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|  CCM Meeting Minutes |
| **INPUT FIELDS INDICATED BY YELLOW BOXES** |  |  |
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| **MEETING DETAILS** |
| **COUNTRY (CCM)** | Ghana | **TOTAL NUMBER OF VOTING MEMBERS PRESENT** **(INCLUDING ALTERNATES)** | 16 |
| **MEETING NUMBER (if applicable)** | Q4/2018 |
| **DATE (***dd.mm.yy)* | 5 December, 2018 | **TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS****PRESENT (INCLUDING CCM SECRETARIAT STAFF)** | 34 |
| **DETAILS of person who CHAIRED the meeting** |
| **HIS / HER NAME****&****ORGANISATION** | **First name**  | Collins | **QUORUM FOR MEETING WAS ACHIEVED (yes or no)** | Yes |
| **Family name**  | Agyarko-Nti | **DURATION OF THE MEETING (in hours) 10:05 am-2:02pm (& 10:05-12:08)** | 4hrs |
| **Organization** | Ghana Coalition of NGOs in Malaria | **VENUE / LOCATION** | CCM Secretariat |
| **HIS / HER ROLE ON CCM** | **Chair** | X | **MEETING TYPE** **(Place ‘X’ in the relevant box)** | **Regular CCM meeting**  | X |
| **(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** | X |
| **HIS / HER SECTOR\* (Place ‘X’ in the relevant box)** | **FPM / PO** |  |
| **GOV** | **MLBL** | **NGO** | **EDU** | **PLWD** | **KAP** | **FBO** | **PS** | **OTHER** |  |
|  |  | 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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|  |  | **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) |  Request for continued funding / periodic review / phase II / grant consolidation / closures |  TA solicitation / progress |  Other  |
| **AGENDA SUMMARY** |
| **AGENDA ITEM No.** | **WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AGENDA ITEM #1** | Registration and introduction of Participants |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
| **AGENDA ITEM #2** | Consideration/Approval of Agenda | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AGENDA ITEM #3** | Declaration of Conflict of Interest/statement |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |
| **AGENDA ITEM #4** | Minutes of Previous Meeting & Matters Arising  | X |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
| **AGENDA ITEM #5** | Review of PR Dashboards and Oversight Activity Reports  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |
| **AGENDA ITEM #6** | Update on PEPFAR MoU & GF Recovery on Condoms |  |  |  |  |  |  |  |  | X | X |  |  |  |  | X |
| **AGENDA ITEM#7** | Update on CCM Linkages and Evolution |  |  |  |  |  | x |  |  |  |  |  |  |  | x | x |
| **AGENDA ITEM #8** | Any Other Business:* Evaluation of CCM Secretariat
* Correspondence
 | x | x |  |  | x | x |  |  |  |  |  |  |  |  | x |
| **MINUTES OF EACH AGENDA ITEM**

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| **AGENDA ITEM #1** | **Registration and Introduction of Participants:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**1.1: Opening and Introduction of Participants:The meeting started at 10:15 a.m. with a self-introduction of participants.1.2: Apologies: 1. Evans Opata – Alternate (NGO) Chair, HIV/TB Oversight Committee2. Ms. Joyce Larko Steiner – Member (FBO) & Chair, Malaria Oversight Committee

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| **AGENDA ITEM #2** | **Consideration/Approval of Agenda:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**Adoption of Agenda:The agenda for the meeting was reviewed and unanimously adopted on a motion moved by MacDarling Cobbinah and seconded by Cecilia Senoo all Civil Society reps.

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| **AGENDA ITEM #3** | **Declaration of Conflict of Interest:** |

The Chairman has in line with the CCM Conflict of Interest Policy (COI) requested members to declare any real or perceived conflict of interest in respect of the agenda items tabled for discussions. Madam Cecilia Senoo a member of the HIV/TB Oversight Committee disclosed that her organization Hope for Future Generation (HFFG) has been selected as subrecipient of the CSS component under WAPCAS and be in a potential conflict when discussing the agenda for PR progress reports. It was clarified that although she is the Executive Director of HFFG she is on the ticket of SWAA Ghana, representing Women and Children interest on the CCM.

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| **AGENDA ITEM #4** | **Minutes of Previous Meeting & Matters Arising:** |

**4.1: Corrections:**Correction was made to the date on page 5 section 4.3.7 under ‘Tax waivers’ to read October 2018 instead of October 2019 as captured.**4.2: Matters Arising from Previous Minutes:**The absence of the Ministry of Health (MOH) to provide updates and clarifications to some outstanding issues was noted. The following issues came up for discussions and clarifications: 4.2.1: Development of Guidelines for TB Enablers Package: The Deputy Program Manager for NTP informed the meeting that there was still no clarity about the engagement procedure as directed by the CCM at the last meeting. He said in order not to have the NTP acting as both a player and a referee, it would be better to have an independent body like the CCM secretariat with the support of UNAIDS to provide the leadership in organizing the stakeholder meeting to review the guidelines. Emphasizing the importance of the enablers in TB case management, the Program Manager recalled that as far back as 2015 NTP submitted to the GF/TRP the need to maintain the enablers but that advice was not taken which today has become the reality on the ground. The FPM of the Global Fund in his comments said the GF requested answers to questions back in 2015 which till today no answers were provided to the following three questions:1. Do enablers work?
2. What is the ideal enablers package?
3. What mechanism exist to account for it?

He said it was clear to the Global Fund that there were no robust mechanisms to manage the account in a transparent and accountable manner and that GF would be willing to support in providing some guidance in addressing these challenges.The proponents of a revised guidelines for managing the enablers package maintained the need to review the current document to reflect the demands of NFM2 grant that has a focus on MDR-TB and not general TB. The concerns were also that the current document apart from being outmoded was not being used in the facilities as a guide for effective management of the package. Dr. Sarkodie, Director, Public Health Division of the GHS in his submission requested the CCM to give GHS time to engage stakeholders in the review of the guidelines to reflect the reality. The chairman in his ruling called on the GHS/NTP to call a meeting of stakeholders not later than December 15, 2018 to review the guidelines on the management of enablers for MDR-TB adding, the matter has been on the table for far too long and that the CCM could no longer entertain further delays. 4.2.2: Health Commodities:On the status of ARV stocks that was reported to be less than one (1) month with a shipment of 12 months in pipeline, the Program Officer for CCM Oversight and Communication clarified that as at October 2018, there were 8 months of ARVs available that could last till June 2019, while an additional 5 months of stocks expected in January 2019.Ms. Genevieve Dorbayi, alternate member however, prompted the meeting of reports of stockout at the Accra Ridge Hospital and a few health facilities. This was also confirmed by the beneficiary community members. The issue was flagged for the attention of NACP and the CCM Oversight Committee. The GHS however, explained that most of these reported shortages were due to distribution gaps that do not take into account management gaps for national level stocks but with the distribution centers. The meeting asked NAP+ and Models of Hope to report all instances of non-availability and limited supplies to the NACP or the CCM for immediate attention. Mrs. Doris Nigre expressed concern with the challenge with Nevirapine stock for children and demanded to know the update on the stock. The meeting was assured that 4 months of stock was available at the regional level but not at the national level and hence the program was doing a mop-up exercise in distribution in anticipation of the scheduled deliveries. NACP explained that the challenge with the Nevirapine was that the GF could not get suppliers even though the situation was communicated to them. The meeting was, however, informed that majority of clients are on TLE (ARV brands) which has 6 months of stock in anticipation of pipeline deliveries and therefore there was no course for alarm.4.2.3: GF Decision on Condom Refund:The Chair informed the meeting that the Ministry and CCM received an official communication from GF on the decision to reduce the HIV grant by $1.6m as a result of government’s failure to meet the June 30 deadline for procuring condoms worth $826,000. The status was that the FDA report of bid samples were submitted to the Ministry and receiving attention. He said that the inability to meet the indicative timeline was mainly due to the processes of the procurement laws that were outside the control of the Ministry. He said progress has gone far and it would be fair for the GF to consider to rescind the decision indicating Ghana’s intention to appeal to the Global Fund on the decision. The Chair assured the meeting that the CCM leadership would keep the CCM informed on progress of consultations.The FPM in response said the decision was taken to reduce Ghana’s envelope allocation for 2018-2020 by 200%. He said the decision followed MoH’s failure to meet the deadline of June 2018 to procure the condoms. He recounted the efforts made by GF and the CCM to have the issue mutually resolved but to no avail; citing series of correspondences and visits by high powered delegations from the GF but that the deadlines kept changing with no timely notifications to the GF. He reiterated that it would be a challenge reversing the decision of the GF.On the contrary he suggested there were still issues of government co-financing that remained unresolved and that the condoms being procured could be used to support government co-financing requirement with the GF. He also noted Ghana has always had unspent balance at the close of every grant circle and so the loss of $1.6m may not be meaningful after all; especially if at grants closure there are unspent balances. The FPM cited the NFM1 grants implementation where Ghana had about $15m unspent at grant closure. On the flip side the FPM said the other option was to ensure 100% absorption and to demonstrate evidence of impact. In which case there is a window to always ask for more from the Global Fund. In a brief comment, the DG GHS indicated it was early days and that Ghana will continue with the procurement of condoms and in the course of time work on the way forward.4.2.4: Tax Waivers:Dr. Sandaare, Hon Member of Parliament and member of CCM informed the meeting that Parliament would soon be rising and, therefore, wanted to know the status of tax waivers for the NFM2 grants. There was however no update because the Ministry of Health representative was not available to respond. The Secretariat was requested to follow up and to provide update, and also updates on SOPs for the RMU/PMU arrangement before the next scheduled meeting of the CCM.4.2.4: Conflict of Interest Committee Report:The Executive Secretary briefed the meeting that, following the recommendations of the committee which was adopted at the last meeting, Jonathan Tetteh-Kwao rendered an apology to the NMCP and CCM for his conduct considered unethical and unacceptable to the CCM. The Chairman on behalf of the CCM expressed gratitude to the committee for the good work done.  |
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| **AGENDA ITEM #5** | **Remarks by GF Country Team** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**The Chairman informed the meeting that the Country Team was participating in the last quarterly meeting to close the year. He thanked the GF team for participating in both the stakeholder and the CCM meetings from 4th -5th December, 2018. The FPM was then invited to give a five-minute remark on the Ghana projects and the future of our grants.The FPM started his remarks with a video clip showing horsemen tending cats instead of horses (<https://www.youtube.com/watch?v=Pk7yqlTMvp8>) to demonstrate the challenges facing CCM in providing leadership, prioritizing and making informed choices that are result oriented and driving impact. He was happy that this was the 4th quarterly meeting of the CCM under the NFM2 and congratulated the CCM for successfully organizing its annual stakeholders’ forum the previous day. He said he was happy the event was well attended and participatory with a lot of interesting issues that should engage the attention of CCM in its efforts to ensure that grants are impactful. He said the engagement of Ben Cheabu who is expected to take over from Annekatrin El Oumrany, now serving her last term of engagement as Program officer was also significant and an assurance of continuous and strong oversight of grants. He congratulated Ben Cheabu on his appointment. Next Allocation: - He said one year into NFM2 implementation and with barely a year left for determining the next country allocation envelope, 2019 would be critical year for Ghana. He made a passionate call for stakeholders to work through the CCM to find the best ways of investing funds and overseeing grants implementation. While recognizing that the membership of the CCM is voluntary, the FPM re-echoed the huge responsibility of the CCM working through its secretariat and commended the CCM for striving for excellence.Country Team Visits: - He said the CT spent much time in offices in Accra and going into 2019 would like to focus on moving to the field to see how the investments are achieving impact. It is also intended to create space for grants management by being less disruptive of the implementation processes. The FPM also said the CT would like to see a CCM that is more involved in the big issues such as recoveries, co-financing, CMS fire agreement, LMIS etc. In this direction he said he would like to see the CCM empowered and the PRs accountable to the CCM. He therefore, assured of collaboration and support of the CT to work with the CCM to empower the CCM. Programmatic Issues: - Issues such as impact of the reduction of HIV grant by $1.6m and reduction in the HIV cohort called for a rebalancing of Ghana portfolio to drive absorption by the end of 2019. He said the GF would be looking at Ghana’s performance in terms of impact and risk assurance mitigating measures and called for an annual risk assurance plan early next year to provide accountability and assurances required by the Global Fund. He indicated the need to interrogate the implementation of the 90 90 90 plan in the context of the abrogation of the PEPFAR MoU with GoG. He said it was important for the CCM to be abreast with the assurances that the MoH will procure ARTs by June 2019. For malaria the FPM highlighted the funding gap request of about $4m required for ITNs and AGA Mal funding gap request of about $6m required by 2019 Q3 to continue IRS programs implementation in the upper west region. The FPM called on the CCM to consider a reprograming and rebalancing of Ghana’s portfolio of grants by March 2019; and hence the need to empower the CCM to tell the story with all assurances.On the allocation of $3.2m to NTP for intensive case finding the FPM said though the process was slow, the CT received the proposed program activities, reviewed cost elements which were not based on value for money audit. His initial comments suggested an expenditure of about $2.4m leaving a balance of about $800,000. He said this however will require the decision and endorsement by the CCM and final submission to the GF for approval.

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| **AGENDA ITEM #6** | **Allocation of $3.2m to NTP** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**The Chair recalled the circumstance leading to the CCM decision to allocate an additional $3.2m from the malaria grant to NTP for intensive case finding. He informed the meeting the proposal has been on the table for some time now, and undergone WHO and stakeholder reviews meetings. He told the meeting the proposal has now been officially shared with the CCM but the indication was that the final budget had reduced by about $850,000 or $2.4m. He, therefore, called for consideration to reallocate the savings. Dr. Nii Nortey, an observer of the CCM and Country Director for AURUM Institute requested the CCM to consider reallocating any savings to private sector to expand coverage and improve case finding. He said it was important to think outside the box and to learn to do things differently in order to bring about the needed progress in TB case finding and treatment. He said the issue was about prioritization and responding to country needs and that it was important to submit a proposal that addresses country challenges. The NTP Program Manager drew the CCM’s attention to the fact that the program was unaware of any savings arising from the proposal they submitted and that details of the savings was also not communicated to him. He advised that even though the push is to find more cases, it was equally important to note that finding cases go with the responsibility of treating them adding that one has no business finding the cases if one cannot treat them. He further reminded the meeting of the preliminary findings of the OIG that suggested the existence of SDR-TB and hence must be cautious in the quest to find new cases.In response to the reduction in the final budget the Fund Portfolio Manager said the process used was not a value for money assessment of the budget but that the change was due to a change in the unit costs of some activities placed under the Central TB Unit (CTU). The Executive Secretary reminded the meeting of the need to follow procedure in submitting proposals to the GF and indicated a procedural defect in NTP’s approach in submitting the proposal to the CCM through the Global Fund when it should have been the reverse situation. He suggested that the NTP made a presentation of the draft proposal to the CCM based on which the latter could take a firm decision on the way forward. He said the presentation would give the CCM an understanding and clarifications on how the final draft was determined. 6.1: Presentation of Draft Proposal on TB ICF Priorities: Presenting a brief update of the final draft proposal, Dr. Bonsu said following the directive to apply the $3.2m and to justify the technical feasibility of the proposal, WHO was brought in to support the prioritization of the $3.2m that ended with a stakeholder engagement in Koforidua in July 2018, to dialogue on the priorities. He said the NTP was to consolidate the agreed priorities which proposal has been shared with technical partners, the Ministry and the CCM. 6.2: CCM Decision:Agreed to constitute 5-member task team to review the final draft proposal and to provide guidance to the CCM for its endorsement and submission to the Global Fund. The composition of the team was made up of reps of Private sector/Civil Society, CCM Oversight Committee, TB technical expect and Finance specialist and NTP. The committee was to submit its report to the CCM by January 15, 2019 for consideration and endorsement of the CCM. The Secretariat was requested to share the proposal document together with all relevant references with the CCM and the committee.

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| **AGENDA ITEM #7** | **Update on PEPFAR MoU** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**7.1: Update on PEPFAR MOUThe Director General of Ghana Health Service informed the meeting that the PEPFAR MoU with government for the support of $19.5m was cancelled; however, the good news was that the budgeted amount would be reprogrammed for use in Ghana. He further informed the meeting that the cohort of people on treatment has been reduced to about 100,000 as of June 30, 2018 and that the issue for determination was how to use the GF grant to fund the new cohort.He said it was important to appreciate the fact that the 100,000 cohort was not a stagnant number as it is continually increasing with new client enrolment and an expectation of high retention. The DG said we also need to recognize that the program is currently accelerating implementation and therefore we need to be optimistic. Responding to a question on the effect of the PEPFAR support not being tied to commodities, the DG said he believed that was the way to go - looking at the human resource and data management gaps in implementing the acceleration plan. He further said the good thing was that we know the numbers now and know where the people are and thus it was incumbent on government to double its efforts to catch up all the people who should be on treatment. The FPM said the DG’s submission was not based on the proposal content and the new reality. He said the reality was that $60m for HIV with 70% in commodity procurement means change for targets and budgets and therefore the need to revise the situation through reprogramming. He said by December 2018, 166,000 persons are expected to be on treatment and that was impossible to achieve at the current rate. The CCM Vice Chair said the ‘rebasing’ of the figures on treatment as at June 30, 2018 has implications for use of funds and the assumptions and suggested that GHS/NACP and the Ministry should come to clear understanding of the issues before coming to the CCM on the way forward. He further suggested that such a discussion must factor constraints with the acceleration plan and getting PEPFAR approval from Washington for the use of the PEPFAR support.The DG suggested that we work together with the $60m while reprograming any additional funds during the implementation period. He concluded with the assurance that NACP would not be doing things the same way.The Chairman said it was clear from the discussions at both the stakeholders meeting that we need to adhere strictly to the acceleration plan to achieve meaningful impact with respect to the 909090 targets and in so doing, the need to ensure that NACP sits up and to demonstrate clearly that we are up to the task. On the need to consider reprograming of grants, the Chair directed that the programs submit to the CCM reprogram requests indicating areas of savings for the consideration of the CCM. The suggestion was supported by the FPM and programs requested to make their submissions before the end of January 2019.

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| **AGENDA ITEM #8** | **Site Visits and Dashboard Review Reports:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**The CCM Program Officer made a brief presentation of field visits carried out over the period to SSDM, WAPCAS, HIV/TB service facilities. Summary of the visit and key issues: 1. Visit to SSDM:
2. To get more information about the procurement processes and reasons of delays
3. Different types of procurement procedures with different requirements and durations
4. However, still inexplicable delays and inadequate communication on delays
5. Site Visit to WAPCAS:
6. Both FSW and MSM sites have been covered for years
7. FSW: high level of awareness of importance of condom use, self-reported high level of condom use. Condom availability as the main concern; very committed case manager
8. MSM: Occasional/no condom use despite high self-reported prevalence of STI symptoms; PEs need training and IEC on STIs; stronger focus on newly enrolled clients; very committed case manager
9. Both: referral facilities still insist on lab tests before enrollment on ART, low awareness of CHRAJ discrimination system.
10. NTP Site Visit Bortianor Health Centre, Keneshie Polyclinic and Anton Medical Center:
11. KBTH and Pentecost: no systematic screening of OPD clients
12. Decision at Pentecost on when a client is considered as presumed client not consistent with NTP SOPs
13. No funds for contact tracing, follow up of defaulters or community screening received
14. Low capacity use of GeneXpert: KBTH: average 150 samples per month but >1000 can be tested
	1. KBTH: Long ways between OPD and lab resulting in LTFU + low testing rate
	2. No sample referral in GAR
15. Pentecost: inadequate info on MDR-TB enablers package, regional TB coordinator cannot be reached
16. Monthly costs of tests for MDR-TB clients >300 GHS, consumes the entire enablers package
17. Serious drug interactions with second line ART clients
18. Need of MDR-TB admission facility, empty bungalows available at KBTH
19. Pentecost: PLHIV not X-rayed for TB screening, only screening using the screening tool, consider cost aspects for introduction of TPT
20. Pentecost: e-tracker training of data officer, not chest clinic staff, several months before tool is installed
21. HIV Site Visit to Korle Bu Teaching Hospital and Pentecost Hospital:
22. Good availability of commodities
23. HTS of 100% pregnant women, ART initiation usually on the same day
24. PITC initiated testing only in cases of signs and symptoms
25. Lack of innovative strategies to get husbands tested, older children are systematically tested
26. Confirmation testing either not consistently done or not recorded
27. Communication on new guidelines from the NACP, RHD or DHD considered as inadequate.
28. Separation of PMTCT services from ANC/PNC at Kaneshie
29. EID only done during PNC and after 18 months at Kaneshie, delays of EID results

**8.1: Report on Dashboards:** 8.1.1: Financial Performance and Absorption:1. NACP: Performance rating was B1. On financial performance we need to look at financial reporting differently. She said there was the need not just to look at absorption and burn rate but also commitments to make it complete. She said NACP therefore needs to separate expenditure from commitment for a clearer and complete picture. NACP showed an improve performance of about 70% of budget to NACP and 77% burn rate compare to about 66% in the last quarter thereby resulting in a B1 performance rating with 78% of the budget for MoH procurement.
2. WAPCAS: registered a stable performance A1 rate with 35% burn rate for both CSS and catalytic programs implementation that started basically in September and so not so much activity. WAPCAS also just received a significant amount of money for the CSS component and hence the burn rate.
	1. **Implementation CSS and catalytic funds:** *Preparatory activities completed, field work has started*
	2. **Status quo IBBSS:** *Consultant to be engaged within Q4.*
3. NTP: Improved performance rate of B1. Now about 42% from the last quarter of 25% burn rate; but with commitments when added will result in a total burn rate of about 80%.

3.1 Status on MDR-TB Enablers:1. Civil society stakeholders review previous document and developed recommendations for its approval
2. Meeting with NTP still outstanding
3. NMCP: Benjamin Cheabu (Junior Programs Officer at the CCM Secretariat continued with the presentation of the oversight report after Anne took permission to seek medical attention.
4. Performance rating was B1. Burn rate was 32% excluding commitments totaling $12m. This translates into a burn rate of 60% when the commitments are taken into consideration.
5. Though the proportion of pregnant women and children >5 on ITNs is about 79% in grant performance, there were differentials with low performing regions such as Greater Accra Region registering 49% performance. The performance was attributed to unavailability of LLINs which is expected to improve with improved supplies of LLINs.
6. All other indicators were doing well.
7. Distribution challenges were noticed with RDTs and SP stocks in Brong Ahafo, Northern and Upper East regions and hence the recommendation to follow up with SSDM.
8. AGAMAL: Performance rating was A2. Had an over performance of 108% of burn rate and commitments of about $105,000. The extension of the spray period into the 3rd quarter accounted for the expenditure as well as the payment of staff end of service benefits which were paid at the end of quarter 3 instead of at the end of quarter 4. Performed spraying of prisons and barracks and that was very well received; hence much progress during the period.
9. GHS/PPME: Registered the least performance. Out of the cumulative budget of about $8.9m it recorded an expenditure of $531,000. The committee noted the issue required more data because there were issues with implementation challenges while appointment of program and M&E officers were still unconfirmed. The OC has therefore requested the categorization and quantification of expenditures and commitments for a final determination of performance.

Not much was done with integrated monitoring activities, as it carried out 1 monitoring activity instead of 2 because the other activity was supposed to be funded by GAVI. The OC decided to make follow-up to find out how the two monitoring activities could be undertaken more effectively.8.1.2: Other Observations:1. **Engagement of NHIS to cover all HIV related services:** Support from GAC
2. **Implementation of TB IPT:** Drugs arrive in December. Orientation as part of differentiated service delivery (DSD.Focus on those who are not virally suppressed, incl. new clients.
3. **E-tracker:** Plan: Call center needed to provide instant assistance in case of technical challenges.
4. **OIG finding> Re: expiries of test kits:** many complaints about lack of test kits in the past. Facilities received all test kits they requested when sufficient quantities became available. Stock management at facility level needs to be improved.

8.1.3: Cross Cutting Issues:1. Irregularity of data from DHIMS and health facilities and the need to ensure accurate data for decision making purposes.
2. Capacity of data offices and the need for assistance. The oversight committee decided track best and least performing facilities the information could not be gotten from the regional and district health offices. There was need to build capacities of data officers and to ensure that they are guided by SoPs or algorithms. Need to ensure that the facilities are doing things right. It was noted that data officers did not comply with the standards required after more than a year of training. That also raises question about monitoring & evaluation generally.
	1. On e-tracker the need was established to follow up on online and offline challenges with data capture.
3. CHAG facilities, Teaching Hospitals, and private facilities feel left out from GHS trainings.

**8.1.4: General Recommendations:**1. RMU/PMU:1. Share SOPs with CCM to understand the functioning of RMU/PMU
2. Ensure availability of data capturing tools, including ANC and HTS registers.
3. Replace M&E Officer timely.

2. NACP:1. Ensure that confirmatory testing is carried out systematically according to guidelines and captured in HTS register
2. Intensify HTS efforts for spouses of HIV+ pregnant women
3. HIV trainings to include non-GHS facilities
4. Provide update on progress of e-tracker migration to CCM
5. Keep CCM informed about 909090 acceleration plan and implementation

3. NTP:1. Develop guidelines on how to carry out contact and defaulter tracing and ensure that funds are available
2. GHS to develop national system of sample transport
3. NTP to provide information to all facilities on GeneXpert locations
4. NMCP:
5. NMCP to review situation of LLINs in hospital wards
6. Document success stories / journalist style
7. PPME:
8. Scale up quality validation of DHIMS data
9. WAPCAS:
10. Ensure that all Peer Educators (Pes) have IEC on STIs. Review expertise of PEs on STIs, treatment centers, interpersonal approaches and consider retraining
11. Consider outreach activities focusing on screening for STIs and referral as part of HIV prevention.
12. Inform PEs to intensify their efforts with newly enrolled community members
13. Ensure that condoms are distributed to all enrolled community members
14. Review content of condom sensitization and identify options to improve awareness of importance and actual condom use
15. Share report on survey on lab/reagent availability with CCM

8.1.5: Discussion Notes:1. On non-confirmation of Program Manager for implementing PPME activities the DG said the position has been fielded that was why the officer was at the Dashboard review meeting. In the case of M&E officer the challenge was the failure of the GF country team to give the green light to recruit. The DG said this was the same with other procurement issues. He invited the CCM to revisit the implementation arrangement that was fashioned out to support programs implementation.
2. A member wanted to know the reasons for the discrepancies between DHPS data and facility data. He stressed the need to ensure data was accessed from right sources that must be subject to strict proof because the report was an inditement on the entire health sector. The meeting expressed the need to also take into account standard deviations and to contextualize data.
3. Touching on the capacity of data officers it was indicated that private sector data officers also need training. In future such trainings must be communicated to them to know which areas are of interest to them to improve the system.
4. Task shifting officers have a limited role and do not generate monthly report; even if they do it goes through the system and so we may have to rather consider data fed into DHIMS by the health information officers to avoid data that would not be validated.
5. Private participation in programs seemed to have some issues as the programs have not engaged private sector participation in the past. The distinction was also drawn on private for profit and private for non-profit organizations; but for CHAG they are part of the health system and for the others there are information that showed the level of engagement.
6. TB Reach seem to be making inroads in this area because for now they have a budget but the effect would show when that budget dries up.
7. TB support services to be reimbursed by NHIS depending on how they are captured and hence the need to establish a model that is sustainable and workable.
8. On CHAG facilities, Director PHD said NACP, NTP and NMCP are national offices and hence emphasized the need to deepen collaboration where necessary with all stakeholders.

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| **AGENDA ITEM #9** | **Any Other Business**  |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**9.1: CCM Evolution: The ES presented the update on the CCM evolution initiative project. He said the project is about building a system that could survive the GF funding under the new strategic framework for 2017-2022. Giving the background of the CCM evolution project the ES said the GF board approved the first phase of the evolution initiative in May 2018 with a funding of $3.85m to strengthen a pilot group of 18 countries in the following areas:1. CCM functioning;
2. CCM linkages (maximizing collaboration and coordination between CCM and other health sector forums);
3. CCM oversight and,
4. CCM engagement (to improve communication between CCM and sector constituencies).

He said the BACKUP initiative of GIZ is also supporting CCM linkages project in five countries including Ghana through Euro Health Group (EHG) as consultants. The objective was to bring closer alignment of CCMs with existing health sector bodies through strengthening of systems.The last mission of the consultants was in November 2018. The mission ended with a workshop that discussed CCM linkage with the HSWG under the Common Management Arrangement (CMA) of the Ministry of Health. The following suggestions were made for consideration.* Include CCM Chair and CCM Secretary as members of the HSWG
* Include CCM as a partner of the MoH. This would require an MOU signed between CCM and MoH specifying modes of collaboration and coordination

The above issues were to be presented at the next HSWG meeting expected to be attended by the CCM Chair and the CCM Secretary.The consensus at the last meeting was that CCM maintains its independence/neutrality in terms of functioning but strengthens its governance systems to enhance performance. Various contending arguments were raised as to the best form of linkages. Civil society was clearly not comfortable with the alignment of the CCM to MOH but to government structure where CSO can talk about multi-sectorial engagement.It was proposed to link CCM to HSWG of the Ministry as a partner where other institutions and agencies are represented. It was however, pointed out clearly that mandate of the CCM and its principles might not be in harmony with the objectives of the HSWG. Further discussions on the evolution project were expected going forward.9.2: CCM Staff Evaluation: The Executive secretary informed the meeting some recommendations were made and in line with same recommendations, staff will be accordingly evaluated before close of year.9.3: Construction of Infectious Disease Facility for MDR TB:The DG said this as a priority for the GHS and that it was receiving the attention of the Ministry and that the GHS has had serious discussions with the Ministry. He said the major concern has been with funding source which was being looked at. The plan is considering siting the facilities to cover the three ecological zones for accessibility. The GHS said other options include discussions with Korle Bu to cede part of the fevers unit for the purpose while Tamale infectious disease center is being considered for this purpose as well. He said a technical evaluation team is looking into this proposal.Ms. Genevieve Dorbayi called for the formation of a pressure group by the CCM that would impress on government to consider providing an infectious disease center for managing MDR/SDR TB cases. She said the GF support was only complementary to government’s effort and hence the country must not be too demanding of GF resources. She decried the situation where MDR-TB patients are carried in taxis to unsafe destinations and said this was unacceptable. The ES said the submission is on record to have come to the attention of the MoH/GHS and hence not new to government. The Director Public Health Division told the meeting the GHS was working closely with the MoH and talking to other partners on the need for an infectious disease center. |
| **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.* |
| **GOV** |  | * The review of the TB enablers package and the need for an independent body to guide the process of engagement with stakeholders
* GHS will undertake to review of the guidelines for the enablers package
* Concerns that the removal of enablers package for TB has affected program impact over the years
* Clarification provided to reports of stockouts in facilities being attributed largely to distribution gaps that do not take into account management gaps at national level which are different from distribution gaps at the facilities.
* Explanation provided for the challenge with Nevirapine stock as due to inability to find suppliers with the assurance that other brands of ARV (TLE) have 6 months of stock with adequate pipeline deliveries expected. Stock situation would however, change if provisions are not made for supplies beyond June 2019
* Discussions on going at governmental level to provide infectious disease center at 3 zonal levels, while other options are being pursued to remedy the situation
* Explained that PEPFAR MoU with government has been abrogated with a decision to renegotiate with the US government on reprograming the remaining $19m that would not be tied to commodities
* Clarified the new cohort of PLHI on treatment and how GF funding would be used to support ARVs while reprogramming any additional funds from GF funding for HIV
* GHS accepted to be given some time to organize the review of the guidelines for the enablers package as raised by the meeting
* The GHS explained that the procurement of key staff for the RSH implementation was being hampered by the failure of GF country team to give greenlight to recruit as a result only Program Manager position has been fielded. It called on the CCM to revisit the implementation arrangement put in place.
* The need for Ministry/GHS and NACP to find common grounds with the new PEPFAR arrangement and the GF and get back to the CCM on the way forward.
* Task shifting officers have limited role and do not generate monthly report; even if they do it goes through the system and so we may have to rather consider data fed into DHIMS by the health information officers to avoid data that cannot be validated.
 |
| **M.BL** |  | * NA
 |
| **NGO** |  | * Insisted on the review of the guidelines for managing TB enablers package
* The CCM to form pressure group to put pressure on government to speed up the process for constructing MDR facility and that government continued reliance on donor funding was unacceptable
* Called on the CCM to consider investing any additional savings from the NTP allocation of $3.2m into private sector interventions to expand coverage and improve case finding for TB
* TB support services to be reimbursed by NHIS depending on how they are captured and hence the need to establish a model that is sustainable and workable.
 |
| **PS** |  | NA |
| **PSG** |  | NA |
| **PLWD** |  |  |
| **FBO** |  |  |
| **KAP** |  |  |
| **GF** |  | * Explained TGF position on finding answers to key issues affecting the management of enablers package in an accountable and transparent manner
* Advised CCM to bring to the discussion table some critical issues raised at the stakeholder forum as well as the CCM meeting that ensure grants are impactful
* The Country Team called on stakeholders to work through the CCM to find best ways of investing funds and overseeing grants.
* The country team plans to shift focus from desk review activities to visiting sites to see how investments are achieving impact. This was also to give space to programs and be less disruptive of the implementation process in 2019
* FPM called on the CCM to consider reprogramming a rebalancing the Ghana portfolio to drive absorption by end of 2019. He said this was needed in the light of the new developments with PEPFAR MOU, reduced cohort of PLHIV, funding for 909090 acceleration plan and government commitments to co-financing
* Explained the reasons for the GF’s decision to recover $1.6m from the country envelope for 2018-2020 and said the decision was irreversible citing other mitigating factors considered in arriving at the decision.
* Requested CCM to take up issue of government co-financing obligations to ensure that government is in compliance
* Announced that the CT review of the NTP proposal to prioritize use of $3.2m additional funding has been reduced to 2.4m although this was not a value for money audit of the budget presented.
 |
| DECISION(S) *Summarize the decision in the section below* |
| 1. GHS to provide leadership to review the guidelines for the management of the enablers package for MDR TB
2. 5-Member task team constituted to review the NTP proposal for allocation of additional $3.2m from country envelope

  |
| *Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.* |
|  **SUMMARY OF DECISIONS & ACTION POINTS** |
| **AGENDA ITEM NUMBER** | **WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW**  | **KEY PERSON RESPONSIBLE**  | **DUE DATE**  |
| **AGENDA ITEM #1** | * Apologies from the Chairs of the two task teams noted
 |  | **-** |
| **AGENDA ITEM #2** | Corrections made to previous minutes and adopted by CCM members present |  |  |
| **Agenda item #3** | * Declaration of perceived conflict of interest by Cecilia Senoo whose NGO (HFFG) has been selected as SR to the CSS component under WAPCAS
 |  |  |
| **AGENDA ITEM #4** | * NAP+ and Models of Hope requested to channel all cases of stockouts and limited supplies to the NACP or the CCM for immediate attention.
* CCM and Ministry of Health to appeal to the Global fund to rescind the decision on $1.6m condom refund
 |  |  |
| **AGENDA ITEM #5** | * Agreed on a time frame to reprogram grants and also develop risk assurance plan for the GF grants
 | CCM/CT/MOH | March 31 2019 |
| **AGENDA ITEM #6** | * 5- member task team constituted to review the TB proposal for the prioritization of ICF activities
 | Ccm Sect | jan 15, 2019 |
| **AGENDA ITEM #7** | * Programs to submit any reprograming requests through the CCM before end of January 2019
 | MoH/GHS | jan 2019 |
| **AGENDA ITEM #8** | * Recommendations of the OC were endorsed to be communicated to the programs to address
 | ccm secretariat | dec 24, 2018 |

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|  **NEXT MEETING (includes outstanding agenda items not completed during current meeting)** |
| **TIME, DATE, VENUE OF NEXT MEETING (*dd.mm.yy*)** | **MARCH 2019** |
| **PROPOSED AGENDA FOR NEXT MEETING** | **WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED** |
| **AGENDA ITEM #1** | **Declaration of conflict of interest** |
| **AGENDA ITEM #2** | Recap on decision points of previous meetings |
| **AGENDA ITEM #3** | Review of Dashboards and oversight activities |
| **AGENDA ITEM #4** | Constituency engagement |
| **AGENDA ITEM #5** | any other business |

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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 |  |
| **IF ‘OTHER’, PLEASE LIST BELOW:** |
| 1. Presentation on CCM Oversight Activities
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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.**  |
| **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\*** |  |  | **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 15 days of endorsement.** |

**\* 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.**

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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** |  |
|  |  |  | **SECRET BALLOT** |  |
|  |  |  | **ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >** |  |
|  |  |  | **ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >** |  |
| **\*Consensus is general or widespread agreement by all members of a group.**  |  | **ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >** |  |

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|  **glossary for acroynms used in the minutes:** |
| **ACROYNM** | **MEANING** |
| **CCM** | **Country Coordinating Mechanism** |
| **GAC** | **Ghana AIDS Commission** |
| **COI** | **Conflict of interest**  |
| **NACP** | **National AIDS Control Program** |
| **NTP** | **National Tuberculosis Program** |
| **PM** | **Program Manager** |
| **NFM2** | **New Funding Model 2** |
| **MOU** | **Memorandum of Understanding** |
| **TB** | **Tuberculosis**  |
| **CSO** | **Civil Society Organizations** |
| **GOG**  | **Government of Ghana** |
| **RMU** | **Resource Mobilization Unit –Ministry of Health** |
| **FPM** | **Fund Portfolio Manager** |
| **GF** | **Global Fund** |
| **GHS** | **Ghana Health Services** |
| **MOH** | **Ministry of Health** |
| **ED** | **Executive Director** |
| **NAP+** | **National Association of Persons Living with HIV** |
| **NMCP** | **National Malaria Control Programme** |
| **OC** | **Oversight Committee** |
| **LMIS** | **Logistics Management information System** |
| **PO** | **Program Officer** |
| **PRs** | **Principal Recipients** |
| **FBO** | **Faith Based Organization**  |
| **PM** | **Program Manager** |
| **IPT** | **Intermittent Preventive Treatment** |
| **IRS** | **Indoor Residual Spray** |
| **AGA Mal** | **Anglogold Ashanti Malaria** |
| **PMI** | **President Malaria Initiative** |
| **PMTCT** | **Prevention from mother to child** |
| **WAPCAS** | **West Africa Project to Combat AIDS/ STI** |
| **KP** | **Key Populations** |
| **CHRAJ** | **Commission on Human Rights and Administrative Justice** |
| **RSSH** | **Resilient and sustainable systems for health** |
| **WAAF** | **West African AIDS Foundation** |
| **CSS** | **Community Systems strengthening** |
| **SOP** | **Standard Operating Procedure** |
| **CHAG** | **Christian Health Association of Ghana** |
| **RMU** | **Resource Mobilization Unit -MOH** |
| **PMU** | **Program Management Unit -GHS** |
| **ART** | **Antiretroviral Treatment** |
| **EID** | **Early Infant Diagnosis** |
| **LTFU** | **Lost to Follow Up** |
|  **ccm minutes prepared by:** |
| **TYPE / PRINT NAME >** | **DANIEL NORGBEDZIE** | **DATE >** |  |
| **FUNCTION >** | **EXECUTIVE SECRETARY** | **SIGNATURE >** |  |
|  **ccm minutes approval:** |
| **APPROVED BY (NAME) >** | **CCM** | **DATE >** |  |
| **COLLINS AGYARKO-NTI (CHAIRMAN)** | **SIGNATURE >** |  |