses, there are other NGOs' costs, which are also needed to be considered. • Memorandum establishment of Understanding / defense, public safety, welfare and legal sectors / and it has allocated to \$ 4711. Cut this cost off we could endure such things. • Please explain about the following percentages. The Ministry of Health had given their suggestions and it has reduced significantly. Such as: <ul style="list-style-type: none"> ➢ Governance Leadership 4% to 3% ➢ Financing 8% to 1% ➢ Promotion and improvement of human resources 1% to 3% ➢ Health technology and procurement 49% to 62% ➢ Information Management and Research was 10% and now it is 2% ➢ Support and services that contribute 28% to 14%. Please provide an explanation of these reductions. • Financial Control costs \$ 44640. Please check that again. • Community-based DOTS to concentrate primary units. <p>Deductible inefficient expenses can be tolerated and need to add more on primary health care services. MATA and other SRs are not willing to work further if the GF grant stopped in 2021. Reduce PCU rental costs and some other</p>		

	endurable costs and invest those in new health equipment and to focus on strengthening the health system.
GOV	D.Gantsetseg: The head of the Department of Public Health of the Ministry of Health, “I think they did an outstanding job,” she said. “The TWG worked very well together, and looked at all the necessary things we asked them to look at. I am grateful that our proposal reflects 100%. Although it was hard to cut the project budget but somehow, the consultant has done this conveniently. I am here to say that Ministry of Health will take the appropriate action to make full use of the equipment and its efficiency.
GOV	M.Erdenejargal: Where would supply those 16 X-rays?
Youth.org	A.Nyamdorj: I would like to express my gratitude to Project writing team and I have 4 questions. <ol style="list-style-type: none"> 1. What principles have adopted from the Global Fund? 2. A percentage of money to spend in the capital city on that project? 3. PCU and other NGOs admin costs remain 15% of total budget of the TB project. But I am curious that whether the Ministry of Health reviewed it? 4. What is the novelty of this project?
Human Right Comm.	Ts.Adiyakhishig: It says that a first stage and local participation is low. Is it possible to recover, while implementing The project activities?
PLWD	N.Tamir: People living with HIV have been complaints that have to take to prevent tuberculosis medicine. Have you solved this problem in this project?
CMJ	Ch.Enkhtamir: I am aware of that Financing delayed at MOH and it causes late implementations. Please be active and do not delay such funding to those who are in need to implement their activities. CCM members have to be actively participating in all meetings and express their opinions and views and represent their sector or organizations and share information without delay.
CMJ	B.Munkhbayar: Media and advertising are \$5,000 only and it is not enough to promote GF supported projects and its activities. Our organization is able to advertise these projects and improving public Health education while promoting it. Because the Global Fund activities are not well known to public. The cost of expenses couldn't even reach to a National television and UBTV's cost and other private TV stations wouldn't work with an expense as low as that. So please try to increase amount even for a bit.
WHO	Soe Nyunt U: Thank you for the participation of active members of the CCM. In addition, this project has a good sign that focus on primary health care services. You need to attend internet based training in the use of Gen-Xpert Omni apparatus. It is possible to diagnose many diseases, such as hepatitis B and C viruses and HIV, sexually transmitted infections, tuberculosis, syphilis in a one test and for a very reasonable price. Furthermore, administrative expenses of 15% could be reduced year by year such as 13% in 2018 and 12% in 2019 and it wouldn't affect your activity by reducing small amounts. In that way you could invest more in the Mongolian health sector . WHO is pleased to announce that we would support all those activities. Thank you.
Trade union	B.Myagmar: I am very happy that proposal reflected MOH's suggestion and it has improved even better compared to how it was before. Furthermore, you also need to reflect members' recommendations to the project. I would like to remind to the Ministry of Health to pay special attention to the future and ensure sustainable human resources and maintenance. Also support the idea of reducing administrative expenses.

A.Unurjargal: I have 4 comments regarding on the current proposal.

1. 1. To cover TB health care delivery system into health care insurance acquisition contract. Many countries have vast experience and evidence regarding this issue, which is trending lately. The main principle is not to release health care expense from the insurance fund in case of not detecting TB. This way the diagnosis and detection system will be improved. This experience should be piloted and analyzed in a legal environment.
2. There should be a joint mission with Mongolian Employers Confederation. The joint mission is a subject to Social Policy, Education and Science Standing Committee protocol.
3. The budget allocation for the mass media activity should be increased. We proposed 20000 USD for TB module and 36000 USD for HSS module. Overall allocation should be 56000 USD. However, now its allocated only 10000 USD. This activity is focused to the mass population, therefore, it should be considered again.
4. For HR:
 - The urgency of social workers and epidemiologist training is crucial.
 - 24 doctors training expense (by treasury standard expense, 1 pax training costs 3200 USD). Overall, 76800 USD should be allocated. But only 12 doctors expense is covered to the proposal. Perhaps it's a system failure.
5. On the Funding section, 7224 USD or 0.1% of the total amount is reflected as Transitional Plan development activity. This activity becomes one part of the current grants for TB and HIV.

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

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

The CCM members unanimously endorsed the TB project request. But it has to be reflect their comments and reviewed by CCM members /B.Maygmar, A.Naymdorj, N.Amarsaikhan/ and the representative of the MOH on the 19th of May, 2017 before it would proceed further on the 23, May, 2017.

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 X
			SECRET BALLOT
		ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION >	15
		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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AGENDA ITEM #4 **The CCM charter revision**

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: 'Governmental representatives wanted to improve 'a CCM charter on the 73d CCM meeting' she said and she commended N.Amarsaikhan for his hard work and comprehensive review of the Charter. A brief explanation about the Charter Revision to the CCM members /Annex 3/. Concurrently, CCM received the formal letter from the CMJ and it is about appointing a B.Munkhbayar to the Oversight Committee instead of Ch.Enkhtamir. We need to vote for those candidates.

Also Manab Basnet mentioned in his recommendations that we have to appoint members to the Oversight Committee in order to Strengthen the current committee; bring on board newer members with high technical skills in procurement/HIV/TB. Please add 3 additional members with RHSS/ TB/HIV knowledge, including procurement (Drugs/) & supply chain.

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	N.Amarsaikhan: I have revised the rules as I wanted. Now I have no other suggestions that I would like to add in the CCM rules. It is your turn to improve it further more. I also want to mention that only the Government or the Parliament could set the charter therefor it has to be rules that we are considering on not the charter.
GOV	M.Erdenejargal: The charter should be adopted on the basis of a common understanding. Keep it as a charter because no one can easily change. Also, people set the rules such as conference tee and etc.
YOUTH.Org	A.Nyamdorj: Based on your revised rules, there is a huge reflection of only one person's view. Therefore, we need to work on it to reflect other CCM Members' opinions, in that matter we need to appoint a charter revision working group. Then we could discuss further on our upcoming CCM meeting. I would like to support the idea of appointing MOH representatives to the Oversight Committee.
	Ts.Gankhuu: First of all we need to study hard on CCM charter in order to develop effective rules and according to Mongolian laws. Then we could work on to CCM or Committee's membership.
	N.Tamir: CCM membership has to include MSM, FSW and KAP. The objective of those projects is to hear their voices and point of view.

Answer(S) Summarize the answer in the section below

DECISION(S) Summarize the decision in the section below

1. The majority of the CCM members voted for Ch.Enkhtamir to work as the Oversight Committee member.
2. CCM members supported the idea to appoint the new representatives to the Oversight Committee from the Departments of Public Health and Medicine Manufacturing and Technology of the Ministry of Health.
3. A.Nyamdorj appointed as the lead for the Charter revision working group along with the members of E.Enkhjargal, Ts.Gankhuu and it has obliged to reform the charter before 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	X
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		15
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		
			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		

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

AGENDA ITEM #5 Present the Oversight Work plan in 2017-2018

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

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

D.Davaadorj:
 • Oversight Committee chair D.Davaadorj presented the CCM oversight work plan in 2017-2018 / Annex 4 /.

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

D.Davaadorj: We will use professional languages per your request.

DECISION(S) Summarize the decision in the section below

CCM members endorsed the CCM oversight work plan in 2017-2018.

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	<input checked="" type="checkbox"/>
				SECRET BALLOT	
	ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION >			15	
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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AGENDA ITEM #6

Presentation of 2016, 2nd half year's Dashboard

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

1st presentation

PCU officer S.Ganzaya introduced the presentation of 2016, 2nd half year's TB Dashboard Annex /5/

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)>

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

1. The state supplied 1st line drugs, which is not procured lately due to soaring prices.
2. The number of MDR-TB treatment from 133 to 104 MDR-TB cases detected and it is not a bad indication.

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

A.Nyamdorj: The Oversight Committee members should give their comments on the appropriate section. Are the pink colored procurement and target group activities getting any better since then?

Answer(S) Summarize the answer in the section below

S.Ganzaya: It will get better soon because we had received our funding for those activities in pink.

2nd presentation

PCU officer Ch.Byambaa introduced Presentation in 2016, 2nd half year's HIV/ AIDS Dashboard / Annex 6 /

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)>

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Ch.Byambaa: Almost all of the Dashboard indicators are met. But we have missed the following documents which have to be provided by MOH. This includes:

1. Transition Plan
2. Monitoring and Evaluation Plan
3. Expenditure Assessment /it has to be assessed in every 2 years. Frankly, we haven't received anything

since 2013/.

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.

NGO **Ts.Gankhuu:** CCM has to work professionally in order to reach efficient results.

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

Ch.Byambaa and S.Ganzaya, PCU officers obliged to write a proposal to the MOH in order to get documents that have missed.

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 X
				SECRET BALLOT
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION >	15
			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> >	

SUMMARY OF DECISIONS & ACTION POINTS

AGENDA NUMBER	ITEM	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #3		The CCM members unanimously endorsed the TB project request. But it has to be reflect their comments and reviewed by CCM members /B.Maygmar, A.Naymdorj, N.Amarsaikhan/ and the representative of the MOH on the 19 th of May, 2017 before it would proceed further on the 23, May, 2017.	CCM MEMBERS AND NATIONAL CONSULTANT	
AGENDA ITEM #4		<ol style="list-style-type: none"> 1. The majority of the CCM members voted for Ch.Enkhtamir to work as the Oversight Committee member. 2. CCM members supported the idea to appoint the new representatives to the Oversight Committee from the Departments of Public Health and Medicine Manufacturing and Technology of the Ministry of Health. 3. A.Nyamdorj appointed as the lead for the Charter revision working group along with the members of E.Enkhjargal, Ts.Gankhuu and it has obliged to reform the charter before the next CCM meeting. 	CCM MEMBERS	
AGENDA ITEM #5		CCM members endorsed the CCM oversight work plan in 2017-2018.	CCM MEMBERS	
AGENDA ITEM #6		Ch.Byambaa and S.Ganzaya, PCU officers obliged to write a proposal to the MOH in order to get required documents.	PCU OFFICERS	

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) **2017**

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 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
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

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 >	L.Nomin-Erdene	DATE >	May 20, 2017
FUNCTION>	CCM assistant	SIGNATURE >	

CCM MINUTES APPROVAL:			
APPROVED BY (NAME) >	B.MYAGMAR	DATE >	May 20, 2017
	CCM chair	SIGNATURE >	