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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)** | | | | 20 |
| **MEETING NUMBER (if applicable)** | | | | | | Q2/2015 | | | | | | |
| **DATE** *(dd.mm.yy)* | | | | | | 24/06/2015 | | | | | | | **TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS**  **PRESENT (INCLUDING CCM SECRETARIAT STAFF)** | | | | 38 |
| **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)** | | | | 5hr.45m |
| **Organization** | | | Coalition of NGOs in Malaria | | | | | | | **VENUE / LOCATION** | Ghana College of Surgeons & Physicians | | | |
| **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** | | Declaration of Conflict of Interest |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |
| **AGENDA ITEM #2** | | Minutes of Previous Meeting & Matters Arising | x |  |  | x |  |  |  |  |  |  |  | x |  | x |  |
| **AGENDA ITEM #3** | | Update on GF Workshop on New Grants Implementation & Review of Dashboards |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |
| **AGENDA ITEM #4** | | Implementation of CCM Performance Improvement Plan/update of work by GMS |  |  |  |  | **x** | **x** | **x** |  |  |  |  |  |  |  |  |
| **AGENDA ITEM #5** | | Sensitization on GIZ BACKUP project on People Who Inject Drug –PWID |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |
| **AGENDA ITEM #6** | | Task Team’s Report on Monitoring of PMTCT Commodities procured with GF Grants. |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |
| **AGENDA ITEM #8** | | Anglogold Ashanti Malaria Asset Disposal Plan |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |
| **AGENDA ITEM #9** | | Any Other Business:   * HIV/TB Grant Signing Event and Related Matters |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |

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

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| **MINUTES OF EACH AGENDA ITEM** | | | | | | | | | | |
| **AGENDA ITEM #1** | | | | **1.0: Adoption of Meeting Agenda:**  The Chairman called the meeting to order at 10:15 a.m. with prayers by Bradford Yeboah. The agenda for the meeting was then read following which Members accepted it for the business of the meeting.    **1.1: Apologies:**  The following apologies were read.  1. Ms. Joyce Larko Steiner – FBO  2. Ms. Akua Kwateng-Addo – Bilateral  3. Dr. Sylvester Anemana – Government  4. Mrs. Gladys Ghartey – Gov. Vice Chair    ***1.1: Conflict of Interest Declaration:***  As usual Members were reminded of the COI policy and the requirement for declaration. Though all Members attending the meeting signed the COI declaration, there were no specific declarations of COI in relation to the agenda items adopted for discussion by the CCM. However the CCM was mindful of enforcing the policy by ensuring such members recuse themselves where discussions and decisions to be taken on each agenda would put some members in conflict. | | | | | | |
| **AGENDA ITEM #2** | | | | ***2.0: Minutes of Previous Meeting & Matters Arising:***  The minutes of the last quarter meeting was reviewed and also adopted as the true reflection of the meeting. Mr. Steve Arko (Gov) moved for acceptance of the minutes and was seconded by Mrs. Cecilia Senoo (CSO).  ***2.1: Matters Arising:***  *2.1.1:* **Distribution of condoms by NACP:**  The meeting was informed that NACP has engaged NAP+ and in discussions with WHO for the provision of technical assistance to increase the distribution of condoms through private sector outlets in the general population. The Program admitted challenges with the integration of condom messages through the SRH of the Family Health Division of the GHS. The PM said the program combined outreach testing events with condoms distribution in the general population which was working until the decision to limit testing to only PMTCT clients. It was suggested that the program engages the network of NGOs, such as SWAA and Private sector organizations specialized in mobilization activities in the distribution.  **2.1.2: Procurement and Distribution Challenges for PMTCT Test Kits**  The meeting was informed that the committee tasked at the CCM Meeting of December 3, 2014 was ready to present the report to the CCM under agenda item #6  **2.1.3:OIG Recoveries:**  The Ministry of Health Rep was not available at the time to update Members on any follow up action on the withdrawn letter. Members were informed the Chief Director promised to send his representative to give an update on the $3.8m defective condom procurement.  **2.1.4: Indicator on MDR-TB Patients enrolled to second line treatment**  The meeting was informed all 10 regions now have GeneXperts and are working to increase coverage of testing. The challenge, however, has been the morbid fear patients have about side effects of MDR-TB treatment hence the need to revise strategy on approaches and disclosure of side effects. To address the lack of facilities for MDR-TB, the program is in discussion with health facilities to use Ebola facilities temporally to accommodate MDR-TB patients.  **2.1.5: NTP Workshop:**  The meeting was informed that the workshop was for the dissemination of the result of the TB prevalence survey and resource mobilization. International partners (DPs) in collaboration with government discussed the fund mobilization drive especially for MDR-TB management. Other measures taken include:   * Efforts to increase enrolment of more TB patients in the light of the new survey result. * Revised treatment guideline for MDR-TB and the need to modify treatment regimen in line with new drugs coming up * Provision for inpatient care due to the long duration of treatment of MDR-TB and the morbid fear that diagnosed persons have.   Stock Levels for TB Treatment:  It was reported that adequate levels of stock was available to cover first and second line treatment to last for three (3) months.  **2.1.6: CCM Risk Management with GiZ Support:**  The Executive Secretary informed the meeting that the decision of the meeting was communicated in a letter to the GIZ office in Accra and that consultation was ongoing between GIZ and Grant Management Solutions to redesign the consultancy TOR to take care of EPA requirements under the NFM grants. | | | | | | |
| **AGENDA ITEM #3** | | | | **3.0: Presentation on GF Workshop for PRS, LFA and CCM on New Grants Implementation Approaches:** | | | | | | |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**  The CCM Program Officer presented the summary of issues of the three-day workshop held from June 9-12, 2015 at School of Physicians and Surgeons. The workshop was facilitated by the GF Country Team for the implementing partners to understand the milestones and challenges under the NFM grant implementation for the three disease programs. The objective was to identifying measures to address hindrances that affect optimum performance.  It was clear that the bane of the grants is under performance arising from low burn rate of funds accounting for 72% of the disbursed funds in 2014. This translates to unspent balances amounting to about USD116m. This was considered a major problem given that the three diseases would receive a total of about $250m in grant approvals for 2015-2017 which would result in a 37% increase in funding. This means that what Ghana is able to spend over the next 6-12 months would determine how much we can add on or receive as a country beyond 2017. It was therefore critical for the CCM to tighten its oversight to avoid the risk of losing grants to other performing programs or to other countries.  The workshop proposed concept of tightened oversight over the next 6 months to ensure funds are effectively used in a timely manner under the NFM. The focus of the tightened oversight would be on the three programs under MOH/GHS which share over 80% of the total grant as follows:   * NACP $80m * NTP $22m * NMCP $120m   Over 57% of budget costs are spent on go to Health products and pharmaceuticals under the NFM grant which is also with the Ministry of Health/GHS PR. The key decisions under the tightened oversight have been planned for execution as follows:   * Programs hold bi-weekly oversight review meetings, engage CCM representatives monthly and the results shared with the Chairs of the Oversight Committees who will decide on the next lines of action to ensure expeditious action. * Monthly reports to be shared with the GF Country team * CCM assigns two Oversight members to monitor program performance of the PRs * Programs to nominate focal point persons to liaise with Oversight members biweekly for updates * Monitor programs for a period of six months * OC members to submit monthly reports to be shared with CCM Members * CCM Secretariat to follow up on the nomination of Program Focal Persons who will work closely with the CCM Oversight nominated members * PR Focal Persons must have a firm understanding of New Grants and interested in committing themselves to the resolution of critical issues that may arise with the implementation of the grants * The Joint Working Team was requested to meet before the close of business next week to agree on key indicators to monitor. It was agreed that discussions shall focus on issues that have a big impact on grant burn rate.   **3.1: Nominees for tightened oversight:**   |  |  |  | | --- | --- | --- | | **Program Nominees** | **CCM Nominated Representatives** | **Organization** | | NMCP: | 1. Damaris Forson 2. Philip Ricks | JSI Deliver  CDC/USAID | | NTP: | 1. Edith Andrews 2. ?? | WHO | | NACP: | 1. Laud Baddoo 2. Evans Opata | JSI Deliver |   **3.2: List of Oversight Committee Members:**  The PO of the secretariat informed the meeting that two PSM experts from J.S. DELIVER have been brought on board to beef up the skill mix requirement for PSM which is the most significant cost driver under the New Funding Model. The two PSM experts will be assigned to each of the two CCM Oversight committees for Malaria and HIV/TB programs.The following lists were presented and approved by the CCM by consensus.  3.1.2: **Malaria Oversight Committee:**   1. Dr. Sabastian Sandaare – People Living & Affected by Malaria 2. Dr. Felicia Owusu-Antwi - WHO 3. Dr. Philip Ricks – CDC/USAID 4. Mr. Maurice Ocquaye - Systems for Health 5. Mr. Jonathan Tetteh-Kwao - NAP+ (Alternate) 6. Mr. Dan Osei - Ministry Of Health 7. Ms. Damaris Forson – JSI Deliver 8. Mr. Osei Oteng-Asante – Ministry of Finance & Economic Planning 9. Mr. Samuel Doodo – Stop TB Partnership   **3.1.3: HIV/TB Oversight Committee members**   1. Dr Naa Ashiley Vanderpuye STOP TB Partnership 2. Mr Evans Opata – NGO Alternate – STOP TB 3. Mrs Helen Odido - UNAIDS - Partner 4. Dr Felicia Owusu-Antwi - WHO 5. Mr Cobina Mac-Darling - PLWD – CIPERGH 6. Ms Genevieve Dorbayi - TB Voice Network 7. Ms. Edith Andrews – WHO 8. Lord Badu – JSI Deliver 9. Ms. Cecilia Senoo – SWAA Ghana | | | | | | | | | | |
| |  |  | | --- | --- | | **AGENDA ITEM #4** | **Review of CCM Dash Boards** | | | | | | | | | | | |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**  The presentation was made by Mrs. Annekatrin El Oumnary, of the Secretariat. She said Dashboards were reviewed by the Oversight Committees on June 17, 2015. Findings were largely on financial and programmatic indicators and shared with members. The follow up issues from previous dashboard was also addressed to the satisfaction of members. The various PRs took turns to response to issues that needed clarifications.  The PM for NACP stressed the need for common understanding of the denominator in calculating burn rates which could be on quarterly or cumulative basis. He said in the past there was difficulty in matching procurement budget with operational costs since introduction of the VPP because the program was not informed of expenditures on procurement timely to know how much was spent over a period of time.  On pediatric treatment the PM said another supplier has been sourced to address the problem of procurement and supplies of pediatric drugs. The challenge has been the problem with registration of products with the local regulatory authority.  The PM for ADRA explained a distortion in the calculation of its burn rate which did not take into account some expenditure items and transfers received in the second quarter of 2014. The corrected burn rate was therefore 95% and not 47% as reported in the Dashboard. | | | | | | | | | | |
| |  |  | | --- | --- | | **AGENDA ITEM #5** | **Sensitization of CCM Members on PWID Advocacy** | | | | | | | | | | | |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**  People Who Inject Drugs (PWID) in Ghana remain a grey area with little or limited data on this Key Affected Population. The need to design intervention services to reach this population in future GF grant concept notes necessitated capacity building for the CCM to increase knowledge on PWID related issues. This was the first of two planned advocacy sessions with the CCM under the pilot project that involves, development of guidelines, training of selected service provider institutions as well as CSOs. Consultant Psychiatrist, Dr. Eugene Dordoye made the presentation to the CCM highlighting major drugs of abuse, the epidemiology of drug users, myths of drug use in Ghana, effects of drugs use, national policies in place, treatment facilities available, challenges to treatment, and the way forward. He said drug abuse is the disease of young people who lack maturity of brains to do rational behaviours. Health workers are in majority known to be dazed on drugs. He said while drugs pose national security threat, drugs also affect governance at country level. He said currently drug policy is different from alcohol policy even though both are the same. Dr. Dordoye said a national policy is in the draft stage and that the country has only two rehab centers at Pantang and Ankaful hospitals. He said the greatest challenge of this population was stigmatization hence their refusal to come out for treatment because drug abuse is considered a moral problem by public.  He said the way forward is:   * Education on drug misuse * Build capacity of healthcare workers problem and in majority of cases. dazed on drugs | | | | | | | | | | |
| |  |  | | --- | --- | | **AGENDA ITEM #6** | **Implementation of CCM Performance Improvement Plan/update of work by GMS**  **Consultants** | | | | | | | | | | | |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**  The GMS Consultants made a presentation on the following CCM governance documents which were finalized for endorsement by the CCM. Given the minor revisions in suggested areas in the constitution, oversight plan the CCM conditionally endorsed the following documents by consensus for uploading unto the CCM Global Fund EPA Platform:   1. Conflict of Interest Mitigation Policy 2. CCM Constitution 3. CCM Oversight Plan 4. Standard Operating Procedures   The CCM Constituency Engagement and Communications Plans were due for finalization at the July 2, 2015 workshop of the CCM and therefore not included for endorsement. All documents can be reviewed every six months | | | | | | | | | | |
| |  |  | | --- | --- | | **AGENDA ITEM #7** | **Presentation of Report of CCM Monitoring Task team on PMTCT Commodities** |   **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**  The report was the outcome of a task team constituted by the CCM at its meeting on December 3, 2015 to investigate procurement, storage and use of PMTCT test kits procured with GF funds during the period of 2014.  The team was comprised of GAC, UNICEF and Nap+ Ghana with coopted members from JSI, UNAIDS and CCM. According to Ms. Golda Asante the Coordinator of the Task Team the country was zoned into three for the purpose of the assignment. Selected regions and districts for site visits were conducted in Ashanti, Northern and Greater Accra. The report was to be circulated to Members for their review and follow up actions on the recommendations at the next CCM meeting.   |  |  | | --- | --- | | **AGENDA ITEM #8** | **AngloGold Ashanti Malaria Asset Disposal Plan** | | | | | | | | | | | |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**  The Chairman recapped the issue of the AngloGold Ashanti Malaria Asset Disposal Plan which documents were widely circulated to members. In the course of the briefing it was realized some Members did not review the documents and therefore were not aware of the discussions surrounding the disposal plan. In spite of the explanation by the Chair and the Executive Secretary on the various stages the plan had gone through Members felt uncomfortable taking a decision without further consultation and review of the documents. The secretariat was therefore requested to resend the documents to members inviting their views on the next steps. | | | | | | | | | | |
| |  |  | | --- | --- | | **AGENDA ITEM #8** | **Any Other Business:** |   **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**  **1. HIV/TB Grant Signing and Related Matters:**  The Chairman informed members that grant signing for HIV/TB Concept Note currently before the GF for approval was expected by end of 2015. He said however, the signing would be contingent on an acceptable recovery proposal from government on the $3.8m defective condoms that were procured by the MOH/GHS. with GF funds. The Chief Director of the Ministry assured Members that agreement with the suppliers of the defective condom was in the final stages of completion by the AG Department. He said the supplier agreed to supply the condoms by end 2017 from WHO prequalified sources. He was confident that the outcome of the agreement would be acceptable to all to enable the grant signing to happen.  *.***2. Monitoring COI Policy:**  Suggestion was made to constitute a 3-member committee to monitor COI implementation.  **3. Constituency Engagement and Communication Plan:**  The GMS team proposed to facilitate a workshop on July 2, 2015 to finalize the two documents that would complete their assignment. The venue would be decided with the secretariat and communicated to Members and stakeholders  **Closing:**  Dr. Sebastian Sandare moved to close the meeting at 15:42pm. He was seconded by Mr. James Ohemeng Kyei. | | | | | | | | | | |
| **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 need for common understanding of the denominator in calculating burn rates** * **The problem in procurement delays is also partly due to failure of manufacturers to register products at local level.** * **Information on status of agreement between Attorney General Department and Suppliers of unwholesome condoms in the refund of $3.8m to GF.** | | | | | | | | |
| **MLBL** |  | * **Call to suspend decision on AGA Mal Asset Disposal Plan for further documentation to be provided to Members** * **The need to know if there was any planned engagement by NACP with CSOs and Private sector on condom distribution and what was the status of the plan if any.** | | | | | | | | |
| **NGO** |  | * **In the past CCM was not being informed of information on expenditures by PRs to know how much was spent** * **Call to invite SWAA Ghana in the distribution outlet for NACP Condoms** * **Inclusion of representation of Women and Children interest group on OC** | | | | | | | | |
| **EDU** |  | * **Information on research documents available in-country on PWIDs in Ghana** | | | | | | | | |
| **PLWD** |  | * **Concerns raised with the limited invitations or quota allocation to the constituency at the GF/CCM/LFA workshop from June 9-12, 2015** * **Need to intensify education on the harmful effects of drug abuse especially among health workers** | | | | | | | | |
| **FBO** |  |  | | | | | | | | |
| **KAP** |  |  | | | | | | | | |
|  | | | | | | | | | | |
| **ACTION(S)** | | | | | | | | **KEY PERSON RESPONSIBLE** | **DUE DATE** | |
| *Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.* | | | | | | | | | | |
| 1. **Follow up on Ministry of Health and OIG queries on refund of USD5.6m** | | | | | | | | **Executive Secretary/CCM** |  | |
| 1. **Harmonize all Dashboard to report quarterly and not semester or annual** | | | | | | | | **Program officer CCM** |  | |
| 1. **Engage Country Team on Challenges with VPP and Late disbursement of grants** | | | | | | | | **CCM Oversight Team** |  | |
| 1. **Firm up membership of tightened Oversight and PR Focal Persons** | | | | | | | | **CCM/Secretariat** |  | |
| 1. **PR Tax Exemptions for New Funding Model Grants** | | | | | | | | **CCM/PRs/Secretariat** |  | |
| 1. **Follow up on current malarial stock levels & develop an improved strategy for the distribution of ACTs at the Community level** | | | | | | | | **CCM Program Officer** |  | |
| 1. **Organize Constituency Engagement/communication workshop for the development of Constituency Plans** | | | | | | | | **GMS Consultants/Sect.** |  | |
| 1. **Plan HIV/TB/Malaria Oversight visits in August/September, 2015** | | | | | | | | **Program Officer/CCM** |  | |
| 1. **Share final list of newly reconstituted CCM Members/Alternates** | | | | | | | | **Admin Officer** |  | |
| 1. **Communication on final resolution of Condom case** | | | | | | | | **Executive Secretary** |  | |
| 1. **Recirculate relevant documents on AngloGold Asset disposal** | | | | | | | | **Executive Secretary** |  | |
| **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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|  | **To add an additional 'Agenda Item', copy a blank version of the Agenda 1 table. To do this, rest the pointer on the upper-left corner of the table until the table move handle appears (see diagram on the left). Copy the table to a new location by copying and pasting. Then adjust the Agenda Item #. Repeat as necessary for additional Agenda items.** |

**DECISION(S)** *Summarize the decision in the section below*

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| **SUMMARY OF DECISIONS & ACTION POINTS** | | | |
| **AGENDA ITEM NUMBER** | **WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW** | **KEY PERSON RESPONSIBLE** | **DUE DATE** |
| **AGENDA ITEM #1** | **Follow up on Members who have not signed the declaration** |  |  |
| **AGENDA ITEM #2** | Update on withdrawal of MOH letter to GF on OIG recoveries |  |  |
| **AGENDA ITEM #3** | Completion of nominees from programs for tightened oversight activities |  |  |
| **AGENDA ITEM #4** | Distribute oversight meeting minutes |  |  |
| **AGENDA ITEM #5** | Upload PIP documents unto GF CCM EPA platform |  |  |
| **AGENDA ITEM #7** | Circulate report to Members |  |  |

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

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| **NEXT MEETING (includes outstanding agenda items not completed during current meeting)** | | |
| **TIME, DATE, VENUE OF NEXT MEETING (*dd.mm.yy*)** | | **September 9, 2015** |
| **PROPOSED AGENDA FOR NEXT MEETING** | **WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED** | |
| **AGENDA ITEM #1** | **Recap on decision points of previous meetings** | |
| **AGENDA ITEM #2** | PR Dash Board Reviews | |
| **AGENDA ITEM #3** | Report on tightened oversight of MOH/GHS programs | |
| **AGENDA ITEM #4** |  | |
| **AGENDA ITEM #5** |  | |

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

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| **SUPPORTING DOCUMENTATION** | **Place an ‘X’ in the appropriate box** | |
| **ANNEXES ATTACHED TO THE MEETING MINUTES** | **Yes** | **No** |
| **ATTENDANCE LIST** | Yes |  |
| **AGENDA** | Yes |  |
| **OTHER SUPPORTING DOCUMENTS** | Yes |  |
| **IF ‘OTHER’, PLEASE LIST BELOW:** | | |
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| **CHECKLIST (Place ‘X’ in the relevant box)** | | | |
|  | **YES** | **NO** |  |
| **AGENDA CIRCULATED ON TIME BEFORE MEETING DATE** | **Yes** |  | **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** | **Yes** |  | **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** | **YES** |  | **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\*** | **Yes** |  | **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** | **Yes** |  | **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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| **glossary for acroynms used in the minutes:** | |
| **ACROYNM** | **MEANING** |
| **CCM** | **Country Coordinating Mechanism** |
| **COI** | **Conflict of Interest** |
| **CSO** | **Civil society Organization** |
| **NACP** | **National AIDS Control Program** |
| **MDR-TB** | **Multi-Drug Resistant Tuberculosis** |
| **PMTCT** | **Prevention from Mother to Child Transmission** |
| **PM** | **Program Manager** |
| **NTP** | **National Tuberculosis Program** |
| **LFA** | **Local Fund Agent** |
| **TOR** | **Terms of Reference** |
| **OC** | **Oversight Committee** |
| **DPs** | **Development Partners** |
| **EPA** | **Evaluation and Performance Assessment** |
| **PIP** | **Performance improvement plan** |

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

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| **ccm minutes prepared by:** | | | |
| **TYPE / PRINT NAME >** | **Daniel Norgbedzie** | **DATE >** | **July 6, 2015** |
| **FUNCTION >** | **Executive Secretary** | **SIGNATURE >** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ccm minutes approval:** | | | |
| **APPROVED BY (NAME) >** | **CCM** | **DATE >** | **September 9, 2015** |
| **CCM CHAIRMAN (COLLINS AGYARKO-NTI)** | | **SIGNATURE >** |  |