**MINUTES OF CCM MEETING HELD ON MARCH 11, 2015 AT THE CCM SECRETARIAT**

**1.0: ATTENDANCE:**

**1.1: CCM Members:**

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| **No** | **Name** | **Organization** | **Sector** |
| 1. | Frank Boateng (Chair) | Private Health Sector Alliance of Ghana | Private |
| 2. | Collins Agyarko-Nti (Vice) | Coalition of NGOs in Malaria | NGO |
| 3. | Steve Arku | Ministry of Education | Government |
| 4. | Cosmos Ohene-Adjei | Ghana AIDS Commission | Government |
| 5. | Dr. E. Appiah-Denkyira | Ghana Health Service | Government |
| 6. | Osei Oteng-Asante | Ministry of Finance and Economic Planning | Government |
| 7. | Brandford Yeboah | NAP+ Ghana | PLWD |
| 8. | Winfred Kudolo | NAP+ Ghana | PLWD |
| 9. | Dr. Felicia Owusu-Antwi | WHO | Multilateral |
| 10. | Girmay Haile | UNAIDS | Multilateral |
| 11. | Prof. Moses Aikens | School of Public Health, University of Ghana | Academia |
| 12. | Dr. Victor Ngongalah | UNICEF | Bilateral |
| 13. | Dr. Adriana Ignea | GIZ | Bilateral |

**1.2: Observers/PR Reps/Guests:**

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| **No.** | **Name** | **Organization** | **Sector** |
| 1. | Sylvester Segbaya | Anglogold Malaria Limited | Private |
| 2. | Eric Foso-Kwabi | Anglogold Malaria Limited | Private |
| 3. | Dr. Badu Sarkodie | Ghana Health Service | Government |
| 4. | Alfred Manu Sarpong | Ghana Health Service | Government |
| 5. | Dr. Keziah Malm | GHS, National Malaria Control Program | Government |
| 6. | Dr. Stephen Ayisi Addo | GHS, National AIDS Control Program | Government |
| 7. | Dr. Frank Bonsu | GHS, National TB Program | Government |
| 8. | Rosemond Jimma | GHS, National AIDS Control Program | Government |
| 9. | Joel Balbaare | GHS, National Malaria Control Program | Government |
| 10. | Cynthia A. Asante | Ghana AIDS Commission | Government |
| 11. | Jacob Sarkey | Ghana AIDS Commission | Government |
| 12. | Dan Epeh | Ghana AIDS Commission | Government |
| 13. | Dr. William Brown | ADRA | NGO/FBO |
| 14. | Patricia Agyewaa | ADRA | NGO/FBO |
| 15. | Jerry Amoah | TB Voice Network | NGO |
| 16. | Genevieve Dorbayi | TB Voice Network | NGO |
| 17. | Mohammed Ali | CRS | NGO |
| 18. | Melissa Kreek | CRS | NGO |
| 19. | Jonathan Tetteh-Kwao | NAP+ Ghana | PLWD |
| 20. | Dr. Henry Nagai | UNAIDS | Multilateral |
| 21. | Helen Odido | UNAIDS | Multilateral |
| 22. | Ogundale Ayo | WHO (Intern) | Multilateral |
| 23. | Ama Senaya | Embassy of Japan | Bilateral |
| 24. | Kervennal Pierre | Embassy of France | Bilateral |
| 25. | Shamwill Issah | DFID | Bilateral |
| 26. | Dr. Philip Ricks | CDC/PMI | Bilateral |
| 27. | Tomas Hatem | Fund Portfolio Manager (Outgoing) | Geneva |
| 28. | Mark Saalfeld | Fund Portfolio Manager (Incoming) | Geneva |
| 29. | Saif Abbas | Office of the Inspector General, | Geneva |
| 30. | Daniel Frimpong | PricewaterhouseCoopers | LFA |
| 31. | Nick Njoka | Grant Management Solutions -GMS | Consultant |
| 32. | Chris Alando | Grant Management Solutions –GMS | Consultant |
| 33. | Zach Z. Akiy | Grant Management Solutions –GMS | Consultant |
| 34. | Sylvia H-Hinson | Grant Management Solutions –GMS | Consultant |

1.3: Present: - CCM Secretariat:

1. Daniel Norgbedzie   
2. Faustus Dasaa   
3. Jessica Agama  
4. Laura Vede

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| **ITEMS** | **ACTION** |
| **2.0: OPENING:**  The meeting started at about 10:10am with introduction of participants. Present were CCM Members, GF Country Team, f GMS Consultants, PR Reps, OIG rep and Observers. The following apologies were acknowledged:  **2.1: Apologies:**     1. Ms. Akua Kuateng-Addo - Bilateral (USAID) 2. Dr. Derek Aryee - Private (Ghana Business Coalition Employee Wellbeing 3. Ms. Kafui Folikumah - Government (Min of Women Gender Social Protection) 4. Dr. Sarkodie - Government (Ghana Health Service) 5. Dr. Magda Robalo - Multilateral (WHO)   **3.0: AGENDA:**  The following agenda was adopted following a motion by Mr. Steve Arko and seconded by Mr. Bradford Yeboah:   1. Declaration of Conflict of Interest. 2. Minutes of last Quarter CCM Meeting and Matters Arising. 3. Presentation of Dash Boards for TB/HIV and Malaria. 4. Status of GIZ support and Risk Management Consultancy 5. Update on Implementation of CCM EPA Improvement Plan. 6. Status of AGA Mal Partial Grant Closure. 7. Any Other Business.   **3.1: Declaration of Conflict of Interest:**  In accordance with the CCM Conflict of Interest policy the Chairman requested that Members declared their COI; real, inherent or perceived with regard to the agenda under discussion. With no declaration of interest by Members, the meeting proceeded with the agenda.  **3.2: Minutes of Fourth Quarter CCM Meeting Held on December 3, 2014 and Matters Arising:**  The Chairman noted that the minutes was shared with Members ahead of the meeting. He invited members to go through it for any corrections and omissions. The following corrections were made to the minutes:  3.2.1: Update on NFM Grant Application: The FPM, Tomas Hatem, said the last sentence of the paragraph should read, “Going into the future, it is important for the CCM to consider the question of how the CCM can assure itself that GoG contributions to ART for the cohort is fully funded”.  3.2.2: Presentation of Plaque to Dr. Holger Till: - The paragraph was reworded for precision and clarity.    3.2.4: Motion for Acceptance of Minutes: Mr. Brandford Yeboah moved for acceptance of the minutes with the corrections as a true reflection of proceedings. The motion was seconded by Dr. Felicia Owusu-Antwi.  **3.3: Matters Arising From Minutes:**  3.3.1: PR Remuneration: The Executive Secretary said he had made follow up with the PR Focal Person but did not received any supporting documents for the attention of DPs. The FPM also indicated he had not come across any traces of his discussions with the DPs on the matter. The matter was therefore laid to rest.  3.3.2: Distribution of Condoms: Dr. Steven Ayisi Addo, Program Manager for NACP informed the meeting that an initial discussion was held with NAP+ on the distribution of condoms as part of the strategy to improve performance of the indicator. He said training was started in January 2015 but could not make follow ups because of the CMS fire disaster which led to the revision of the work plan.  3.3.2: Procurement and distribution Challenges: The meeting emphasized the need to establish a clear process for the distribution of commodities to facilities with monitoring tools developed. The Executive Secretary informed the meeting that the special task team formed to investigate the procurement and distribution of PMTCT test kits had completed its site visits and their report would be shared with the CCM when finalized.  3.3.3: OIG Recoveries: The Chairman informed the meeting that, following discussions between TGF and Hon. Victor Bampoe, Deputy Minister of Health, MoH has withdrawn its response letter to the OIG’s request for a refund of US$5,636,528.00 which was classified as unbudgeted, unapproved and unaccounted expenditures incurred by MoH/GHS.  **4.0: PRESENTATION OF DASH BOARD REPORTS:**  **4.1:** **AGA. Mal Dash Board:**  4.1.1: Programmatic Indicators:The report was presented by Dr. Philip Ricks. The Oversight Committee was satisfied with the PR’s comments on the programmatic achievements during the period. It was explained that the PR has scaled down operations from 25 districts to 10 districts (9 in Upper West Region and 1 in Obuasi) due to constraints with funding from the Global Fund.  4.1.2: Appreciation: The outgoing FPM, Tomas Hatem, commended AGA Mal for their hard work and commitment. He noted that even though the past year was very challenging for AGA Mal their teamwork and cooperation particularly in the decommissioning process was evident.  **4.2: NMCP Dash Board:**  4.2.1: Financial Indicators- F1 & F2: It was noted that delays in paying out funds meant for VPP procurements contributed to the low burn rate of 58%. The PR explained that VPP procurement account for the major expenditure budget leaving cost items such as trainings, supply management and overhead costs that are minor and insignificant to affect the burn rate. Besides, the PR is not informed timely of the transaction advice notes by the GF to effect the adjustments to reflect the true status of the budget. The Country team promised to follow up with their procurement office in Geneva to see how this could be remedied.  4.2.2: Management Indicators:On timely reporting by SRs, the PR’s record showed that 28 SRs out of the 50 SRs receiving funding were expected to send reports. This was however, attributed to the different time periods in the disbursement to SRs in the reporting period.  4.2.3: Programmatic Indicators:Pr2:- % of pregnant women on intermittent preventive treatment (at least one dose of SP) according to national guidelines: The Committee said the performance of the indicator was due to challenges in the PSM hence the need to address the PSM issues to improve performance.  4.2.4: Pr6 – Pr10- The Committee said all the Home Based Care (HBC) indicators with the exception of Pr6 (showing yellow), saw an improvement on performance from the previous period. Indicators Pr7, Pr8, Pr9 and Pr10 all showed green.    **4.3: PPAG Dash Board:**  Dr. Fred Nana-Poku presented the Committee’s report to the CCM.  4.3.1: Management Indicators- M3: The committee noted that out of six SRs assessed and approved only one was receiving funding. The committee said given the PR’s planned increase in the number of prisons to 45 (from 35) by July 2015, it would be necessary to engage additional SR to ensure effective coverage and achievement of targets.  4.3.2: Programmatic Performance: Pr1: # of Prisoners (Contacts) who received testing and counseling and received their test results: - The PR makes an average of two visits per prison with a population of about 14,000 and a target of about 25,000. The committee noted that the over performance of the indicator could be due to the PR reaching out to a prisoner more than once since the lack of unique identifiers make the occurrence of double counting an obvious reality.  Pr2: # of prisoners tested positive and referred for evaluation and treatment: - The PR clarified that the 228 clients tested positive were first test and not confirmed test. The CCM agreed with the committee’s recommendation that the PR ensures timely referral of prisoners who tested positive.  Pr3: # of prisoners (contacts) reached with HIV prevention activities: - The Committee recommended an upward review of the target under the NFM grant application because the current target was considered low resulting in over performance of the indicator.  Pr4: # of Prison officers reached with advocacy sessions: The committee was informed that formal training was done once at the beginning of the grant implementation phase which ideally should come with refresher trainings. However, due to the limited resources the PR uses Peer Educator meetings where officers rotate to give updates.  4.3.3: General Comments/Recommendation: **-**The meeting agreed with the Committee that the PR repositions itself to be able to handle TB intervention in prisons under the NFM programme. It was further recommended that the Committee visits selected prisons to understand at firsthand how data is churned out and verified.  **4.4: NACP Dash Board:**  4.4.1: Financial Indicators - F1, F2 and F3: The cumulative expenditure by grant objectives was $55,031,319.07 compared to the cumulative disbursements of $39,570,632.68 for the period. The committee recommended a cut off point for data entry in F1, F2 and F3.  4.4.2: Programmatic Indicators: **-** Compared to the previous reporting period, there was marked improvement in the performance of all indicators except for indicator Pr6.  Pr1: # of people who received testing and counseling and received their results: The achievement was 52% of the target up from 38% from the previous reporting period.  Pr2: # and percentage of HIV infected women receiving a course of anti-retroviral prophylaxis to reduce mother to child transmission: Target achieved 46% performance compared to the previous reporting period’s achievement of 34%.  Pr3: # and percentage of pregnant women completing the test and counseling process: The target recorded 63% performance up from 46% in the previous period.  Pr4: # and percentage of infants born to HIV infected mothers who received HIV testing within the first 12 months of birth: The target achieved an insignificant rating of 19% performance compared to the 10% recorded in the previous period.  Pr5: # of patients receiving diagnostic and treatment for STIs according to national guidelines (including advice on prevention and referral): The target recorded a significant achievement of 483% compared to the achievement of 183% in the previous period.  Pr6: # of male and female condoms distributed to general population: The indicator achieved 7% rating; a decline from the 10% rating in the previous period. This was the subject of discussion by the CCM under the general comments on the PR’s performance.  Pr7: # and percentage of adults and children with advance HIV infection receiving anti-retroviral therapy: - The indicator saw a modest improvement in performance; achieving 73% of the target, compared to 70% in the preceding period.  **4.4.3: Discussions on NACP Programme Performance:**  1. Condom Distribution and Strategy: - The PM assured the meeting that apart from engaging NAP+ in condom distribution at the community level, the program was also exploring opportunities for increasing the distribution outlets through the Private Sector.  2. Distribution of Programme Commodities: - The PM said in collaboration with the GF the program has moved on with scheduled deliveries of commodities to some regions and would continue to cover the remaining regions. He said however, a potential challenge with the push and pull strategy in distributing commodities was ensuring effective monitoring and management of supplies at the facility level.  In his contribution a member said condom distribution was not the strength of NACP and called for the need to assess the comparative strengths and competence of institutions to be able to align the distribution to meet this important aspect of the programme. He suggested the need to bring CSOs with the requisite capacity and niche in distributing condoms on board to improve performance of the indicator. A member said sometimes the issue of realistic target setting becomes an issue rather than performance of targets.  **4.4.4: Partnership for Supply Chain Management Services (PfSCMS):**  The GF country team, led by Tomas Hatem (FPM), expressed reservations on the PR’s distribution mechanism which was described as inefficient. The team said this has compelled the GF’s policy to engage a new process of procurement and delivery of programme commodities through Contract Agents.  The Ministry of Health/GHS reps were not in support of the new development and called for finding solution to the challenges facing the PSM instead of creating a parallel one that is not sustainable.  The multilateral rep (UNAIDS) attributed the current development to limited information flow and consistent failure of the existing system to address the challenges. He cited how funds for the supply chain management reform had been idle for more than three years without the PR doing anything. He said this was the outcome of that decision. He, therefore, supported the GF’s call for a contract agent which was aimed at improving the system.  The FPM said improving the system must reflect the fact that things are done properly and efficiently. He said engaging logistic officers in the new delivery system has the synergy of improving efficiency which does not necessarily lead to creation of parallel system since logistic officers would be working within the established system.  The Director General of the GHS in his contribution said even though the GHS and the Programmes deal directly with the CMS, the fact remains that MOH directly oversees the CMS. He admitted that systemic challenges have plagued the CMs over the years and that it was time to hold people accountable for their actions; failure of which punitive sanctions must be applied. He wondered why actors involved in the distribution of health products for instance fail in their duty without the necessary sanctions being applied. He added his voice to the debate on the PSM challenges by stating that the establishment of an agency as an emergency measure was not sustainable. The DG called for effective collaboration between the GHS and MOH in addressing the systemic issues and policy direction as a way of improving the PSM system.  A member said there was enough of a reason to believe that the GF was out to protect its investments and rightly so because donor goods are kept at the CMS without knowing the security ramifications. It was also unclear at what point donor goods become the responsibility of government in ensuring that goods are safe and secured. The member said participation of the Private Sector in this arrangement must, therefore, be considered as a learning curve that must be managed effectively to come out with a good model.  A member also shared the view that GF Programs under MOH/GHS appeared to be overly independent and hence the need for the PR to redefine the relationship with Programs to clearly understand and take control of the programme. He said that it should not be the case where the CCM seems to have more information than MoH/GHS.  In the light of the various submissions members came to a conclusion that there was a lack of thorough audit of the PSM and that pretending the old system works is unacceptable. Members called for identification of the needs of the system to address critical weaknesses.  **4.5: ADRA Dash Board:**  4.5.1: Programmatic Indicators**: -** All the indicators over performed.  Pr3: # of FSWs reached with AIDS and HIV prevention services (New MARPs): The PR admitted target for the indicator was low but observed an emerging trend of young girls between the ages of 10 and 15 indulging in sex trade. The meeting agreed with the OC’s recommendation that ADRA collaborates with GAC to strategize on reaching this growing number of young sex workers.  **4.6: NTP Dash Board:**  4.6.1: Programmatic Indicators:The Committee was satisfied with the performance of the indicators except the indicator on laboratory confirmed MDR TB patients enrolled to 2nd line anti TB treatment (Pr4). The Committee observed that the indicator underperformed from the last period’s 27% rating to 20% in this reporting period.  The Program Manager for NTP explained that out of about 700 suspected cases, 86 cases were diagnosed MDR-TB with only 10 on treatment due partly to lack of facilities to accommodate MDR TB patients while many diagnosed patients declined treatment when sensitized on the side effect of the 2nd line treatment. The PM said the program had taken notice of the challenges especially the unfriendly environment that drives patients away. He said though there was need to be ethical, it was also important to adopt a humane approach to counseling by de-emphasizing the side effect of treatment and talk more about the prevalence.  He said he was pleased with the increased commitment of government in supporting the National TB Programme stressing the need for increased investment particularly in MDR-TB management. He informed the CCM of a stakeholders meeting with donor partners to discuss fund mobilization for TB management in Ghana from April 24 – 25, 2015 and hoped interested members attend.    Pr5: On number of smear positive patients referred by the private sector, the meeting agreed with the OC that the indicator should focus on “Number of bacteriologically confirmed TB cases”.  4.6.2: Recommendation:   1. The OC recommended that the PR update the CCM on status of stock levels of drugs and plans to ensure that there are no stock outs.   **4.7: GAC Dash Board:**  4.7.1: Programmatic Indicators:- The OC reported that all nine (9) indicators did well and there were no grey issues that warranted the attention of the committee..  **5.0: Status on GIZ support and Risk Management Consultancy:**  The Executive Secretary gave an update of GIZ support to the CCM. He said that so far, GIZ has provided funding for the following activities:   1. A two-day Gender Mainstreaming workshop held at Aburi from August 2014 2. A two-day CCM Constitutional Review Workshop held at Aburi, September 2014 3. Provision of photocopier and laptop for CCM Secretariat, April 2014 4. Development of a CCM website to be operationalized 5. CCM Risk profiling and management, consultancy stalled. 6. PWID pilot project, ongoing.   **5**.1: Status of CCM’s Risk Management Consultancy:  A status report shared with CCM members was presented by the Executive Secretary. The report highlighted the challenges that led to the discontinuation and abandonment of the assignment in November 2014 by the two consultants engaged by GIZ BACKUP initiative for the assignment. The ES said the assignment which commenced in September 2014 was to be delivered in two parts; a comprehensive risk profiling of the CCM and the development of a risk management plan to mitigate and strengthen gaps identified.  The decision of the CCM on the report was to be communicated to the GIZ office in Accra as follows:   1. That the Consultants by their conduct and approach to the assignment have failed to deliver on the assignment. 2. That the GIZ seeks legal advice to terminate the contract with the Consultants and take steps to pay any outstanding fees due them based on work done. 3. That the GIZ BACKUP considers merging the risk assignment with the EPA Performance Improvement Plan implementation (PIP) currently being facilitated by GMS Consultants.   **6.0: Presentation on TS by Grant Management Solutions (GMS):**  The Grant Management Solutions Consultants engaged to provide technical assistance in implementing the CCM’s Performance Improvement Plan (PIP) made a presentation to the CCM. Mr. Chris Alando made the presentation on behalf of the team.  Mr. Alando gave a brief background of their visit covering the first phase of the EPA assignment by Leadership, Management and Governance in September 2014 to the second phase being handled by GMS Consultants. He said the results of the EPA revealed that the CCM was ‘Fully Complaint’ in ten (10) of the eighteen key requirements and minimum indicators, Indeterminate Compliant’ in four (4) and ‘Non- Compliant’ in the remaining four. A Performance Improvement Plan (PIP) was adopted by the CCM to address identified weaknesses. Mr. Alando said the implementation of the PIP is to enable CCM improve and enhance its oversight and governance process, member representation, communication, constituency engagement and conflict of interest. These are intended to fully meet Global Fund eligibility requirements and minimum standards required under the new GF funding model.  6.1: Scope of Work:- Mr. Alando listed the following scope of work for the assignment:   1. Costing of Performance Improvement Plan 2. Strengthening CCM Oversight Function 3. Strengthening CCM governance 4. Improving communications and enhance constituencies’ engagement 5. Build CCM Secretariat capacity   6.2: Progress of Work and Next Steps:   1. Performance Improvement Ongoing (Draft Costing to be ready this week) 2. CCM has revised constitution 3. GMS reviewing constitution to harmonize with other documents (SOPs, COI Policy and Governance Manual 4. Membership renewal ongoing 5. Stakeholder interviews held to validate EPA diagnosis and refine TS Methodology/ Approach 6. Visit 2 and 3 Work plans to be reviewed with secretariat 7. Suggestion to improve risk assessment as a governance issue.     **7.0: Update on CCM Membership Renewal:**  Mr. Faustus Dasaa of the CCM secretariat briefed the meeting on the extent of work done on the CCM Membership renewal. He said with the exception of representation from two Civil Society constituencies; Private (2 reps) and Professional Associations (1 rep), the secretariat received nominations from government and development partners on the CCM. He said there were, however, a few outstanding issues to be resolved on the nominations received so far.  **8.0: Decommissioning of AGA Malaria Program Activities:**  The Programme Director for AGA Mal informed the meeting that apart from Obuasi and the Upper West Region where IRS program activities have been maintained, all other districts numbering 16 have been decommissioned effective February 28, 2015. He told the meeting that an inventory of assets for the decommissioned program has been prepared and shared with the CCM. He promised to share the document with the Country Team for their attention while awaiting the CCM decision. The FPM promised his team would study the document and respond appropriately with the requisite guidance.  **9.0: Any Other Business:**  9.1: Introduction of New Fund Portfolio Manager for Ghana:  The outgoing FPM, Tomas Hatem, officially informed the meeting of his new role as FPM for Nigeria and that he was attending the CCM meeting for the last time. He expressed gratitude to the CCM for the cooperation and good working relations he enjoyed during the three years of his work in Ghana. He introduced his successor, Mark Saalfeld, and said he is an experienced colleague who is equally good to handle Ghana’s portfolio.  The Chairman, Frank Boateng, commended Mr. Hatem for his industriousness in bringing the CCM this far, particularly with the NFM application process. He said he wished that Tomas stayed to witness the official grant signing before exiting because he worked so hard for the CCM in reaching this stage. The Chairman also welcomed the new FPM with the assurance that he would continue with the work to take the CCM to a higher level in its health agenda.  9.2: Work on Malaria Grant: - The new FPM said in his opinion the Malaria Grant making for the NFM application was at the completion stage, ready for signature by the Global Fund. He said the framework document had been signed by the Ministries of Finance and Health and that the only outstanding issue had to do with establishing an acceptable schedule for payment of refund of monies by the government of Ghana (MoH) to the Global Fund.  9.3: CCM Budget: - Mark Saalfeld said he was aware that the CCM was out of funds and so there was need to expedite action on the budget submitted to the GF for approval.  **10: Closing:**    The Chairman in his closing remark thanked UNAIDS for once again hosting the CCM meeting. He said the CCM had always received warm reception for such request sometimes at short notices. He said at this time when the CCM Secretariat is suffering from erratic power supply due to breakdown of its generator as alternative power, the CCM would continue to count on the support of UNAIDS and partners. The meeting came to a close at about 14.05pm on a motion by Prof Moses Aikins (Academia) and seconded by Haile Girmay (Multilateral).  **Signed:**  …………………………………. …………. ..…………………..  Frank Boateng Daniel Norgbedzie  CCM Chairman, Ghana Executive Secretary  Date……………………. Date………………………. |  |