CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

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| **MEETING DETAILS** | | | | | | | | | | | | | | | | |
| **COUNTRY (CCM)** | | | | | | | Mongolia | | | | | **TOTAL NUMBER OF VOTING MEMBERS PRESENT**  **(INCLUDING ALTERNATES)** | | | | 9 |
| **MEETING NUMBER (if**  **applicable)** | | | | | | | 98 | | | | |
| **DATE** | | *(dd.mm.yy)* | |  |  |  | 3rd of November, 2023 | | | | | **TOTAL NUMBER OF NON-CCM** | | | |  |
| **MEMBERS / OBSERVERS** | | | |  |
|  | | | | | | | | | | | |
| **DETAILS OF PERSON WHO CHAIRED THE MEETING** | | | | | | | | | | | | **PRESENT (INCLUDING CCM** | | | | 7 |
|  | | | | | | | | | | | | **SECRETARIAT STAFF)** | | | |  |
| **HIS / HER NAME**  **& ORGANISATION** | | | | **First name** | | | Ganbaatar | | | | | **QUORUM FOR MEETING WAS**  **ACHIEVED (yes or no)** | | | | Yes |
| **Family name** | | | Khuyag | | | | | **DURATION OF THE MEETING**  **(in hours)** | | | | 03:30 |
| **Organization** | | | Mongolian Employer’s  Federation | | | | | **VENUE/ LOCATION** | Conference hall of Ayud tower | | | |
| **HIS / HER ROLE ON CCM** | | | | **Chair** | | | | | | | **x** | **MEETING TYPE** | | **Regular CCM meeting** | | **x** |
| **(Place ‘X’ in the**  **relevant box)** | |
| **(Place ‘X’ in the**  **relevant box)** | | | | **Vice-Chair** | | | | | | |  | **Extraordinary meeting** | |  |
|  | | | | **CCM member** | | | | | | |  |  | | **Committee meeting** | |  |
| **Alternate** | | | | | | |  | **GLOBAL FUND SECRETARIAT/ LFA ATTENDANCE AT THE MEETING**  **(Place ‘X’ in the relevant**  **box)** | | | **LFA** | **-** |
| **HIS / HER SECTOR\* (Place ‘X’ in the relevant box)** | | | | | | | | | | | | **FPM/ PO** |  |
| **GOV** | **MLBL** | | **NGO** | | **EDU** | **PLWD** | | **KAP** | **FBO** | **PS** | | **OTHER** | **x** |
| **x** | **x** | | **x** | | **-** | **x** | | **x** | **x** | **x** | | **NONE** |  |

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| **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** |

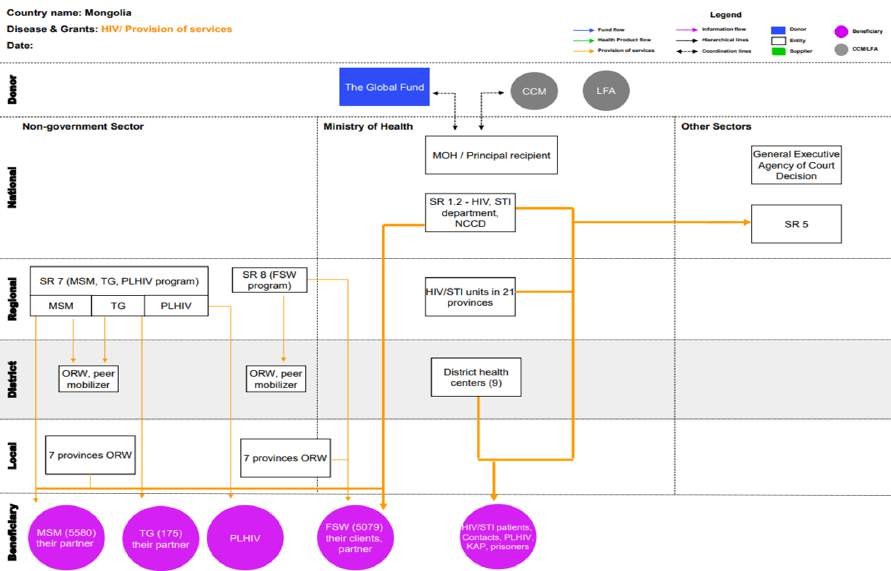
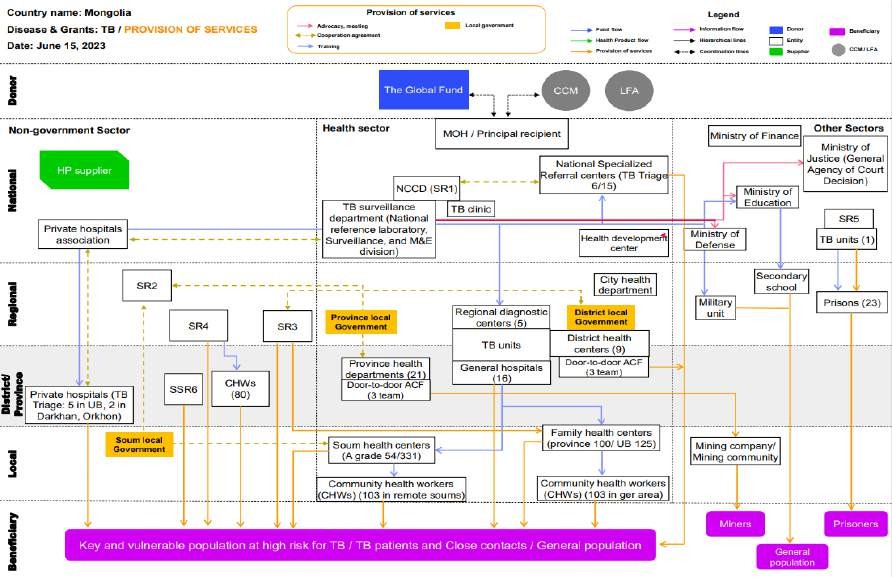
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| **Members who attended the meeting** | | |
| **№** | **Name** | **Sector Representation** |
| **1.** | Kh.Ganbaatar | **CCM Chair**, PS |
| **2.** | B.Mungungshagai/ E.Navchaa | GOV |
| **3.** | Socorro Escalante/ P.Anuzaya/ B.Tsolmon | MLBL |
| **4.** | Ch.Ariunaa | GOV |
| **5.** | Ts.Bazarragchaa | NGO |
| **6.** | G.Oyuntuya | NGO |
| **7.** | B.Tuya | NGO |
| **8.** | Т.Enkhjargal | PLWD |
| **9.** | Т.Tsogzolmaa | KAP |
| **Absent members** | | |
| **1.** | B.Solongo | GOV |
| **2.** | B.Gunchinkhuu | GOV |
| **3.** | B.Yanjmaa | GOV |
| **4.** | M.Oyunchimeg | GOV |
| **5.** | L.Oyunaa/ B.Shinetugs | MLBL |
| **6.** | B.Damdindorj | EDU |
| **7.** | Ch.Byambajargal | FBO |
| **8.** | D.Munkh-Erdene/ E.Lhagvasuren | NGO |
| **9.** | M.Lanamunkh | KAP |
| **10.** | D.Odonchimeg | PLWD |

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|  | | **SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM**  **(Place ‘X’ in the relevant box)** | | | | | | | | | | | | | | |
| **GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS** | | | | | | | | | | | | | | |
| Review progress, decision points of last meeting – Summary Decisions | Review CCM annual work plans / budget | Conflict of Interest / Mitigation | CCM member renewals/appointments | Constituencies engagement | CCM Communications /consultations with in-country stakeholders | Gender issues | Proposal development | PR / SR selection / assessment / issues | Grant Consolidation | Grant Negotiations / Agreement | Oversight (PUDRs, management actions, LFA debrief, audits) | A request for continued funding /  periodic review / phase II / grant | c  TA solicitation / progress | Other |
| **AGENDA SUMMARY** | |
| **AGENDA ITEM**  **No.** | **WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW** |
| **-** | **Opening, implementation of the decisions of the previous meeting** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AGENDA ITEM #1** | **Presentation of the SR selection update of the new grant** |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |
| **AGENDA ITEM #2** | **Emerging issues of the TB program** | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AGENDA ITEM #3** | **Presentation of TB community-led monitoring** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |
| **AGENDA ITEM #4** | **Final CCM Charter Amendment** | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and click on the ‘Insert’ menu item, then select the ‘Insert Rows Below’ option. Repeat as necessary to add additional rows.

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| **MINUTES OF EACH AGENDA ITEM** | | |
| **-** | **Opening, approve the meeting agenda, implementation of the decisions and results of the previous meeting** | |
| **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/** | | |
| CCM Chair, Kh. Ganbaatar, introduced the meeting agenda to the members, and proposed make changes to the order of agenda of the meeting. | | |
| The CCM members approved the change in order of the agenda of the 98th CCM meeting by a 100% vote. | | |
| **AGENDA ITEM #1** | **Presentation of the SR selection update of the new grant** | |
| **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 the SR selection update of the new grant**  Presented by PCU coordinator J.Narangerel. */Appendix No.1/* | | |
| Work progress:   * Proposals for the Global Fund grant to be implemented in Mongolia in 2024-2026 were sent on March 20, 2023. Negotiations with the Global Fund were finalized in July. | | |

* The implementation arrangement is clearly stated in the project documents. Accordingly, a total of 8 sub-recipient will be implement the new grant. Government institutions such as the NCCD and Prison 429 units were directly selected.



* It is also planned that 4 public organizations will implement activities in the TB project and 2 in the AIDS project. Accordingly, 6 sets of activities were included based on the project documents.

TB project implementation map:

AIDS project implementation map:

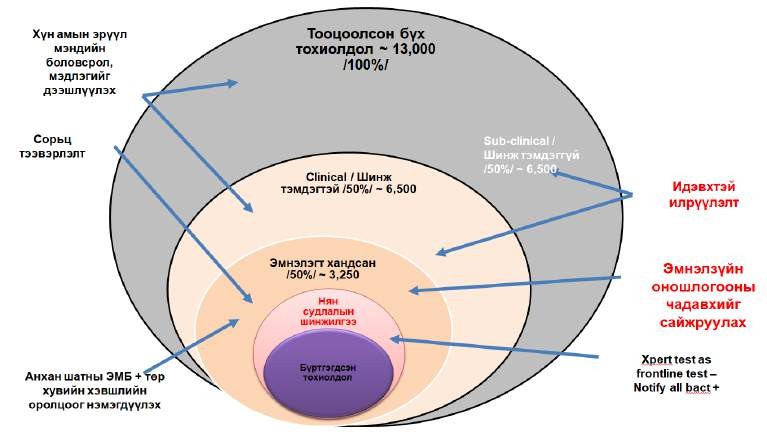
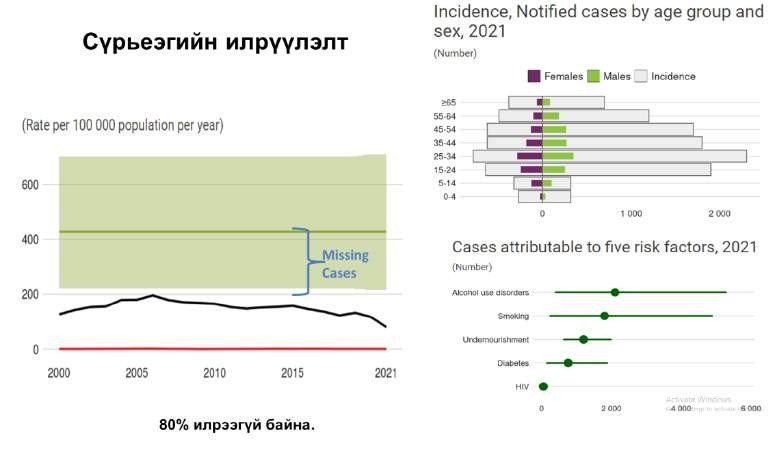
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| Tender Committee:   * By order of State Secretary dated August 30, 2023, a 7-member Tender Committee was established at the MoH. * On the September 14 meeting of the committee, members agreed to vote on the terms of reference. It took time due to the process of getting official letter from GF. * On the October 27 meeting, it was decided to return the Terms of Reference to the PCU. * On the October 30, the PCU reworked the Terms of Reference and submitted them to the Tender Committee. * The November 1 meeting has been postponed.   Article 4 of the "Regulations for the Organization of Tuberculosis Care Services" approved by Appendix 1 of Minister of Health`s Order A/30 "On Approval of Procedures and Guidelines for the Provision of Tuberculosis Care Services" dated January 27, 2021 "Executive Functions of Health Organizations" specifies the functions of special hospitals affiliated to the National Health Service and National Health Service.  Article 4 of the "Regulations for STD, HIV, AIDS prevention and organization of care services" approved by Appendix 1 of Minister of Health`s Order A/133 dated April 11, 2023 "On Procedures and Approval", "Functions of health care  organizations in HIV and AIDS care and services" specifies the functions of the NCCD. | |
| CCM  Chair | **Kh. Ganbaatar:** Are there any members who would like to ask questions related to the selection process of the SRs? |
| NGO | G.Oyuntuya: Please provide more information about the selection of public organizations. In terms of pronunciation, it is better to say CSO, not public organization. Also, it is seen that the process of selection of SR is slow. Therefore, there is a proposal for organizing this activity by a professional organization. I believed that this  will also facilitate the work of the PCU. |
| PCU | **J. Narangerel:** According to the wording of the law, it is specified as a non-governmental and public organization. In accordance with your suggestion, we have accepted the proposal to change the name of public organization to civil society organization. The issue of the selection of SR has been discussed many times within the PR organization.   1. Consulted with the PR on whether to choose the selection process of SR of the new project according to the old selection method or according to the Tender Law. 2. Based on the past audit, documents were requested about the selection procedure of the SR organization and recommendations were made to select according to the law. Accordingly, it was decided to select consulting services in accordance with the tender law for the selection of the SR for the new project. 3. According to the tender law, the PR has established an evaluation committee, and the committee is composed of 7 members, and the members are required to have a qualified A3 certificate, and it is difficult that these 7 people do not have complete knowledge and information about the GF project. 4. On the other hand, by establishing the evaluation committee, the principles to be followed by the members of the committee and the work to be done will be clear, and it will be easy to carry out activities without being   influenced. |
| NGO | **G. Oyuntuya:** As for the Ministry of Health, it is seen that the financing of the GF project cannot be effectively fully absorbed, accessible and implemented at a sufficient level. Therefore, it is considered appropriate to increase  the number of CSOs to implement the project and implement the project more effectively through those organizations. |
| KAP | **T. Tsogzolmaa:** Will the SRs be selected once in 3 years or annually? |
| PCU | **J. Narangerel:** PR and SRs will be selected once and the project will be implemented within 3 years. The members of CCM discussed and approved that the Ministry of Health will be the PR of the new project, and the  PR will select which organizations will be the SR organizations that will implement the project. |
| CSO | **B. Tuya:** I see that there was no participation of CCM in the discussion where the number of SRs was determined to be 8. In the directives of the GF, it is stated that selection of the SR process should be implenmented by CCM and the PR, but I have been saying in many meetings that this is not implemented as I mentioned.  1. Please provide detailed information about how the number of SR was calculated to be 8 and why the members of CCM were not involved in this discussion. It was mentioned that the tender law has been followed in the selection of the SR for this new project, and the delay is due to this. Is there a written audit report on the violation of the law in the previous selection process of the SR? Previous SR selection process was the desired organization participated in the selection process by developing their own project on how to successfully implement the project based on their experience. It is the intellectual property of the organization and I think it is a fair principle that the project is being implemented according to the their submitted project. If it is difficult to select accordance with the tender law, the CCM may discuss it and submit an explanation to the audit organization that made the conclusion about the selection process of before. As for the HIV/AIDS project, the 2 community organizations that are currently implementing  the project, targeting MSM and FSW, believe that it is appropriate to continue implementing the project. |

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|  | On the other hand, when choosing the remaining SR organizations, it is considered appropriate to give opportunities to other organizations with experience in developing policy recommendations and providing services based on human rights.  2. I understand that the tender committee includes representatives of NGOs and the Ministry of Health. As for the Ministry of Health, the task must be approved, and accordingly, the members of the working group are not allowed to leave and vote on the task. For example, it is pointless for an organization that does not know the field to vote on the work assignment, and the head of the Ministry of Health should  approve the project. Therefore, it is advisable to introduce the selection process to the members of the CCM. |
| PCU | **J. Narangerel:** According to the tender law, there is a need to select the SRs according to all the criteria specified in the law, such as the financial capacity and human resource capacity of the organization, and in addition, according to the requirements set by the GF, an assessment of 4 main groups of capacities is mandatory. In the  past, during the selection of SRS, SRs were selected according to the principle of competency evaluation with 4 groups of the GF, and there is no problem with this selection violating the law. |
| WHO | **Socorro Escalante:** I may not know the specifics of the SRs selection process, but there are a few general things to clarify. Also, please email the information about what the 8 SR organizations will do and what they will be responsible for.   1. In terms of the National Tuberculosis Program, the goal is to successfully implement the project. In this context, there is concern that the implementation of the project through a large number of SRs will neutralize the implementation of the project. As for the state, it has its own infrastructure, established branches and units. It is seen that the implementation of the project through this structure is more effective. I think it is appropriate for the SRs to participate as a support rather than a substitute for the National Tuberculosis Program. 2. I think that the selection process for SRs is done based on performance and capabilities. In doing so, it is necessary to check whether the legal status of the organization is clear and whether the account information of the organization matches. 3. In addition, the Government of Mongolia, GF and WHO does not finance organizations that operate with the funding of the guns and tobacco industry. |
| PCU | **J. Narangerel:** The issue of how the number of SR was fixed at 8 has been asked many times at the meetings of the Ministry of Health and the CCM. In order to determine the number of SRs, last June, a country team of Mongolia came from the GF and had a discussion for 5 days. In the discussion, representatives of all stakeholder parties, including representatives of the Ministry of Health, the CCM, the NCCD, the PCU, the and NGOs participated in the discussion, and this number was determined during the discussion. In doing so, the activities were grouped based on the results to be achieved. For example, the activities to be carried out in the local area will the transportation of samples to carry out by 1 SR, after that it will be monitored, and then the activity of training the doctors in the rural areas will be reflected in the mapping and related to the respective zone. Based on the map  based on the scale of operations, geographical location and capacity, the number of SRs indicated as 8. |
| CCM  Chair | **Kh. Ganbaatar:**   1. It is necessary to inform to the country team of Mongolia and CCM should concern about the slowness of the selection process of SRs. In this regard, the Ministry of Health, which is the PR should be given an official letter from the CCM. Before the starting of a new project, it is necessary to inform whether it is possible to select SRs in accordance with the law and to urgently pay attention to this issue. 2. It is necessary to inform to PR about the inclusion of the CCM in the tasks related to the selection of the SRs. 3. Out of 8 SRs, CCM is understanding that the 2 SRs of governmental organizations were elected directly, and taking into account the suggestions made by some of the CCM members regarding the insufficient number of the   6 SRs, it is appropriate to notify to the PR of the proposal to increase the number of SRs. |
| PCU | **J. Narangerel:** In order to continuously implement the project of GF, before the new project is implemented, it is necessary to select the SRs and sign contracts within December, 2023. Kindly note that the PCU does not come up with new ideas on its own, and solve problems with the participation of the PR and the CCM and other partners. I  am worried that raising the issue of whether the number of SRs should be 8 or 6 will cause complications of selecting the SRs process. |
| CCM  Chair | **Kh. Ganbaatar:** Due to the requirement to have an A3 certificate related to the SR tender selection process, it was impossible to participate 3 members appointed by the CCM to the commission. In this regard, it is necessary to inform to the PR the issue of A3 certificate, appointed members of the CCM cannot participate. Due to the lack of A3 certificate, it is pointless to conduct the selection process with only people who have with A3, without the  participation of representatives selected by the CCM. |
| PCU | **J. Narangerel:** As far as I understand, although the members appointed by the CCM cannot be included in the selection commission, they can be included as external observers. |
| CSO | **B. Tuya:** Is there anyone who joined the tender committee from the PCU? Does that person have an A3 certificate? |
| PCU | **J. Narangerel:** Ms.Bat-Oyun expert from the PCU included in the tender committee who has legal background |

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|  | and has an A3 certificate. |
| WHO | **Socorro Escalante:** I wanted to clarify again because I didn't get a complete answer to my first question. I understand that when determining the number of SR as 8, it was based on many factors and maps. Although I have recently joined the CCM, when I got to know the previous projects, it was seen that however the projects are being implemented with a large amount of funding through a number of SRs, the results are insufficient. Therefore, in order not to repeat this mistake in the future, it should be considered very seriously in the new project. In this regard, I would like to clarify two things.   1. The 8 number of SRs was assigned to what results were demanded from them? Please give a clear answer about the official decision about which organization finally approved the decision to make the number of SRs to 8. Whether it is PR, CCM or PCU, depending on this, there are additional issues to be clarified from the organization. 2. Is it possible to achieve the expected results from SRs throught the National Tuberculosis Program? |
| PCU | **J. Narangerel:** I accepted this job in last June, 2023. TB senior specialist of PCU S.Ganzaya, who was acting as coordinator at that time, she will give you detailed information. As for the number of SRs, I think that this number  is fixed within the authority of the PR. |
| PCU | **S. Ganzaya:** The new project was written in early of 2023 with the support of CCM, based on the strategy adopted by the GF. The project was written in accordance with the direction that the strategy followed by the GF should be decentralization and provide opportunities for TB diagnosis, confirmation and treatment at primary care units. This strategy is based on an external evaluation of the national program with the support of WHO at the end  of 2022, and the recommendations of this evaluation are reflected in the main shortcomings of the future strategy. Based on this strategy, 8 sets of directions to be followed have been identified and developed accordingly. |
| CCM  Chair | **Kh. Ganbaatar:** As I understand that the number of SRs has not been finalized at 8. Therefore, I would like to remind to PR on this matter and review the number of SRs. It is necessary to pay attention to whether to increase the number of SR organizations and whether it is appropriate to include former SRs. This is an important issue for the successful implementation of the GF project. We will also remind to PR about the urgent need for the  selection of the SRs should be within this year. |
| PCU | **J. Narangerel:** As for the PCU, it is a technical executive unit, and it is a unit that implements the decisions made by the PR and the CCM. If the decision-making authority gives an order that the number of SRs should be 8, 10, 11, we will implement it accordingly. On the other hand, when the new project starts from January 2024, the  project must continue continuously, so we need a final decision on the number of SRs urgently. |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS/ CONCERNS/ ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** | |

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| **SUGGESTION(S)** | | | | | |
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| **DECISION(S)** | | | | | |
| 1. It is necessary to inform to the country team of Mongolia and CCM should concern about the slowness of the selection process of SRs. In this regard, the Ministry of Health, which is the PR should be given an official letter from the CCM. Before the starting of a new project, it is necessary to inform whether it is possible to select SRs in accordance with the law and to urgently pay attention to this issue. 2. It is necessary to inform to PR about the inclusion of the CCM in the tasks related to the selection of the SRs. 3. Out of 8 SRs, CCM is understanding that the 2 SRs of governmental organizations were elected directly, and taking into account the suggestions made by some of the CCM members regarding the insufficient number of the 6 SRs, it is appropriate to notify to the PR of the proposal to increase the number of SRs. | | | | | |
| **DECISION MAKING** | | | | | |
| **MODE OF DECISION MAKING**  **(Place ‘X’ in the relevant**  **box)** | **CONSENSUS** | **x** | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** | | |
| **VOTING** |  | **VOTING METHOD (Place ‘X’**  **in the relevant box)** | **SHOW OF HANDS** |  |
| **\*Consensusisgeneral or widespread agreement by all members of a group.** | | | **SECRET BALLOT** |  |
| **ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION>** | |  |
| **ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION>** | |  |
| **ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>** | |  |
| **AGENDA ITEM #2** | **Emerging issues of the TB program** | | | | |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** | | | | | |
| None | | | | | |

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| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST**  **(yes or no)>** | No |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** | |
| **Emerging issues of the TB program**  Presented by E.Uyanga, Acting head of NTP, NCCD. */Appendix No.2/* | |
| **Brief introduction**  Project results:   * Implementation of action plan 90% * Supervised 95 times of support in TB units and family health centers and provided them with professional methods. * 10 trainings, 6 meetings, 1 international conference, or a total of 17 times, and a total of 657 doctors and medical specialists were empowered. * Survey 1, Quality Control 2 completed * Association of private healthcare institutions of Mongolia signed a joint contract with the NCCD, and 14 cases of TB were diagnosed by transporting samples from 222 people from 11 private hospitals. * 2 psychological team, 1 supply, 1 doctor and 1 nurse are employed at the day treatment point of multidrug-resistant TB   Results of the prevalence study:   * 70% of bacteriologically confirmed TB cases were asymptomatic. * Half of the cases with clinical signs of TB presented to health care.   Results of the survey on TB awareness among the general population:   * 46% of the population had correct knowledge about tuberculosis.   Challenges:   * Failure to detect asymptomatic TB cases. * Suspected TB cases are not suspected in primary and private health facilities. * Clinical diagnosis and diagnosis of childhood TB is low. * Active screening involves 30% of risk group citizens and 70% of healthy people. * Proactive detection does not repeat the test after a certain period of time for suspected cases of tuberculosis. * Provinces and districts are not organizing active detection with internal funding.   Planning NSP:   * Improvement of diagnosis in primary healthcare institutions (equipment, training) * Employ case managers to detect tuberculosis cases in central and large private hospitals (train doctors from other fields) * Capacity building training in improving clinical diagnosis * Improving diagnosis of childhood tuberculosis (equipment, training) * Active detection (equipment, training, detection team) * In the field of health education and raising awareness of the population (tuberculosis campaign, interactive lessons, training materials) * Diffusion studies II * Increase the participation of public and private health institutions * Improve detection of childhood TB * Improve the effectiveness and efficiency of active TB detection * To improve TB detection in the State Department of Health and Welfare, the Department of Public Health, and the Department of Health and Human Services and branches * Increase efficiency and effectiveness by ensuring the stability of the specimen transportation system * Expansion of rapid TB test methods * Improve the quality and safety of tuberculosis registration data * Improvement of operational and other research and scientific activities | |



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| SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED | |  |
| NGO | **G. Oyuntuya:** What are the activities aimed to the vulnerable population? | |
| NCCD | **E. Uyanga:** Vulnerable population, or people who are malnourished and receive food stamps, are among the risk groups, and we are planning to be include them in active detection on a national level. | |
| PWD | **T. Enkhjargal:** In 2024, elections will be held in Mongolia. In connection with this, the leaders of provinces, local and state administrative institutions will be replaced. So, is there a plan for what measures should be taken in the event of a change as a precaution? | |
| NCCD | **E. Uyanga:** Within the framework of the project, a national-level action plan for the prevention of infectious diseases  is being developed. Also, the national strategic plan is about to be approved. I hope that these plan, if approved, can continue unchanged. | |
| NGO | **G. Oyuntuya:** It has been included private sector. Does it mean private hospitals, how are the human resources and equipment of these hospitals being dealt with? | |
| NCCD | **E. Uyanga:** The private sector includes private hospitals, and not all people go to public hospitals. Therefore, if samples are collected from people who go to a private hospital, they can be transported and analyzed. Currently,  private hospitals are not interested in TB, but an assessment has been done. | |
| WHO | **Socorro Escalante:** NCCD presentation showing many technical detailed calculations and graphs. Therefore, I and CCM members would like to receive the presentation in advance before the CCM meeting. Because we would like to get acquainted with the contents of the presentation before the meeting. | |
| NCCD | **E. Uyanga:** I apologize for not sending the presentation to the CCM members in advance. I will pay attention in the future. | |
| WHO | **Socorro Escalante:** The case detection rate appears to be very low. I understand that it is related to many factors. For instance, lack of symptoms, lack of funding support from local authorities, problems with clinical diagnosis and general system problems. Apart from the project implemented by the GF, the strategy adopted at the national level is still unclear. How will the program deliver and what systems approach will be used to increase the number of cases?  1. What will be the national TB strategy of GF and Mongolia, where will be the starting point, where will be the point to be reached after a certain period of time. Therefore, I think that if the information about this is conveyed to the CCM members, it will become clear where and what kind of support is needed from the CCM.  2. The improvement of clinical diagnosis at the primary level is mentioned, but we want a detailed description of how  to improve it. It is not possible to give a clear answer at this meeting, but I would like a clear answer at the next CCM meeting. | |
| NCCD | **E. Uyanga:** Detailed implementation plan is included in the national strategic plan. | |
| GOV | **B. Mungunshagai:** How are the detection and care services in the first level of clinic? How are you cooperating with  the capital's health center, district and family health centers? Information that you are presenting today at the CCM meeting it is not clear. | |
| NCCD | **E. Uyanga:** Primary TB detection centers are family health centers and sub-district`s health centers. Primary and secondary stages of TB treatment are carried out at family health centers. Patients can continue treatment at the primary unit when they are free of infection. Preventive treatment is also provided at the primary unit. Also, samples  will be taken from patients who may have TB and sent to the next affiliated and district referral hospital. | |
| GOV | **B. Mungunshagai:** Are the questionnaires taken by paper or electronically? | |
| NCCD | **E. Uyanga:** Questionnaires are taken in either electronic or paper versions. | |
| NCCD | **P. Nasanjargal:** How is it connected to the primary center, generally, it is connected through the health system. Infectious Disease Prevention Strategic Plan`s 3rd objective includes TB screening services. Part 2 of 3rd Objective, deals with detection and addresses the creation of a national risk group fund. How this fund is created is that it comes from primary health care. For example, considering that Bayan-Olgii province has 20 sub-districts, each of the 20 sub- districts should have a study of the population at risk. How to conduct research on this at-risk population is detailed in the strategic plan. In short, a survey of the population of the risk group is carried out from the primary unit, and based  on it, the measures of the next hierarchy are implemented. | |
| CCM  Chair | **Kh. Ganbaatar:**   1. Due to the lack of clarity in terms of the health system and structure, all the burden is on the NCCD. It is necessary to send us a clearly expressed request about the possibilities and changes to requested by the NCCD to reduce and distribute its load evenly, the issues on support and assistance from the CCM. 2. The WHO mentions that there are errors in the Health system at every CCM meeting. Therefore, we intend to meet with the Minister of Health in cooperation with WHO and express our position officially. If the problems of the health system and structure are not resolved, structural defects are seen as the main reason for the difficulty in implementing the GF project and the lack of progress. 3. It is necessary to focus on improving the participation of the private sector. In particular, people who work for 3 months in rural and local areas on long-term shifts, they are examinations and tests every 3 months. The Ministry of | |

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|  | Health is conducting a Healthy Mongolia campaign for all citizens, they should include TB testing in this examination. I intend to meet with Minister of Health Mr.Chinzorig to reflect on the issues to be added to the policy, such as including the issue of double testing for AIDS and TB in all types of examinations and tests carried out by the National Program and health insurance.  4. There is no progress due to the lack of capacity in the local government due to the structure and human resourse, the lack of human resources, and the lack of clarity about who and what work will be performed. Although the NCCD sent an official letter to the governor of that province, I don't think it will be considered much. Mr.Mungunshagai who is Director of Social Policy Department of The City Governor’s Office, is working on the CCM as a representative, thus taking care of the capital level of issues. TB is basically standstill due to the lack of policy support, it is relying on the funding of the GF, and the operation of the NCCD, and a few SRs. There is a lot of potential way to support it,  but it is not being seen or used. | | | | | | |
| NCCD | **E. Uyanga:** Currently, an international consultant is working in the field of early detection at the NCCD, and on  November 8, a meeting is planned at the Ministry of Health. We are inviting CCM and WHO representatives to participate in this meeting. | | | | | | |
| GOV | **B. Mungunshagai:** If there is a specific opinion and the matter shall support from the City Governer`s office, we are ready to support and work on the early detection of TB and TB-related issues in the capital city with the all level of  the Capital Health Department. | | | | | | |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** | | | | | | | |
| **SUGGESTION(S)** | | | | | | | |
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| **DECISION(S)** | | | | | | | |
| 1. It was decided to submit a clearly expressed request to the CCM, regarding to the lack of clarity on the health system and structure, all the burden falls on the NCCD, what opportunities and changes want to make to reduce and distribute this burden evenly, and what issues does the NCCD want support and assistance from the CCM. 2. The WHO mentions problems in the health care system at every CCM meeting. Therefore, it was decided to meet with the Minister of Health in cooperation with CCM and WHO to express their official position. 3. Paying attention to improving the participation of the private sector, especially those who work for 3 months in rural and local areas on long-term shifts are examined and tested every 3 months. It was decided to meet with Health Minister Mr.Chinzorig to discuss the issues to be added to the health system, such as including TB and AID`s testing in all types of   examinations and tests conducted by the National Health Program by health insurance. | | | | | | | |
| **DECISION MAKING** | | | | | | | |
| **MODE OF DECISION MAKING** | | | **CONSENSUS** | **х** | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** | | |
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| **(Place ‘X’ in the relevant**  **box)** | | | **VOTING** | **VOTING METHOD**  **(Place ‘X’ in the relevant box)** | **SHOW OF HANDS** |
| **\*Consensusisgeneral or widespread agreement by all members of a group.** | | | | | **VOTE** |  |
| **ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >** | |  |
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| **ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>** | |  |
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| **AGENDA ITEM #3** | | **Presentation of TB community-led monitoring** | | | | | |
| **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 TB community-led monitoring**  Presented by M.Ganzorig, CE coordinator of MTC. */Appendix No.3/* | | | | | | | |
| **Brief introduction**  **CLM is:**  Monitoring the TB response by people affected by TB,  Monitoring indicators that are viewed as important by people affected by TB | | | | | | | |

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| A platform for the TB response to hear from people affected by TB and respond to their needs  **CLM is not:**  Monitoring of TB community activities by health facility staff or supervisors Monitoring and Evaluation that includes TB community-centred indicators  **Defining CLM:**  **UNIADS**-HIV CLM is an accountability mechanism for HIV responses at different levels, led and implemented by local community-led organizations of people living with HIV, networks of key populations, other affected groups or other community entities.  **Global Fund**-Models or mechanisms by which service users and/or local communities gather, analyze and use the information on an ongoing basis to improve access to, quality and impact of services, and to hold service providers and decision makers to account.  **PEPFAR**-CLM is a process initiated and implemented by local communitybased organizations and other civil society groups, networks of key populations (KP), people living with HIV (PLHIV), and other affected groups or other community entities that gathers quantitative and qualitative data about HIV services. | |
| CSO | **B. Tuya:** I heard about the CLM system within the framework of the SKPA project. This system is seen as a very important and useful system. How will it be implemented from 2024 and from where it will be funding? |
| MTC | **M. Ganzorig:** Within the framework of the strategic initiative project of the GF, the task of starting this CLM framework has been on going. In this context, based on the cooperation with other stakeholders, it was set on the new grant of the GF. It is also embedded in the newly approved TB project guidelines. In terms of financing, 100% financing from the GF. If you interested in more information, you cam check from the project submitted by  Mongolia on the website of the GF. |

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| CCM  Chair | **Kh. Ganbaatar:** Is there a model for implementing CLM? For example, if there is a model with detailed instructions like safety instruction on how and in what manner it can be implemented at the management level and employee level, it is seems very useful system to implement. The information presented to us is very general. In terms of sharing this information with CCM members, guidelines, instructions, and step-by-step mechanisms explaining how to introduce and implement this system at the national, local, and organizational levels should be  developed and implemented with detailed instructions. Otherwise, I think this system will be just talk. | | | | | |
| MTC | **M. Ganzorig:** Let me take an example, it can be understood that the organization takes a feedback box, collects feedback from the public, and takes improvement measures accordingly. There is one example implemented in Mongolia, which is a web-based questionnaire from the HIV/AIDS affected people, the result was to service time for receiving HIV/AIDS care and services is not suitable for them, thus the Youth for Health NGO notified to the  NCCD HIV/AIDS department and carried out advocacy work, as a result the schedule was changed. Also, we are planning to work on Bayanzurkh and Songino-khairkhan districs hospitals as a sub-model. | | | | | |
| NGO | **Ts. Bazarragchaa:** In the previous GF projects were focused on treatments only, but I believe that the implementation of the CLM system in the new project is one of the big factor for the successful approval of the project. In addition, it was able to include additional funding for the CLM system. For the first 2 years, it is planned to carry out preparation work, including community empowerment and influence work. TB patients are disadvantaged in terms of access to health services, which cannot be changed by medical professionals alone.  Therefore, it is important to change the system. It is seen that this can be influence to the decision-making level. | | | | | |
| CCM  Chair | **Kh. Ganbaatar:** It will be more effective to include the CLM system to the health care law of Mongolia. I think it  would be more appropriate to select 1 company to implement instead of Bayanzurkh and Songino-khairkhan districs hospitals. | | | | | |
| GOV | **B. Mungshagai:** I want to express my opinion related to early detection and CLM system of the project.   1. What is the early detection in primery level? A report has been received from the Mongolian Red Cross Society that they pay 20,000 MNT per day to the doctors of the districts to let them visit the target groups and carry out screenings. We only knew about it from the report after it was implemented. We did not received any guidelines and programs of this event in advance. I would like to note that we do not receive any information about how these projects and programs are being implemented. After implementation, we knew from the report. 2. How are infectious disease programs are being implemented? There is a lack of information on how the public is being reached and how detection is progressing. We received the information when the TB program which implemented by the National TB Center of South Korea was completed. Now we are negotiating with them again to conduct an epidemiological study among the citizens of all districts in the capital city. It can be seen that projects, programs, and activities are being implemented at the level of SRs and NGOs, but there is no coordination between Government level. 3. The information about CLM presented today is very valuable. There is no information about when and how this program will be implemented. I understand that the GF projects are implemented nationwide. However, we need to get closer to the people living in the capital and work together at the capital and district levels. There is a lack of organizations to provide housing for vulnerable groups, people living below the standard of living, and homeless people living in the capital, and for the socialization of those people. For example, there are analysis in the Songino-khairkhan district 140,000 homeless people are living, among them there are many people with multidrug- resistant and recurrent TB. In my opinion the target group is not the military, not the prison, but these vulnerable homeless people, why aren't they being reached out? There are 1,500 people in the capital city who receives food stamps, and even to them are not able to reach out. Therefore, it is necessary to approach these target groups and   work in a good coordination with government and NGOs. | | | | | |
| CCM  Chair | **Kh. Ganbaatar:** I agree with the issues raised by the representative of the City Governor`s Office  Mr.Mungunshagai. In the future, it is necessary for related organizations to exchange information and work in good coordination together. | | | | | |
| **SUGGESTION(S)** | | | | | | |
| 1. Recommendations were made to try implementing the system of CLM as a sub-model in select 1 company to implement instead of Bayanzurkh and Songino-khairkhan districs hospitals. 2. Recommendations were given on the further attention to the delivery of information and coordinated work with government agencies and SRs, NGOs implementing the project. | | | | | | |
| **DECISION(S)** | | | | | | |
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| **DECISION MAKING** | | | | | | |
| **MODE OF DECISION MAKING**  **(Place ‘X’ in the relevant**  **box)** | | **CONSENSUS** | **x** | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** | | |
| **VOTING** |  | **VOTING METHOD**  **(Place ‘X’ in the relevant box)** | **SHOW OF HANDS** |  |
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| **\*Consensusisgeneral or widespread agreement by all members of a group.** | | **DECISION >** |  | |
| **ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >** |  | |
| **ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>** |  | |
| **AGENDA ITEM #4** | **Final CCM Charter Amendment** | | | |
| **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** | | | |  |
| **Brief introduction**  Presented by B. Tuya, member of CCM Charter TWG and CCM member. */Appendix No. 3/* | | | | |
| **Task working group meeting:**  2022/12/06 - First meeting of the TWG 2023/03/28 - Second meeting of the TWG 2023/10/05 - Third meeting of the TWG  **Comments received via email:**  2023/03/22 - First draft sent by an email /CCM Member G.Oyuntuya sent her comments/ 2023/05/25 - Second draft sent by an email /No response from CCM members/  2023/03/22 - Third draft sent by an email /CCM Member Dr.Soccoro, Ch.Ariunaa, Ts.Bazarragchaa, T.Tsogzolmaa, Advisor Nonna have sent their comments/  **Final amendments to the CCM Charter:**  CHAPTER TWO. THE CCM COMPOSITION AND STRUCTURE  *Article 6. The CCM structure*  6.1. The CCM shall be composed of 19 members.   * + - 1. State central administrative body in charge of labor and social security;       2. State central administrative body in charge of economic and development policy planning;   6.2.1.7. Ulaanbaatar city governance office /City health department/  6.2.6 One member each shall be selected from the media organization;   * + - 1. World Health Organization       2. International development partners or United Nations agencies   *Article 8. The CCM Rights and Obligations*   * 1. The CCM member shall undertake the following obligations:      1. The CCM member shall not approach the decision-making process from the standpoint of personal or his/her own organization's interests.      2. The CCM member shall regularly deliver information about the implementation and progress of the project and the decisions made by the CCM to his/her chosen organization and sector.      3. Voting expressing the position of the sector represented in the regular meetings announced by the members to participate online or in person.      4. Members are obliged to participate in regular meetings announced by the CCM to participate in online or in person, and in case they are unable to attend due to valid reasons, they will be notified in advance and measures will be taken to make their alternate member to attend.      5. Except above 8.5.4 article for the provisions, review the agenda of the meeting and make a decision, if necessary, submit the proposal in writing.   CHAPTER THREE. COUNTRY COORDINATING MECHANISM ACTIVITIES  *Article 12. Principles of the Country Coordinating Mechanism*  12.5. The quorum of the meeting shall be valid if ~~more than 51% of~~ the majorities of the members are present at the meeting.  /Updated by contracted lawyer/   * 1. The following non-CCM attendants may participate at the CCM meeting but limited with the voting right:      1. Representative of the Principal-recipient      2. Representative of the Sub-recipient   12.8.3 Representative of the Local fund agent;  12.8.4. Representative of the Program coordinating unit | | | | |

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| 12.9. The CCM member may invite up to 2 persons to participate in the discussion relevant to the issue at the CCM meeting, and in this case, the names of the interested parties participating in the meeting shall be notified in advance to the CCM Secretariat specified in Clause 18.1 of this charter.  CHAPTER FIVE. SECRETARIAT OF THE COUNTRY COORDINATING MECHANISM  *Article 18. CCM Secretariat*  18.5. The activities of the CCM Secretariat shall be financed by the CCM Hub of the Global Fund.  CHAPTER SIX. MISCELLANEOUS  *Article 19. Amendments to the Country Coordinating Mechanism Charter*  19.1. Amendments to this Charter will be decided at the CCM meeting, and the decision will become effective if ~~more than~~ ~~51%~~ majority of all CCM members vote in its favor. | |
| WHO | **Socorro Escalante:** Thank you for accepting WHO's comments and suggestions in the CCM charter amendment. As I seen that the Ministry of Health, which is the PR, has been completely removed from the composition of the CCM. I understand that the exclusion of the MOH due to potential conflicts of interest. However, since conflicts of interest may arise not only in the MOH but also among all the CCM members, it is desirable to have a mechanism against conflicts of interest involving all the CCM members. Through this mechanism, CCM can effectively resolve conflicts of interest. WHO and I are concerned about the lack of involvement of the MOH which is the State central administrative body in charge of health. In order to eliminate TB in Mongolia, the most optimal solution is to take actions through the state organization unit structure and mechanism, and the main body of managing this mechanism is the MOH. If we considering as MOH is the only PR and keeping them outside of the CCM, it may harmful to the public health of Mongolia. Therefore, we should discuss again and find a solution on how to maintain the  participation of the MOH in CCM. |
| NGO | **G. Oyuntuya:** In the previous 97th CCM meeting, I have commented on that the CCM Secretariat office should have its own account and funding. I can't find this clause in the Amended Charter. Does this clause has included? |
| CSO | **B. Tuya:** This clause has been added and the information presenting now is showing only newly amended and removed clauses. |
| GOV | **B. Mungshagai:** On the clause 12.3 of the CCM Charter, it is stated that extraordinary meetings can be convened if necessary. In this case, it is not specified on whose initiative the meeting will be convened by whether the CCM  Chair, Vice-chair or CCM member. |
| CCM  Chair | **Kh. Ganbaatar:** B.Mungunshagai gave a very correct opinion. It is necessary to clearly specify the subject authorized to call an extraordinary meeting and include it in the CCM Charter. |
| NGO | **T. Bazarragchaa:**  *Proposal 1:* I am prosing to change the following clause, which is representatives of people living with these diseases and key affected population: 6.2.5.2. People living with TB, in this case, the person who has TB is selected/elected to CCM after healed from TB. Thus, we should change the clause accordingly.  *Propossal 2:* On the Clause 8.5. CCM members obligations, we should add the relevant provisions according to the Law of Confidentiality. |
| NGO | **G. Oyuntuya:**  *Proposal 1:* When organizing CCM regular or extraordinary meeting, the CCM Secretariat office should consider to held in a place that is convenient for the CCM members.  *Proposal 2:* 8.5. I would like to include the issue of providing the opportunity to send CCM members to abroad in order to study the good practices of the CCM of other countries. |
| CCM  Chair | **Kh. Ganbaatar:** The WHO has submitted a principled proposal, and it seems appropriate to vote on this issue from all CCM members. Although the MOH has 2 quotas in the CCM, they do not participate in the CCM meetings. As I remember Mrs.Narangerel was participated in 2 CCM meetings when she was appointed from MOH, but after that no one participated in the CCM meetings. A.Unurjargal, the newly appointed member from MOH, expressed that she would attend today's CCM meeting, but she did not show-up. Opinions from WHO should be respected and  opinions from other CCM members should also be considered. |
| WHO | **Socorro Escalante:**   1. Although there is a issue of the attendance of the MOH in the CCM meetings, we should remember the final goal, the MOH is the main policy implementer of the health system, and if we create and apply the mechanism of conflict of interest to the all CCM members can solve the problem. Removing the MOH as the perspective of the PR does not mean that there will be no conflict of interest at CCM, and we should remember that there are also indirect representatives of SRs organizations involved in the CCM. 2. We are grateful for the representation of WHO in the CCM. I would like to note that the WHO does not want to   vote in the CCM, thus we will participate in a non-voting position. This could may considered as a indirect conflict of interest if WHO is voting on the CCM. |
| CCM  Chair | **Kh. Ganbaatar:** It can be clarified that the MOH can participate without the right to vote at CCM during the period of the PR, which is stated on the clause, 12.8. The following non-CCM attendants may participate at the CCM |

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|  | meeting but limited with the voting right: 12.8.1. Representative of the Principal-recipient. |
| CCM  Secretari at | **B. Oyundari:** Looking at the example of the CCM of other countries, the representative of the PR is not a member of the CCM. CCM has a Conflict of Interest Committee and a Conflict of Interest Compliance Procedure. |
| WHO | **Socorro Escalante:** CCM must have a mechanism to manage direct and indirect conflicts of interest. It is not fair that only the MOH is excluded because of a conflict of interest. It can be considered that if there is a conflict of interest in the all CCM members, we can be removed even 50% members. For the MOH, it is a government mechanism that will play a key role in eradicating AIDS and TB. Excluding the MOH on the basis of conflict of  interest alone is not a sufficient reason and it is not a rational decision. |
| CCM  Chair | **Kh. Ganbaatar:** According to the current structure of the Government and the law include the representation of the Cabinet Secretariat Government of Mongolia, the presence of the MOH is not mandatory. |
| NHRC | **Ch. Ariunaa:** Although there is a representative of the Cabinet Secretariat Government of Mongolia, I think that the position of the MOH cannot be fully represented. Therefore, I think it is appropriate to have a representative of the  MOH in the CCM. |
| CSO | **B. Tuya:** The proposal of removing the representative of the MOH from the CCM has been added from the member in the 97th CCM meeting. In the past, although there was a representative of the MOH in the CCM, they did not come to the CCM meetings, they are not responsible for their problems, and showed lack of leadership and participation. In the CCM Charter, it is stated that if the CCM member do not attend the CCM meeting more than 2 times without the valid reasons, he/she will be removed. If the CSO or NGO representative had not attended the  CCM meeting more than 2 times, I think they would have been removed already. It is also a form of discrimination. |
| CCM  Chair | **Kh. Ganbaatar:** If we include a representative of the MOH, please give your opinion on which sector representative shall be excluded. |
| GOV | **B. Mungshagai:** In the case of adding a representative of the MOH, it is not necessary to have a representative of  Cabinet Secretariat Government of Mongolia. If it is not mandatory to have 19 members, why not add 2 members to make it 21 members? |
| CCM  Secretari at | **B. Oyundari:** According to the past experience, it seems that it is necessary to have a representative of the Cabinet Secretariat Government of Mongolia at CCM. |
| NGO | **G. Oyuntuya:** On the following clause it is stated that, 6.2.7. One member each from the multilateral organization:  6.2.7.1. World Health Organization and 6.2.7.2. International development partners or United Nations agencies, since WHO is the part of International development partners or United Nations agencies, we could remove the WHO from CCM and remain as United Nations agencies.  As for the MOH, I think that the PR is unable to spend the funds optimally and is implementing activities that are not targeted. In the previous CCM meetings, when a person from the MOH presented information, it was observed that the member who is representing from the MOH in the CCM asked questions that did not know the MOH  information, and the CCM meeting became a forum for obtaining information of MOH staffs. |
| WHO | **Socorro Escalante:** As for WHO, I am happy to be a member of CCM. However, if CCM members decide to exclude WHO, we have no objection. However, it is a firm position that the MOH must be represented in the CCM.  If the CCM members are vote on this, WHO will not vote on this issue. Because it is considered a form of conflict of interest. |
| CCM  Chair | **Kh. Ganbaatar:**  **Vote 1:** All CCM members please vote on whether to include the representatives of the MOH in the composition of the CCM. **(Supported by the number of 5/9 CCM members)**  **Vote 2:** Let's take a vote on the issue of removing 1 representative of 6.2.2. Research institution in health and replacing it with a representative of the MOH. **(Supported by the number of 5/9 CCM members)**  The proposal to include the representative of the MOH in the CCM, proposed by the WHO, was supported by the  majority of the CCM members who attended at this 98th CCM meeting. According to the updated composition of the CCM approved by the CCM, the Secretariat should send official letters to the relevant organizations as urgently. |
| **SUGGESTION(S)** | |
| 1. On the clause 12.3 of the CCM Charter, it is stated that extraordinary meetings can be convened if necessary. In this case, it is not specified on whose initiative the meeting will be convened by whether the CCM Chair, Vice-chair or CCM member. 2. Change the following clause, which is representatives of people living with these diseases and key affected population: 6.2.5.2. People living with TB, in this case, the person who has TB is selected/elected to CCM after healed from TB. Thus, we should change the clause accordingly. 3. On the Clause 8.5. CCM members obligations, we should add the relevant provisions according to the Law of Confidentiality. 4. When organizing CCM regular or extraordinary meeting, the CCM Secretariat office should consider to held in a place that is convenient for the CCM members. | |

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| 5. On the clause 8.5. should include the issue of providing the opportunity to send CCM members to abroad in order to study the good practices of the CCM of other countries. | | | | | | | | |
| **DECISION(S)** | | | | | | | | |
| **Vote 1:** All CCM members please vote on whether to include the representatives of the MOH in the composition of the CCM.  **(Supported by the number of 5/9 CCM members)**  **Vote 2:** Let's take a vote on the issue of removing 1 representative of 6.2.2. Research institution in health and replacing it with a representative of the MOH. **(Supported by the number of 5/9 CCM members)** | | | | | | | | |
| **DECISION MAKING** | | | | | | | | |
| **MODE OF DECISION MAKING**  **(Place ‘X’ in the relevant**  **box)** | | **CONSENSUS** |  | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** | | | | |
| **VOTING** | **x** | **VOTING METHOD**  **(Place ‘X’ in the relevant box)** | **SHOW OF HANDS** | | | **5/9** |
| **\*Consensusisgeneral or widespread agreement by all members of a group.** | | | | **VOTE** | | |  |
| **ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >** | | | |  |
| **ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION**  **>** | | | |  |
| **ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>** | | | | **1** |
| **SUMMARY OF DECISIONS & ACTION POINTS** | | | | | | | | |
| **AGENDA ITEM NUMBER** | **WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW** | | | | | **KEY PERSON RESPON**  **-SIBLE** | **DUE DATE** | |
| **-** | **Opening/Housekeeping announcements, Implementation of the previous meeting decisions**  CCM Chair, Kh. Ganbaatar, introduced the meeting agenda to the members, and proposed make changes to the order of agenda of the meeting. The CCM members  approved the change in order of the agenda of the 98th CCM meeting by a 100% vote. | | | | | CCM |  | |
| **AGENDA ITEM #1** | **Presentation of the SR selection update of the new grant**   1. It is necessary to inform to the country team of Mongolia and CCM should concern about the slowness of the selection process of SRs. In this regard, the Ministry of Health, which is the PR should be given an official letter from the CCM. Before the starting of a new project, it is necessary to inform whether it is possible to select SRs in accordance with the law and to urgently pay attention to this issue. 2. It is necessary to inform to PR about the inclusion of the CCM in the tasks related to the selection of the SRs. 3. Out of 8 SRs, CCM is understanding that the 2 SRs of governmental organizations were elected directly, and taking into account the suggestions made by some of the CCM members regarding the insufficient number of the 6   SRs, it is appropriate to notify to the PR of the proposal to increase the number of SRs. | | | | | PCU |  | |
| **AGENDA ITEM #2** | **Emerging issues of the TB program**   1. It was decided to submit a clearly expressed request to the CCM, regarding to the lack of clarity on the health system and structure, all the burden falls on the NCCD, what opportunities and changes want to make to reduce and distribute this burden evenly, and what issues does the NCCD want support and assistance from the CCM. 2. The WHO mentions problems in the health care system at every CCM meeting. Therefore, it was decided to meet with the Minister of Health in cooperation with CCM and WHO to express their official position. 3. Paying attention to improving the participation of the private sector, especially those who work for 3 months in rural and local areas on long-term shifts are examined and tested every 3 months. It was decided to meet with Health Minister Mr.Chinzorig to discuss the issues to be added to the health system,   such as including TB and AID`s testing in all types of examinations and tests conducted by the National Health Program by health insurance. | | | | | MTC |  | |

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| **AGENDA ITEM #3** | **Presentation of TB community-led monitoring**   1. Recommendations were made to try implementing the system of CLM as a sub- model in select 1 company to implement instead of Bayanzurkh and Songino- khairkhan districs hospitals. 2. Recommendations were given on the further attention to the delivery of information and coordinated work with government agencies and SRs, NGOs   implementing the project. |  |  |
| **AGENDA ITEM #4** | **Final CCM Charter Amendment**  **SUGGESTIONS:**   1. On the clause 12.3 of the CCM Charter, it is stated that extraordinary meetings can be convened if necessary. In this case, it is not specified on whose initiative the meeting will be convened by whether the CCM Chair, Vice-chair or CCM member. 2. Change the following clause, which is representatives of people living with these diseases and key affected population: 6.2.5.2. People living with TB, in this case, the person who has TB is selected/elected to CCM after healed from TB. Thus, we should change the clause accordingly. 3. On the Clause 8.5. CCM members obligations, we should add the relevant provisions according to the Law of Confidentiality. 4. When organizing CCM regular or extraordinary meeting, the CCM Secretariat office should consider to held in a place that is convenient for the CCM members. 5. On the clause 8.5. should include the issue of providing the opportunity to send CCM members to abroad in order to study the good practices of the CCM of other countries. | CCM  Secreta riat |  |
|  | **DECISIONS:**  **Vote 1:** All CCM members please vote on whether to include the representatives of the MoH in the composition of the CCM. **(Supported by the number of 5/9 CCM members)** |  |
|  | **Vote 2:** Let's take a vote on the issue of removing 1 representative of 6.2.2. Research  institution in health and replacing it with a representative of the MoH. **(Supported by the number of 5/9 CCM members)** |  |

**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 ro ws.**

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| **NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)** | | |
| **TIME, DATE, VENUE OF NEXT MEETING**  **(*dd.mm.yy*)** | | - |
| **PROPOSED AGENDA FOR NEXT MEETING** | **WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED** | |

**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 ro ws.**

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| **SUPPORTING DOCUMENTATION** | **Place an ‘X’ in the**  **appropriate box** | |
| **ANNEXES ATTACHED TO THE MEETING MINUTES** | **Yes** | **No** |
| **ATTENDANCE LIST** | **x** |  |
| **AGENDA** | **x** |  |
| **OTHER SUPPORTING DOCUMENTS** | **x** |  |
| **APPENDIX 1-10** | **x** |  |
| **IF ‘OTHER’, PLEASE LIST BELOW:** | | |
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| **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 2 weeks 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.** |

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| **DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING** | **x** |  | **Meeting minutes should be circulated to all CCM members,**  **Alternates and non-members within 1 week 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 15 days 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.

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| **GLOSSARY FOR ACROYNMS USED IN THE MINUTES:** | |
| **ACROYNM** | **MEANING** |
| MOH | **Ministry of Health** |
| CCM | **Country Coordinating Mechanism** |
| CSO | **Civil Society Organization** |
| NGO | **Non-Governmental organization** |
| WHO | **World Health Organization** |
| PCU | **Project Coordinating Unit** |
| GF | **Global Fund** |
| PR | **Principal Recipient** |
| SR | **Sub Recipient** |
| SKPA | **The Sustainability of HIV Services for Key Populations in Asia (SKPA) Program** |
| FBO | **Faith-based organisation** |
| NCCD | **National Center for Communicable Diseases** |
| NEMA | **National Emergency Management Agency** |
| NSC | **National Security Council** |
| NHRC | **National Human Rights Council** |
| MNUMS | **Mongolian National University of Medical Sciences** |
| MECS | **Ministry of Education, Culture and Science** |
| MATC | **Mongolian Anti-Tuberculosis Confederation** |
| MTC | **Mongolian Tuberculosis Coalation** |
| UNFPA | **United Nations Population Fund** |
| MEF | **Mongolian Employer`s Federation** |

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

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| **CCM MINUTES APPROVAL:** | | | | |
| **APPROVED BY (NAME) >** | **Kh.Ganbaatar** | | **DATE >** | **10th of November, 2023** |
|  | **CCM Chair** | | **SIGNATURE>** |  |
| **CCM MINUTES CHECKED BY:** | | | | |
| **TYPE/PRINT NAME**  **>** | | **B.Oyundari** | **DATE>** | **10th of November, 2023** |
| **FUNCTION>** | | **CCM Secretariat coordinator** | **SIGNATURE>** |  |
| **CCM MINUTES PREPARED BY:** | | | | |
| **TYPE/PRINT NAME**  **>** | | **T.Batchimeg** | **DATE>** | **10th of November, 2023** |
| **FUNCTION>** | | **CCM Secretariat assistant** | **SIGNATURE>** |  |