# **CCM Meeting Minutes**

INPUT FIELDS INDICATED BY YELLOW BOXES

COUNTR	<b>Y</b>			Vie	tnam			TOTAL NUMBER OF <u>VOTING</u> MEMBERS PRESENT				15
MEETING NUMBER (if applicable)				01				(INCLUDING ALTERN	(INCLUDING ALTERNATES)			
DATE (dd/mm/yy)				May	18, 20	)20		TOTAL NUMBER OF 1	TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS			
DETAILS OF PERSON WHO CHAIRED THE MEETING						PRESENT (INCLUDING	PRESENT (INCLUDING CCM SECRETARIAT STAFF)					
HIS / HER NAME First name Tu					n			QUORUM FOR MEETI	QUORUM FOR MEETING WAS ACHIEVED (yes or no)			
	GANISATION Family name Pham Le				DURATION OF THE MEETING (in hours)				3			
			Organization	CCI	M			VENUE / LOCATION	Natio	National Lung Hospital		
HIS / HE	R ROLE ON	ССМ	Chair	·			X	MEETING TYPE	Regular	X		
(Place 'X' box)	in the releva	ant	Vice-Chair					(Place 'X' in the relevant box)		Extraordinary meeting		
			CCM membe	r					Committee meeting			
			Alternate						GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING			X
HIS / HER SECTOR* (Place 'X' in the relevant box)							(Place 'X' in the relevant box) FPM / PO			X		
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS				OTHER	
X											NONE	

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

	SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)  GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS															
AGENDA SUN AGENDA ITEM No.	MMARY  WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	Review progress, decision points of last meeting – Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals/appointments	Constituencies engagement	CCM Communications /consultations with in-country stakeholders	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (PUDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
#1	Statement of reasons and introduction of delegates, summary of VN-CCM activities	X		X		X	X	X								
#2	Presentation of Vietnam Funding request on TB for the 2021 – 2023 period			X		X	X	X	Х		X	X		X	X	
#3	Discussion			X		X	X	X	Х		X	X		X	X	
#4	Conclusion			X		X	X	X	X		X	X		X	X	

MINUTES OF EACH AGENDA ITEM

**AGENDA ITEM #1** 

## Statement of reasons and introduction of delegates, summary of CCM activities

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

COI was managed

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

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

**VN-CCM Chair:** Welcome the VN-CCM members and delegation to the meeting.

**VN-CCM Secretariat:** Stating the rules of meeting procedure, COI management and meeting quorum according to the VN-CCM Governance Manual.

- Form of the meeting: due to the complicated situation of Covid-19 pandemic, the meeting was held online. Regarding the mode of decision making, remote participants will have to express their decisions by alternative forms of endorsement when physical signatures are not possible (for example, email, text message, etc.).
- Objectives of the meeting: discussion and endorsement of Vietnam Funding request on TB for the 2021 2023 period.
- Summary of VN-CCM activities since the VN-CCM meeting held on April 27, 2020:
  - At CCM meeting on the 27th of April 2020, CCM approved Vietnam Funding request on HIV/AIDS for the 2021 – 2023 period, including 02 components led by the VAAC and the VUSTA project.
  - On May 14, RSC requested CCM Vietnam to appoint SRs who will be implementing RAI3E. CCM Vietnam is coordinating with PR Malaria to implement the SR selection/reselection process.
  - O In order to prepare the 43rd GF Board meeting, on May 8, 2020, the Western Pacific Region Constituency, of which VN-CCM is a member, organized a virtual pre-meeting to discuss 02 main points: (i) sharing the impact of the Covid-19 pandemic on the implementation of HIV / AIDS, Tuberculosis and Malaria projects in each coutry and the recommendations of the WPR constituency on the GF investment strategies in the near future; (ii) draft statement of WPR at the 43rd Board meeting
  - The 43rd GF Board virtual meeting was held on May 14 15, 2020:
    - The Global Fund is providing up to US\$1 billion and operational flexibility to help countries fight COVID-19, shore up health systems and mitigate the impacts on life saving HIV, TB and malaria programs. Emergency funding is available through the US\$500 million COVID-19 Response Mechanism and additional grant flexibilities of up to US\$500 million.
    - The Global Fund launched the COVID-19 Monitoring Tool to monitor COVID-19 pandemic and responses in 106 countries where the Global Fund invests, and to examine the impact on the Global Fund funding request and service continuity.
    - Funding has been approved for 81 countries and six regional grants (210 individual decisions) for a total of nearly US\$130 million through COVID-19 grant flexibilities. All requests follow WHO guidance on preparedness and early response. Additional funding requests are in preparation. Source of funds almost exclusively from savings from existing grants, thus no negative impact on ongoing Global Fund-supported programs.
  - O Update on reprogramming of current grants in response to the Covid-19 pandemic:
    - PR HIV submitted to the Ministry of Health a proposal to reprogram current grant in response to the Covid-19 pandemic, including procurement of equipment and consumables. At a meeting of the Covid-19 Prevention and Control Subcommittee on April 21, the Department of Preventive Medicine commented that some equipment was adequate compared to the needs. On April 22, the Planning and Finance Department sent a written request to the Preventive Medicine Department to suggest comments on the procurement list proposed by the VAAC. However, up to now, the Department of Planning and Finance has not received a response from the Preventive Medicine Department.

- PR TB proposed the GF to reprogram the project savings of US\$ 1M for procuring the molecular test, health equipment and consumables for Covid-19 diagnosis, treatment and prevention. This proposal was approved by the Global Fund and we are now submitting the plan for MoH approval. In addition, the PRTB also plans to submit the GF funding request of US\$ 6M for carrying out the covid-10 related interventions.
- PR Malaria has no proposal.

	mmarize the respective constitu			SSION IN THE SPACES PROVIDED.	ву (	CONSTITUENCIES ON THE VN-CCM				
GOV										
MLBL										
NGO										
EDU										
PLWD										
FBO										
KAP										
DECISIO	DECISION(S) Summarize the decision in the section below									
ACTION	N(S)					KEY PERSON RESPONSIBLE D	UE DATE			
Summari	ze below any actions to be under	taken indicating who is	s responsi	ble for the action and by when the action should	be co	ompleted.				
DECISIO	ON MAKING									
	OF DECISION MAKING	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICAT	ге м	ETHOD AND RESULTS				
(Place 'X' in the relevant box)		VOTING		VOTING METHOD	SH	OW OF HANDS				
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MINUT	MINUTES OF EACH AGENDA ITEM									
	NDA ITEM #2		n of V	vietnam Funding request fo	or TB for the 2021 – 2023 pe	riod				
CONFLI	CT OF INTEREST. (List belo	w the names of memb	ers / alte	rnates who must abstain from discussions and	decisions)					
COIv	vas managed									
WAS TH	ERE STILL A QUORUM AF	TER MEMBERS' RE	CCUSAL	DUE TO DECLARED CONFLICTS OF INT	EREST (yes or no)>	Ye s				
SUMMA	SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED									
<ul> <li>Assoc.Prof Nguyen Binh Hoa, General Secretary of National TB program (National Lung Hospital) presented the FR.</li> </ul>										
	SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE VN-CCM  Please summarize the respective constituencies' contributions to the discussion in the spaces provided.									
GOV										
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NGO										
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PLWD	-									
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*Consensus is general or widespread agreement by all members of a group.  ENTER THE NUMBER OF VOTING VN-CCM MEMBERS WHO ABSTAINED>										

members of a group.

## MINUTES OF EACH AGENDA ITEM

### AGENDA ITEM #3

**Discussion** 

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

COI was managed

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

Yes

#### SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

- In recent years, the Vietnamese government has shown its high political commitment through the establishment of a National Committee on Tuberculosis Control and Prevention, headed by Deputy Prime Minister Vu Duc Dam. Therefore, the goal of Ending TB by 2030 (incidence rate of less than 10 people per 100,000 population per year) is feasible based on scientific evidence.
- The FRA for the period 2021 2023 is based on the NSP for the period 2021 2025, so there will be different figures regarding priorities, impact indicators, etc.
- Gene Xpert is a testing method recommended by the World Health Organization for its quickness and effectiveness. Despite its high cost, this technique is economically sustainable because it shows a significant reduction in costs thanks to the early detection of cases for early treatment.
- TB epidemic is decreasing, but too slowly. Therefore, the TB Program needs stronger actions. Specific objectives are highly valued and ambitious, but when they are linked to impact indicators, some of these indicators are still quite modest.
- The effort to prevent and fight against tuberculosis has made significant progress. However, there are still many difficulties. For example, treatment coverage in 2018 was only 57% => the TB program explained that 57% did not include statistics on private health care coverage.
- Regarding the cooperation between HIV/AIDS and TB programs:
  - The TB program was recommended to review carefully the large-scale testing model to ensure that it is not duplicated in the places where the intervention has been done, to avoid the situation of not being able to cover the target of the TB program as well as avoiding to waste the investment without achieving a screening effect => the TB program agreed with this opinion because it is the first time Gene Xpert is put into large-scale testing. In addition to the Xpert technique, the Xray technique is still used simultaneously and is more economical, ensuring intentional large-scale testing (double X method).
  - o Regarding One stop TB-HIV services, the TB program was recommended to develop a good coordinating mechanism between TB and HIV programs.
- Regarding TB screening and treatment in prisons and detention camps:
  - Solutions are needed to ensure effective TB screening of prisoners in prisons and detention camps, as well as their continued treatment (many prisoners on HIV and TB treatments are not allowed to bring medication with them in accordance with prison security regulations)
     => The TB program has implemented input screening, proactive detection (for example, X-ray vehicles have come to prisons and detection camps to screen for implementing TB screening once a year).
  - Gene Xpert test: the proportion of TB and HIV patients in prisons remains high and Gene Xpert test seems to be the most effective testing method. In some prions and detention camps, the participation of local units responsible for the prevention and treatment of TB is still limited => it is advisable to promote cooperation between prisons and local anti-TB units so that these units can visit prisons and detention camps to implement TB testing, screening and treatment.
  - Regarding prisionners who returned home and continue their treatment in the community, obtaining follow-up information from patients is relatively difficult, the TB program needs an appropriate mechanism to monitor patients.
- Testing strategies of HIV program have many HIV self-testing and community-based tests. High-risk groups of HIV infection, such as synthetic drug users, FSW, MSM are also at high risk of TB infection => The TB program should promote mobile testing or community-based tests.
- It is recommended to promote communication interventions with men because this is a group with a high incidence rate => TB projgram has signed a contract with the Vietnam Women's Union to

- implement a strategy to strengthen knowledge of TB among women to help them protect their families and minimize the risk of TB infection among their family members.
- Effective coordination between reporting tools is needed to ensure enhanced reporting of the private health sector as well as in the public health system.
- Social health insurance is paying for all testing techniques except Gene Xpert, and it is expected that by 2020, TB first line drugs will be paid by social health insurance.
- The TB program needs to clarify the way to seek health care services for patients, because the situation in each province is different so it affects the implementation of activities.
- Regarding budget allocation:
  - According to the summary of budget allocation for sub-recipient units, the allocation for some units is very low. The TB program should consider reallocating funds appropriately => TB program has a mechanism to sign contracts with project implementation units on a case-by-case basis.
  - o Program management costs are high, including staff and patient expenses, support for reexamination or referral, and travel costs for Gene Xpert testing.
  - o In addition to funding from the Global Fund, the TB program also receives funding from other sources to implement the NSP. For example, the COP2020 plan on HIV has been approved and will allocate around US \$ 400,000 for HIV prevention activities in combination with TB prevention => the TB program should seek information from partners to obtain total statistics on the financing of the NSP.
- Attention should be paid to the procedure of buget approval: certain SRs which do not use the state budget (not subject to the estimation of the state budget) may encounter problems related to tax reimbursement, tax exemption, etc. if they get money directly from the Global Fund => The National Lung Hospital is the focal point for receiving funds from the Global Fund before allocating funding to their SR and resolving tax procedures.

	SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE VN-CCM										
Please su	Please summarize the respective constituencies' contributions to the discussion in the spaces provided.										
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MODE OF DECISION MAKING		CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICAT	ге м	ETHOD AND RESULTS					
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	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 VN-CCM MEMBERS WHO ABSTAINED>	

MINUT	IINUTES OF EACH AGENDA ITEM									
AGE	NDA ITEM #4	Conclusion								
CONFLI	CT OF INTEREST. (List belo	w the names of memb	ers / alter	nates who must abstain from discussions and	decisions)					
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WAS TH	ERE STILL A QUORUM AF	TER MEMBERS' RI	ECUSAL 1	DUE TO DECLARED CONFLICTS OF INT	EREST (yes or no)>	Yes				
SUMMA	SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED									
• Re	revise its FR based on comments of VN-CCM members.									
	RY OF SPECIFIC CONTRIB			ES AND RECOMMENDATIONS RAISED	BY CONSTITUENCIES ON THE VN-CCM					
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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 <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*			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			Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.					

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

GLOSSARY FOR ACROYNMS USED IN THE MINUTES:						
ACROYNM	MEANING					
LFA	Local Fund Agency					
RSC	Regional Steering Commmittee					
GF	Global Fund					
COI	Conflict of Interest					
NSP	National Strategic Plan					
SHI	Social Health insurance					

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

VN-CCM MINUTES PREPARED BY:								
TYPE / PRINT NAME >	Pham Cam Anh	DATE >						
FUNCTION>	Secretariat	SIGNATURE >						

VN-CCM MINUTES APPROVAL:										
APPROVED BY (NAME) >	Prof. Pham Le Tuan	DATE >								
FUNCTION>	VN-CCM Chair	SIGNATURE >								