

	<ul style="list-style-type: none"> Information on trained doctors; Gene-Expert usage; Treatment loss and laboratory quality <p><i>Questions and answers</i></p>																			
AGENDA ITEM #3	Evaluation of Tuberculosis and HIV national program in Mongolia <i>Questions and answers</i>	x																	x	
AGENDA ITEM #4	Present MoH approved A/460 and A/511 decrees and its fulfillment Preparation of a workplan for the GF funding request <i>Questions and answers</i>	x							x											x
AGENDA ITEM #5	Introduction of the CCM members for consultation meeting on "Strengthening Partnerships for Combating TB and HIV/AIDS in Mining and Road Transport sector".	x																		x
AGENDA ITEM #6	CCM Site visit recommendation: Bulgan and Khuvsgul provinces <i>Questions and answers</i>	x																		x
AGENDA ITEM #7	CCM Components <ul style="list-style-type: none"> CCM chair OVCO composition 	x																		x
AGENDA ITEM #8	Dinner- Blue Sky hotel																			

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:		
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.Myagmar: 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. Oyundari, CCM coordinator introduced the previous 81st meeting decision and its action points.</p>			
SUMMARY OF DECISIONS & IMPLEMENTATIONS			
			2019-06-21
AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY RESPONSIBLE PERSON	DUE DATE
AGENDA ITEM #3	The CCM Secretariat obliged to summarize all of the above-mentioned obstacles and recommendations in 3 directions and to share with all CCM		90%

	members for approval to submit the official letter to the MOH (PR) and district/province Governors' office or Citizen Representatives if required and as well as relevant SR organizations. The introduction of the PR solutions will have to be presented by the MOH at the next 82nd CCM meeting. The members have approved the decision by the majority of their votes.	CCM	
AGENDA ITEM #4	The CCM Secretariat obliged to revise the <i>CCM Site visit activities' plan in 2019-2020</i> by considering the suggestions of the CCM members and the members could discuss for approval by e-mail.	CCM	100%
AGENDA ITEM #5	<ul style="list-style-type: none"> 10 members of the CCM have approved the CCM chair selection to take place at the next 82nd CCM meeting. At the same time, the CCM Secretariat has obliged to take special care to ensure the attendance of 2/3 of the majority of CCM members. CCM members unanimously approved J.Munkhjargal as a Chair of the CCM Oversight Committee. 	CCM	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	<p>Present the implementation of HIV/AIDS and tuberculosis projects (in accordance with the decision of the Oversight Committee meeting)</p> <ul style="list-style-type: none"> Information on trained doctors; Gene-Expert usage; Treatment loss and laboratory quality <p><i>Questions and answers</i></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

O.Enkhjargal: introduced the **Information on trained doctors of HIV program /Attachment 2/**

There should be 53 doctors providing STI services in provinces accordance with Health minister decree, unfortunately 24 doctors working which means only 43% is fulfilled. The 7 from the above-mentioned doctors are already retired but there is no temporary contractors, while doctors from 5 aimags are above 50 years old. Two doctors are in pregnancy leave in Tuv and Dornod aimag.

By decree of A/ 86 of Health minister on May 15, 2018:

- Develop a curriculum for Tuberculosis, STIs and HIV / AIDS
- Implementation for the preparation of specialized TB, STI and HIV/AIDS specialist training supported by the Global Fund

Training period:

October 2018 - April 2019

- Lectures-10 themes / NCCD,
- Seminar - 52 themes / AIDS / STI / TC /
- Assignment - 4 themes / AIDS / STI / TC /
- Practice- / AIDS / STI / STI, District, NGO /
- Work practice - 32 themes / AIDS / STI / TC /
- Laboratory Practice / AIDS / STI Laboratory /

P.Nasanjargal: introduced the **Information on trained doctors of TB program, Gene-Expert usage and Treatment loss and laboratory quality /Attachment 3/**

- A total of 18 doctors were trained; by the Global Fund-15, Organization-2 and State-1.

- 83 doctors in 2017 - 41% shortage
- 100 doctors in 2019- 30% shortage
- 118 doctors in 2020 - 17% shortage

13% of human resources are available if training in 2019-2020.

Conclusion

- In the course of the 2018-2020 training, 24% of human resources are prepared, but a 17% deficit remains. Therefore, continuous TB training of TB doctors is needed for at least two years and the need to start training for mid-level specialists.
- Currently, 13 laboratories use fluorescent microscopes, 14 provinces and 3 districts using GeneXpert and further need to increase the number of these laboratories and activate the GeneXpert apparatus usage.
- There is still a necessity to continuously provide the provision of retraining and training courses to enable and empower new laboratories to introducing new technologies to laboratories.

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.

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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*	<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> >		
*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	Evaluation of Tuberculosis and HIV national program in Mongolia <i>Questions and answers</i>
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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

N.Suvd, National Consultant of TB program, /Please see Attachment-4/ To assess the effectiveness and impact of Global Fund investments

To evaluate achievement of the Communicable Action plan 2017-2020 for its TB component and the GF TB grant 2016-2018 (NFM 1 mid 2016-2017 and NFM 2 2018-2020 as of mid 2019)

- Desk review before the mission
- Places visited and persons met
 - UB: CCM (chair and secretariat), NCCD (NTP unit, NRL, drug store and TB clinics),

MOH (Director Public Health), PCU, LFA, WHO, SRs: Mongolian Red Cross + MATA + MAFMS + MASD + Prison 429, 1 District TB Songinokhairkhan, 2 Pharmacies

- Darkhan: Aimag TB hospital, 1 Soum, 1 Family Doctor Center
- Khovd: Aimag TB hospital, 1 Family Doctor Center, 3 Pharmacies

- Interviews with more 80 persons, > 10 in-patient, > 10 out-patients, 2 focus group with 25 TB patients and 1 focus group with 10 health staff

TB prevalence –DRS–Catastrophic cost survey results

1. Estimated TB incidence 2.3 times higher in 2016 as compared to 2015 (183 to 248TB/100k hab resulting in estimated 14000 TB per year)
TB notification decreased since 2015 (-20%)
TB treatment coverage (case finding rate) dropped from 80 to 29% in 2018
2. M/RR TB estimate 3.8 times higher in 2016 as compared to 2015 (5.4% vs 1.4% M/RR TB among new TB in 2006) resulting in estimated 720 M/RR TB per year.
MDR-TB treatment coverage (case finding rate) dropped to 27% in 2018
3. 70% of TB case experience catastrophic cost

- >80% of TB funding from Government source
- Increasing Government funding since 2015 (+20% in 2017-18)
- 70% of the Government budget (last GF request) spent in 2018
- Unclear mechanism to track funding expenditure (40% of the national budget 2.4M\$ out of 6M\$ was spent on TB patient support when 70% of TB cases experience catastrophic cost)

TB diagnosis

- NTRL ISO certified in 2017 (LPA SLD for all GX Rif)
- Increased use of GX test: 30 to 53% GX utilisation rate in 2019 (graph)
 - 81% new TB and 73% reTreat TB tested GX
 - shortage of cartridge during 1 week in UB (due to rapid increase of use)
 - GX calibration not done due to insufficient funding
- Efficient sputum transport system
- Low utilisation of digital CXR

TB care and treatment

- Proper registration and management of TB and MDR TB with high success rate
- No TB drug and GX cartridge shortage
- DOT for all patients not in accordance with WHO End TB Strategy promoting patient support rather than DOT since 2006
- All TB and MDR-TB hospitalized during initial phase not in accordance with Mongolian TB guidelines for TB DS and with WHO recommendation for MDR-TB
- Injectable 9 month short course MDR regimen not in accordance with WHO recommendation
- IC: ventilation system in place in 8 aimags (not working in NCCD and Darkhan visited), mask not in accordance with Mongolian/WHO recommendation, HCW screening done but not recorded
- Web based systems: TUBIS, E-Health, 3 infoH: duplicating, incomplete, inaccurate. No link between each other and with Health insurance system
- X-alert (between GX machines) and eLMIS not in place
- Paper based support is the only data source, accurate and complete
 - Data analysis not enough done
 - ACF activities per risk group not standardized
 - CXR data not captured
 - DQR not available
- Insufficient supervision from central to Aimag, absence of yearly meeting

Achievements

- High political commitment demonstrated by increasing national budget (+20%) in 2018 vs 2017 + local government involvement (UB declaration Nov 2018) + increase staff salary
- High motivation of TB staff and NGOs observed during visit
- High Performance Framework achievement (except for TB and MDR case notification)
- High GF expenditure rate (>95%) – B1 rating
- Reliable paper-based TB R&R system
- Shift from PCF to ACF since 2016 with successful ACF among TB contacts and homeless + multi-diseases care (DM diabetes, HBP, lung health)

- Increase GX utilisation rate from 30% to 53% in 2019 1st semester
- High treatment success rate
- TB referral from Family Doctor seems to improve (observed during visit)
- 15 TB doctors trained in 9 months
- Good NCCD partnership with NGOs

Challenges

- Roadmap with TB review, updated TB or combined NSP and FR for next GF funding not available
- Transition plan under development
- Insufficient ACF activities with limited Xray utilisation, limited number of risk group persons screened leading to only 11% of total TB case found by ACF
- Excessive DOT for all TB cases diverting from ACF activities (not conform with End TB Strategy)
- Diagnosis algorithm often based on symptoms rather than systematic CXR (low CXR utilisation)
- TB guidelines not implemented for ambulatory treatment
- Low coverage of the 9 month short course MDR regimen with injectable drugs
- Limited LTBI management among children (only for TST+) and TB-HIV cases
- IC: HN95/FFP2 masks, R&R TB among health staff not available and ventilation system not operational at 3 sites visited
- Lack of GX cartridge buffer and GX not calibrated due to excessive supplier price (4000\$ instead of 450\$)
- Stigma remains an issue: ie during focus group: 2 persons indicate they lost their work

Recommendations to MOH-NCCD in collaboration with TB partners - discussed and agreed with MOH-NCCD

1. Conduct a TB review by the end 2019
 2. Develop a TB NSP or communicable diseases plan 2021-2023 or 2025 by Jan 2020 with TA support from WHO (TA to request to WHO) incl
 - Main challenges identified during TB review
 - End TB strategy
 - Increasing ACF coverage with CXR-GX diagnosis algorithm
 - PPP partnership (Public-Public Partnership) for ACF among all visitors of Health facilities, (former) TB patients union and current SRs partners
 - Updated impact targets (incl mortality) according to new WHO estimate
 - Detailed budget
 3. Develop a GF Funding Request by Feb 2020 with TA support from WHO (TA to request)
 4. Contribute to the TB-HIV transition plan commissioned by CCM to complete and approve by Feb 2020
 5. Revise and update TB norms through TB guidelines and MOH order
 - Provide DOT only for special groups (eg homeless, addict persons etc)
 - Diagnosis algorithm for ACF according to NNS
 - Oral MDR short course regimen
 - Ensure ventilation system in maintenance and GX machine calibration (450\$/ yr)
- Other recommendations to CCM, MOH and WHO
6. CCM to prepare a roadmap for GF funding request with backward planning activities from 23rd March 2020
 7. MOH to continue to increase its national budget for TB and establish a tracking mechanism to measure spending
 8. WHO to support TA for NSP and GF FR preparation

M.Nandinchimeg, National Consultant of HIV program, /Please see Attachment-5/

Objective 1: Implementation of National Strategy

- Sustainability of national-level leadership for the HIV response
 - Need for Sustainability and Transition Plan
 - Provide clear ministerial support for sustaining NGO services at aimag level
- Clarity of approach for next HIV strategy (e.g. continued integration with STI, etc.)
- Strengthen elements of procurement and supply management
 - Reliable access to testing reagents, STI antibiotics, HIV testing kits and key commodities
 - Acceptability of prevention commodities for clients (e.g. condoms for FSW)
- Strengthening rights-based strategy, messaging, and policy
 - Move away from fear-based public awareness and advocacy, towards comprehensive stigma reduction, highlighting treatment access and U=U messaging

- Assure unified harm reduction approach messaging, particularly to reduce harms of policing sex work
- Privacy protection for occupational testing (orient towards know your status not sharing results with employer)
- Protect employment rights of PLHIV, move towards recurring episodic welfare benefits

Objective 2: Service Delivery

- Introduce community-based testing (non-medical outreach workers to conduct mobile testing with OraQuick)
- Strengthen provider initiated testing and counseling (PITC), per current guidelines
- Reorient youth-centered prevention and testing for high risk youth (transactional sex, orphanages, dormitories, etc.)
- Innovate partner notification approaches (MSM peer notification, digital, anonymous networks)
- Strengthen patient-oriented service approach (e.g. CD4 and VL shouldn't require patient to travel to UB)
- Introduce differentiated HIV care (i.e. 3-6 month dispensing for stable patients) to focus resources u Strengthen management approach to HIV as a chronic disease
 - Consider division of responsibilities for testing vs. treatment
 - Standardize national tools for clinical monitoring
- Utilize interdisciplinary case management, strengthening capacity of nurse-counsellors, etc.
 - Assure designated providers for psychosocial support and psychological counseling
 - Stigma reduction among health care providers including privacy, confidentiality and universal precautions
- Explore human resources and integration opportunities with primary care and private sector

Areas of Focus for Recommendations

1. Strategic considerations for continued integration of STI and HIV programming
2. MSM – partner notification innovation (will not focus heavily on PrEP, peerdelivered testing or other SKPA priorities)
3. FSW– peer-led testing and self-testing, acceptability of commodities, expanding identities/perceptions of sex workers (including transactional sex and at-risk youth)
4. Linkage to care – case management & friendly environment, differentiated care to take burden off of patients
5. Expanding outside Ulaanbaatar and major cities – strengthening digital outreach and pop-up services (learn lessons from IBBS), PITC implementation, next generation partner notification

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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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			
				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.

AGENDA ITEM #4 **Present MoH approved A/460 and A/511 decrees and its fulfillment**
Preparation of a workplan for the GF funding request
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

Presentation of Health Minister's order A/460, A/511 in relation with the Global Fund activity. /Please see Attachment-6/

To endorse the work plan on developing the 2020-2022 Funding Request proposal of the Global Fund grants.

S.Amarzaya, specialist of MoH PHDept: Presentation of Health Minister's order A/460, A/511 in relation with the Global Fund activity.

The Health Ministers order No A/4460 was released in the 11th of Oct., 2019 and its sole purpose is to develop the policy document specifically on HIV/AIDS and tuberculosis.

Working group leader is the director of PHDept of MoH. Currently:

- Work plan has been endorsed
- Roadmap on HIV, STI and TB response has been drafted
- Currently, receiving inputs from stakeholders
- Preparing to receive inputs from MoH specialists

The Health Ministers order No A/511 was released in the 14th of Nov.,2019. Purpose: Establishing the technical working group on developing Transition and sustainability plan. Proposed endorsement date: Jan. 2020.

TWG leader- Vice minister of Health

The first meeting held in Nov.22nd and decided to hire national consultants under the NCCD.

B.Oyundari, CCM Coordinator: To endorse the work plan on developing the 2020-2022 Funding Request proposal of the Global Fund grants.

In relation with the aforementioned orders by the Health Minister, I want re-iterate the main functions of the CCM. One of the main duties of CCM is to coordinate the development of FR and to submit to the Global Fund. Therefore, during the FPM meeting with CCM chair and vice chair in Sept. 2019, I'd like to highlight the importance of funding request development preparedness from now on. The Global Fund announced 3 window dates to submit the FR, where Mongolia will be applying for window 1, March 23 of 2020. CCM Secretariat has distributed this work plan in advance so now I just want to highlight the Country dialogue dates.

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.

WHO	P.Anuzaya: Thank you for your update information. I assume Mongolia will be applying for Window 1 date. Task 1.4 on the Workpan says to identify the needs of TA, which reflects to hire national and international consultants. Therefore, WHO will get back to you by the 23rd of Dec. regarding this particular assistance.
MOH-PR	B.Tsogtbaatar, vice chair: Informs about the FPM letter on NSP.
MOH-PR	S.Amarzaya: Process of developing policy document is quite well. Now we are in a process of developing the TSPlan.
CCM Coordinator	B.Oyundari: The reason we need to finalize the policy document is that TGF FR should be developed based on country's NSP. In our context, the current NSP will end by 2020, therefore, in order to submit the proposal, we need to have policy document until 2023. As long as we receive the allocation notification, the policy document should be ready.
PCU	N.Tsogzolmaa: I assume that the policy document could be endorsed by the beginning of December. TSP- we should consider Cambodia's experience. In order to do that, we decided to hire national consultants. However, we have some financial difficulties to fund them.

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

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

- CCM endorsed the work plan on developing the FR proposal of TGF grants. Submission date: Window 1/Mar.23,2020.

• To get TA from WHO.

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 #5 Introduction of the CCM members for consultation meeting on "Strengthening Partnerships for Combating TB and HIV/AIDS in Mining and Road Transport sector"

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.Oyundari, introduced the consultation meeting on "Strengthening Partnerships for Combating TB and HIV/AIDS in Mining and Road Transport sector" guidelines /Appendix-6/ and its composition /Appendix-7/.

In accordance with this decision, we have sent official letters to relevant organizations and only the Ministry of Road and Transport replied the letter. In that matter we are seem to be organizing the meeting in the coming year due to the lack of any response of other organizations. Please refer to your comments and suggestions since that you have provided guidance and programs.

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*

Working group members obliged to review the guidelines and programs of the consultation meeting on "Strengthening Partnerships for Combating TB and HIV/AIDS in Mining and Road Transport sector" and improve communication and coordination, and collaborate with the members of the working group to appoint the necessary organizations.

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 >			13
	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 #6 CCM Site visit recommendation: Bulgan and Khuvs gul provinces
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

L.Battuvshin, CCM member /Introduction has attached to Appendix 8/

Site visit recommendation of the Global Fund supported program implementation in Bulgan, Khuvsgul provinces 9-13 of September, 2019

CCM Secretariat

Visited sites and working group components

Covered areas :

Bulgan province

- Health Department
- General Hospital
- Mongolian Association of Family Medicine Specialists (MAFMS)

Khuvsgul province

- Health Department
- General Hospital
- Mongolian Association of Family Medicine Specialists (MAFMS)

Team members:

1. J.Munkhjargal- Governmental org. representative of CCM
2. Ts.Adiyakhishig-Governmental org. representative of CCM
3. L.Battuvshin- Educational organization representative of CCM
4. B.Suvd, Non-Governmental org. representative of CCM
5. B.Oyundari- CCM secretariat coordinator
6. N.Ganbold- STI Department of NCCD
7. P.Nasanjargal- TB department of NCCD

Health Department of Bulgan Province

TB program:

1. Plan for ventilation of new hospital; drug resistant, contagious diseases, children's room, and infectious, disinfectants;
2. Hire employees according to the Health Minister decree A/306 as of August 3, 2017, (6 staffs shorter: 1 physician, 2 nurses and 3 cleaners);
3. The laboratory does not have a biological safety cabinet means that the laboratory is at high risk for infection, hence need to ensure that conditions are in accordance with standards;
4. Comply with the detection and control instructions of TB contacts at the order of A / 306 of August 3, 2017, as more than 70% of patients have been treated in the soum, but not monitored;
5. Increase preventive screening for active and passive detection;
6. Train TB epidemiologists in the National Center for Communicable Diseases (NCCD) on TB surveillance and prevention of control;
7. To train X-ray doctors;
8. Conduct surveillance of tuberculosis and improve follow-up in collaboration with the Epidemiologists of the Soum, Family Health Center and TB Dispensary.

HIV program:

1. To comply with the standard of health care in accordance with Order No. A / 305, dated August 3, 2017;
2. Improve an organization;
3. Improve preventive screening;
4. Keep track of the primary documents in accordance with standards and keep records of the electronic and statistical data;
5. Prepare a STI physician and ensure sustainability of the above order;
6. Conduct regular check-ups of the supply of medicines within the project and make arrangements for the

management of other medicines prior to expiration of time with other provinces and districts.

7. Pay attention to keeping personal confidentiality and to avoid to lose client's privacy.

Health Department of Khuvsgul Province

TB program:

1. Plan for ventilation of new hospital; drug resistant, contagious diseases, children's room, and infectious, disinfectants;
2. Hire employees according to the Health Minister decree A/306 as of August 3, 2017, (6 staffs shorter: 1 physician, 2 nurses and 3 cleaners);
3. The laboratory does not have a biological safety cabinet means that the laboratory is at high risk for infection, hence need to ensure that conditions are in accordance with standards;
4. Comply with the detection and control instructions of TB contacts at the order of A / 306 of August 3, 2017, as more than 70% of patients have been treated in the soum, but not monitored;
5. Increase preventive screening for active and passive detection;
6. Train TB epidemiologists in the National Center for Communicable Diseases (NCCD) on TB surveillance and prevention of control;
7. To train X-ray doctors;
8. Conduct surveillance of tuberculosis and improve follow-up in collaboration with the Epidemiologists of the Soum, Family Health Center and TB Dispensary.

HIV program:

1. Lack of international coding, should include in one system. Organizing classification and primary documentation;
2. Improve the layout of the health check room;
3. Pay attention to keep the client's privacy;
4. To work with the resources of the A/305 as of August 3, 2017;
5. Pay attention to the implementation of the Information Transparency Regulation (Government Resolution 411 of 2013) and make operational reports available during the reporting period and electronically register and disclose publicly.

Thank you for your consideration.

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*

The CCM Secretariat obliged to summarize all of the above-mentioned obstacles and recommendations, then share with all CCM members for approval to submit the official letter to the MOH (PR) and district/province Governors' office or Citizen Representatives if required and as well as relevant SR organizations.

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	11
				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 #7	CCM Components
<ul style="list-style-type: none"> CCM chair OVCO composition 	
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.Oyundari, Coordinator of the CCM Secretariat: CCM members decided the CCM chair selection to take place at the next 82nd CCM meeting on the previous meeting.</p> <p>In view of the current situation, CCM members suggested current CCM Chair to work till project submission to ensure sustainability and it is important for to submit the draft project of next 3 years. Therefore, the following suggestions were made to amend the Charter of the CCM and we took advice and assistance from professional lawyers.</p> <p>Proposed amendments to the CCM Charter has been introduced to the members. /Appendix 9/</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>J.Munkhjargal: I was the one who brought that issue to the previuos CCM meeting. I would like to work with current CCM chair but we have to follow our charter. Unfortunately we cant just change our charter for the sake of a person. If that ever happens, issues would arise. Hence we need to find appropriate way to solve the issue.</p>
MOH-PR	<p>B.Tsogtbaatar: B.Oyundari has mentioned that some CCM members suggested current CCM Chair to work till project submission to ensure sustainability. Just want you tell us when and who some suggested that.</p>
CCM Secretariat	<p>B.Oyundari: J.Munkhjargal brought to discuss that issue to the previuos CCM meeting. I can't clearly remember who suggested that but the suggestion was unofficial. Therefore, I seek advices from professionals to make proposal at this meeting.</p>
Trade Union	<p>B.Myagmar: I don't really want to be the CCM chair anymaore, since my own job duty is full enough. So if there is anyone who wanting to take CCM chair role I would be more than happy for that.</p> <p>I am fully agree with an idea of not to amend charter for a person's sake. B.Oyundari have done such ammendment and members gave their suggestion on that. Therefore I never really see that amendment proposal.</p>
KAP	<p>G.Nyampurev: I think we need to change the CCM Charter, even 2 year is not long enough to change charter. As for the sustainability, for example; One of our CCM member attended previuos SKPA regional meeting and didn't provide any information from the meeting since her arrival. SKPA have announced 2-nd meeting in December but another CCM representative have to attend that, which makes unappropriate issues on Mongolian CCM. Also we are organizing GF grant proposal in 2021-2023 and to submit the proposal on first quarter of 2020 hence we cant just change CCM chair in this critical time. But we really need to discuss on improvement of our charter furthermore.</p>
GOV	<p>Ts.Adiyakhshig: Did you discuss to change charter on Executive Committee Meeting? Do we have certian issues that we required to change CCM charter? If we do have issues we had to combine them to take further action.</p>
CCM Secretariat	<p>B.Oyundari: We decided date of the CCM meeting on Executive Committee meeting. Eventhough, we decided to brought up CCM chair issue to the CCM meeting and chose the best way to solve.</p>
Religious Org.	<p>J.Odgarid: I voted for to change the charter. As you have mentioned the sustainability is an important for</p>

	the CCM implementation. We have been together for quite a time. Considering and comparing on that we got to keep the Chair till the end of new grant submission which makes advantage of current situation. Other than that we have to vote for new chair.
MOH-PR	B.Tsogtbaatar: Right, considering on CCM members suggestion, Do we have enough members to vote for, does attendance reaching 51%?
CCM Secretariat	B.Oyundari: We had 14 members out of 21, earlier today. But there are only 10 members left now.
MOH-PR	B.Tsogtbaatar: In that case we need to solve the issue and give proposal to our current CCM chair B.Myagmar to work till the end of GF funding request development of 2021-2023 and to submit the request on 23d of March in 2020.
Trade Union	B.Myagmar: If this proposal is matter for sustainability of CCM, I could work till the end of GF funding request development of 2021-2023 and to submit on 23d of March in 2020. During the process of Funding request development, we also need to find and prepare next CCM chair.

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

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

- The members of the CCM have unanimously agreed to formally submit the request to CCM chair B.Myagmar to work till the end of GF funding request development of 2021-2023 and to submit on 23d of March in 2020.
- 10 members of the CCM have approved the Oversight Committee members selection to take place at the next 83d CCM meeting and the CCM Secretariat has obliged to take special care to ensure the attendance of 2/3 of the majority of CCM members.

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 10
			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> >	

SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #4	<ul style="list-style-type: none"> CCM endorsed the work plan on developing the FR proposal of TGF grants. Submission date: Window 1/Mar.23,2020. To get TA from WHO. 	Working group, WHO	
AGENDA ITEM #5	Working group members obliged to review the guidelines and programs of the consultation meeting on "Strengthening Partnerships for Combating TB and HIV/AIDS in Mining and Road Transport sector" and improve communication and coordination, and work with the members of the working group to appoint the necessary organizations.	Working group	January in 2020
AGENDA ITEM #6	The CCM Secretariat obliged to summarize all of the above-mentioned obstacles and recommendations, then share with all CCM members for		

	approval to submit the official letter to the MOH (PR) and district/province Governors' office or Citizen Representatives if required and as well as relevant SR organizations.		
AGENDA ITEM #7	<ul style="list-style-type: none"> The members of the CCM have unanimously agreed to formally submit the request to CCM chair B.Myagmar to work till the end of GF funding request development of 2021-2023 and to submit on 23d of March in 2020. 10 members of the CCM have approved the Oversight Committee members selection to take place at the next 83d CCM meeting and the CCM Secretariat has obliged to take special care to ensure the attendance of 2/3 of the majority of CCM members. 	CCM members	The 83d of CCM meeting

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)	First quarter in 2020
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 NCCD and MOH.		

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.
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* 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	Concept Note
MOH	Ministry of Health
CCM	Country Coordinating Mechanism
GOV	Governmental organization
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 Deseases

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 >	December 09, 2019
	CCM chair	SIGNATURE >	

CCM MINUTES REVIEWED BY:			
TYPE / PRINT NAME >	B.Oyundari	DATE >	December 09, 2019
FUNCTION>	CCM Secretariat Coordinator	SIGNATURE >	
CCM MINUTES PREPARED BY:			
TYPE / PRINT NAME >	L.Nomin-Erdene	DATE >	December 09, 2019
FUNCTION>	CCM Secretariat assistant	SIGNATURE >	