# **CCM** Meeting Minutes

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COUNT	RY (CCM)			Vie	tnam			TOTAL NUMBER OF <u>VOTING</u> MEMBERS PRESENT					
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GOV	Gøvernm	ent					PLW	D	People Living with and/o	r Affected b	v the Thr	ee Diseases	
MLBL Multilateral and Bilateral Development Partners in Country				KAP		People Representing 'Key Affected Populations'							
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AGENDA SU AGENDA FIEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	Review progress, decision points offast meeting. Summay 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 tetions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Office
AGENDA ITEM #1	Statement of reasons and introduction of delegates	4 5	_=_	X									- 6	E. 0		
AGENDA ITEM #2	Audit report			X	***************************************	[					1			econtentuage en en en engen		A COLUMN TO THE PARTY OF THE PA
AGENDA ITEM #3	OC report and conclusion			×			*									

MINUTES OF EACH AGEN	DA ITEM						
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SUMMARY OF PRESENTATIONS	AND ISSUES DISC	USSED					
CCM Chair: Welcome A meeting was held to report of the OIG Audi	review the	it del result	egation, the country team a ts of the Q1 / 2018 project	nd CCM members to the activity and to hear the	e mee le firs	ting. t audit	
SUMMARY OF SPECIFIC CONTR. Please summarize the respective const.			ISSUES AND RECOMMENDATIONS R. e discussion in the spaces provided.	AISED BY CONSTITUENCIES ON	THE CCY	4	
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#### MINUTES OF EACH AGENDA ITEM

### AGENDA ITEM #2 Audit report

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

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

Yes

#### SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Summary of the OIG audit team's overall assessment:

- Overview of QTC's aid in Vietnam. Criteria and aspects of the mission, how the audit.
- The summary is divided into 3 parts: Sustainability; Program management
- 1. Sustainability:
- Recognizing many activities with the Government's commitment especially in strengthening the health system, focusing budget for health insurance for HIV infected people, striving to bring infected people into the health insurance program. The commitment of the government is also reflected in CSO engagement activities, strengthening the role of professional social organizations. Vietnam is considered one of the most effective CSOs in the region.
- Risks still exist because of abandonment and stigma. For HIV, OPC sites have difficulty receiving patients, for example, in physicians working at OPC sites that must have a practicing certificate of at least 2 years in the field.
- The position of CSOs should be maintained by strengthening management capacity and planning.
- Procurement for the procurement and distribution system during the PEPFAR transition period.
- 2. Program management
- The management system needs to be moved from the manual system to the electronic system. This has been committed by the government in the implementation guidelines.
- Recognize the effective activities of VUSTA and the harm reduction intervention.

Remaining difficulties include: In target 90-90-90, 90% target HIV-infected people have access to new treatment at about 60%. TB detection in children is still low. GeneXpert use should be enhanced by strengthening the sputum culture. Limited budget for prevention activities in the VUSTA project. VUSTA's programs related to KAPs are not fully covered. The rates of malaria detection and treatment are low.

- 3. Finance
- Effective use of financial management software "BRAVO" in the PR, medical facilities and SR. There are cost norms as prescribed. PR financial management and settlement of accounts according to the report of the SR and medical basis in half a year regulation.
- The Global Fund fraud detection mechanism has not been fully implemented in all PRs.
- The use of cash should be more limited while keeping the focus on the implementation of activities.
- Use of funds is delayed.

## For CCM

- CCM meetings focus on progress, focus on risk management, and monitoring. They need to support the program and make suggestions. For example, the risk in the procurement program, the import of drugs. The CCM should focus more on advocacy.

CCM Chair: Invited the PR and CCM members to clarify some points

PR: Very happy the overall message is good. More importantly, it will focus on the findings to complete the

Social insurance: coverage for HIV patients has been included in the law. Co-payments: Also note Discrimination: New guidelines guide hospitals to reduce HIV infection in treatment. This week will be conducted by the Ministry of Health across provinces. Maximize OPC for insurance payments.

The procurement of PR and CPU: the Ministry of 28, the procurement of CPU transfer is not VAAC. The death toll is much less, not 30k as reported.

90-90-90, we now 75-60-92. The first two 90 goals are important and must be focused. Only 75% of HIV cases have been identified. Will send more clarification to the audit delegation.

PR TB:

Relating to tuberculosis: the rate of detection is low in tuberculosis. Detection of drug-resistant TB is a strength of PR with high rate of attainment. Coverage of drug discovery and treatment in Vietnam has grown rapidly. Success rate in treatment: 72%. Target 85% by modifying the shorter treatment program from now to 2020.

Extensive screening, screening, and specialist screening for both suspected and suspected cases should be made. Vietnam has a new law relating to the management of articles, requirements higher than in the past. More accurate. Must communicate. There should be a focus for change.

Low morbidity: There were many interventions in the 9 provinces during the pilot period, with increased child labor in these areas. However, in a province with many children with TB, the rate is not uniformly distributed so the data is not accurate. The diagnosis of tuberculosis is very difficult. PR will continue to focus on this and there will be solutions. Recognize weak points.

PR Malaria: 16 indicators have been reached, two indexes failed. The management of information is not updated much, the CHAI project is currently supporting reporting software. In the coming time, we will deploy to overcome update of progress: signed and approved in RAI2E. Currently PR is explaining the purchase of 6 cars. Development of the project document RAI2E transferred BYT approval.

PEPFAR: Why is there still a problem in health insurance and health care facilities: it will take time. There are some criteria that need to be met: must have a doctor's certificate, the patient needs an id. For doctors, the certificate must be renewed and must have two years of experience in the industry. If OPC can not sign a contract with social insurance, it may be interrupted with some patients.

UNAIDS: More information on comprehensive risk assessment of CSO activities. Resources allocated to target audiences. People with HIV, some people are being treated but not having health insurance.

OIG: project manament: VAAC is in transition and has a lot of work to do. Split phase into two stages: to see what the risk is, encourage people to buy insurance. The CCM acts as the lead agency for risk assessment. All of the risks we talk about here are VAAC.

The CCM needs to focus on the points other than just about progress updates, performances. Understand the difficult issues of PR and make recommendations. In addition to monitoring PR's, more PR needs to be addressed in government regulations

CCM Chair: OC has implemented monitoring activities in localities from 2010 rather than 2017. Each term of the Committee is responsible for monitoring the implementation of the project. At the local. Each year CCM and OC go to about 9 to 10 project provinces for inspection according to regulations.

PR: In terms of patient support, there is no satisfactory mechanism. There is no health insurance for 100% of TB patients. Cost sharing: Even 5-10% is also great. The requirement for health insurance is 100%. We want to have the All-People Fund because everyone can contribute.

VPCP: In February there were 2 QTC funding decisions for AIDS: VUSTA and AIDS, March: TB. For malaria: need to explain them. The BYT will soon be deployed. Involving importation of ARV drugs: under MOH jurisdiction and internal Ministry, not governmental. Regarding sustainability: Funding and target programs, after 2020, are undergoing transformation: health insurance, state budget, local and social mobilization from patients and enterprises. As recently as the TB hospital has formed a fund against TB.

VAAC: HIV has different aid programs: we want a common mechanism for coordinating aid. Hope to have your support.

Country team: Next time when we arrive in late May, early June will have a clearer working session with the PR on the issue of PR's existence.

Audit Delegation: The report will also be reviewed and sent to CCM members and PRs as soon as it is approved.

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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	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 place.	
ATTENDANCE SHEET COMPLETED	X	An attendance sheet was completed by all CCM members, Alter and Non-CCM members present at the meeting.	nates
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 the comments, feedback.	ıeir
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*	X	Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.	
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	x	Final version of the CCM minutes distributed to CCM members Alternates and Non-members and posted on the CCM's website where applicable within 15 days of endorsement.	

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

GLOSSARY FOR A	CROYNMS USED IN THE MINUTES:
ACROYNM	MEANING
COI	Conflict of Interest
GF	Global Fund

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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