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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)** | 18 |
| **MEETING NUMBER (if applicable)** | Q2/2018 |
| **DATE** *(dd.mm.yy)* | 6 June, 2018 | **TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS****PRESENT (INCLUDING CCM SECRETARIAT STAFF)** | 29 |
| **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)** | 3.4hrs |
| **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** | X |
|  | **CCM member** |  | **Committee meeting**  |  |
|  | **Alternate** |  | **GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING****(Place ‘X’ in the relevant box)** | **LFA** |  |
| **HIS / HER SECTOR\* (Place ‘X’ in the relevant box)** | **FPM / PO** |  |
| **GOV** | **MLBL** | **NGO** | **EDU** | **PLWD** | **KAP** | **FBO** | **PS** | **OTHER** | X |
|  |  | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AGENDA ITEM #5** | Review of PR Dashboards and Oversight Activity Reports  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |
| **AGENDA ITEM #6** | Status of CSS, and Catalytic Funding for HR and KPs |  |  |  |  |  |  | X | x | X |  |  |  |  |  |  |
| **AGEDA ITEM #7** | Update on MoH/GHS Q1 Review and Catch-up Plan  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
| **AGEDA ITEM #8** | Update on MoH/PEPFAR Commitments and Obligations |  |  | X | X |  |  |  |  |  |  |  |  |  |  | X |
| **AGENDA ITEM#9** | Update on KP/HR/CSS Components of Grants Documents |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AGEDA ITEM #10** | Any Other Business:* Constituency Engagement
* Correspondence
 | X |  |  |  |  |  |  | X |  |  |  |  |  |  | x |
| **MINUTES OF EACH AGENDA ITEM**

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| **AGENDA ITEM #1** | **1.0: Consideration/Approval of Agenda:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**The meeting started at about 10:10 a.m. with a self-introduction of participants after which the Chair welcomed members to the second plenary meeting of the year. The agenda for the meeting was reviewed and unanimously adopted on a motion moved by Madam Cecilia Semoo and seconded by Mr. David Kwesi Afreh.Following the adoption of the agenda, the Chair informed the meeting that the Fund Portfolio Manager (FPM) would be given an opportunity to share his thoughts with the meeting. He noted that the FPM had indicated some issues surrounding Q1 grant performance, the PEPFAR MOU and some concerns that needed to be addressed going forward. 1.1: Skype Call with Fund Portfolio Manager:Mark Saalfeld was grateful for the opportunity to share the CT’s views on areas that the CCM needed to push for result. He said the issues on the agenda were critical and that the CCM must be focused on finding answers. The FPM highlighted on the following areas:1. The CCM needed to understand the current status of implementation citing the outcome of Q1 review which put MOH grants behind expectation. He said the PR was supposed to share the catch-up plan with the CCM and CT to address the fears of unspent funds which has not been done.
2. The 90 90 90 agenda has been in discussions with stakeholders and partners for the past couple of months but there appeared to be a lack of visibility of the new plan and strategies. He said further to that, the guarantee that government (MOH) would procure drugs timely was also uncertain. He added that even though there are indications of progress, the CT still has no answers on the way forward. He called for the need to engage NACP to understand the progress on targets, strategies and data collection.
3. The CT shared concerns with the performance and collaboration between the PMU and RMU structure. He mentioned challenges with communication and implementation arrangements and that there was need for both units to be working together to address these issues. He indicated the need to have a plan to resolve the seeming communication lapses.
4. The FPM also shared some positive notes on TB and Malaria programs. He informed the meeting of the stakeholder meeting in the second week of July to discuss the additional $3.2m funds to NTP and how the fund would be used for best result and impact. He also spoke of the heightened image of AGA Mal IRS program in the international press which has become an envy of the international community. He said this was a plus for Ghana’s IRS program.

The Chairman thanked the FPM for sharing his views and assured him that most of the issues had been captured in the agenda and would be addressed especially as the CCM is determined to improve its grant absorption.

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| **AGENDA ITEM #2** | **2.0: Declaration of Conflict of Interest:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**The Chairman reminded the meeting of the importance attached to issues of conflict of interest by the Global Fund. He said the declaration of COI by CCM members and non-members has been a regular process to ensure that people are not in any conflict situation either apparent or perceived. He said the agenda should guide all in determining whether they were in conflict of interest with the issues to be discussed. The discussions got on with no declaration of conflict of interest by members and nonmembers present.

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| **AGENDA ITEM #3** | **3.0: Minutest of Previous Meeting & Matters Arising:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**3.1: Corrections to Minutes:The Chairman led members through the review of the minutes for corrections and amendments to the minutes. The following corrections were made after which it was adopted by consensus upon a motion by Emmanuel Beluzebr and seconded by Bright Amisah. 1. Section 2:1.0: The last sentence should read: He told the meeting he has been Chair of the CCM for the past two years and that he was re-nominated in accordance with the CCM Constitution to serve a final term of 2 years.
2. Section 2.2 /#3 (2): Was corrected to read; Dr. Adusi-Poku said to further strengthen the system, NTP recruited a logistics officer to lead in the procurement of TB medications at the program level.
3. Section 3.2.5 /#1: The last line with the spelling “Ibola” was corrected to read “Ebola”
4. Section 3.2.5 /#2 line 4: The repetition of “the Ministry had”….was corrected.
5. Section 4.2.2 paragraph 1: Last sentence was corrected to read “He suggested that reviewing the targets should be shelved until the mid-term review of performance and given the improvements it should be reasonable to address all the issues to facilitate the 90 90 90 goal”.
6. NMCP: Third sentence, paragraph 2: IPT3….“Finding the best way to address the challenge was yet too far” should rather read…. Though Ghana remains the best in IPT3 in Africa, we have not achieved the set target as a country and hence welcome suggestions of best practices to improve on the performance of the indicator*.*

3.2: Matters Arising from Previous Minutes:3.2.1: Allocation of USD3.2m Savings to NTP under NFM2:Mrs. Cecilia Senoo wanted to know how the NTP has programmed to use the additional savings of $3.2m allocated to it from Malaria grant. She reminded members that though the CCM do not have a concrete plan for the use of the money, the amount approved by the CCM was intended to support active case finding with the involvement of civil society organizations. Dr. Adusi-Poku, Deputy Program Manager (DPM NTP) in response said the use of the money must be from an informed position. He said the epi study and patient pathway analysis carried out last year established regional variations in TB prevalence in Ghana with one-third of suspected TB cases in the private sector. He said this underlies the need to come up with targeted strategies that are evidence based. For this reason he said a national stakeholder meeting is planned to take place in July 2018 to discuss the approach and the involvement of the private sector and civil society in finding the missing cases. The Chairman implored the meeting to wait until the TB national stakeholder meeting in July to revisit the issue. He further suggested that the programs would also conduct a mid-term review around the same period which would further strengthen the position of the CCM in addressing the issue. 3.2.2: Update on GIZ infectious disease center: The Program officer in charge of oversight and communication at the CCM secretariat said the facility was not entirely completed. She said GIZ was currently evaluating the facility to determine the cost involved to make it fully functional. She said her initial contact with NTP on the use of the facility showed that the program had no urgent use for the facility due to proximity to another facility being used for the same purpose. Dr. Adusi-Poku, (DPM) however, said it was not that the program had no use for the facility but the challenge was the lack of capacity of the program in terms of human resources and logistics to run the place; which he said is beyond the program.The CCM agreed that MOH/GHS/NTP must liaise with GIZ to discuss how the facility could be put to use. The GHS/NTP must provide the technical guidance to the Ministry on what needs to be done as a way forward and to inform the CCM of the Ministry’s position. 3.2.3: Updates on TB Program Grant: Mrs. Cecilia Senoo wanted to know if the reported challenges of the TB program in the last meeting have been resolved and what the current status was. She said the challenges had to do with procurement, tax waiver, shortage of medicines and commodities.In response, the Deputy Program Manager, NTP said most of the issues have been addressed. On the shortage of drugs, he said cat 1 and cat 3 drugs are in stock except Etambutol for which arrangement has been made for supplies from neighboring Nigeria through the Global Drug Facility (GDF). He said letters to that effect has gone to the Ministry and that the concern with this arrangement was the fear being expressed that the drugs from Nigeria might not be quality assured. He assured the meeting that GDF was negotiating on behalf of Ghana with the same recognized manufacturers that supply these medicines and therefore the issue of quality did not arise. 3.2.4: Enablers Package: Civil society led by TB Voice Network raised concerns about the lack of transparency with the management of the ‘enablers’ package MDR TB patients. Ms. Genevieve Dorbayi said while the cost of treatment is unknown to the patient, the package is seen as a favor rather than a right which would enable patients to demand accountability. She also demanded to know if the package was in cash or kind or both and how this could be effectively monitored for compliance and for the absolute benefit of patients. The TB program explained that the management of the package varies from facility to facility/region due to different attitudinal tendencies, peculiarities and prevailing circumstances. The DPM said an essential requirement for administering the drug was for the patient to take in food that is nourishing. However, experience of the program has shown that giving money cannot guarantee that the patient would use it to buy the food. He said it was for this reason, the administration of the package is tailored to suite patients differently across facilities. He said where it was clear that a patient would misapply the money for other things rather than food, the facility would insist on buying the food to enable him/her take the medication. He also indicated that the situation is not unique to Ghana but exists in many other countries. He therefore, called on anyone with evidence on the abuse of the enablers to bring it to the attention of the program.Members agreed that the absence of a guideline was the central problem in the management of the ‘enablers’ package. As a solution, NTP was tasked to provide leadership by engaging TB Voice Network, Stop TP Partnership and key stakeholders to develop guidelines to address issues surrounding the administration of the ‘enablers’ package by the end of July 2018.3.2.5: Update on HIV Commodities:The question was raised as to whether there was adequate stock of ARVs. Program Manager for NACP informed the meeting that there was adequate stock. However, the critical issue was getting the counterpart fund for the procurement of $13.9m worth of ARVs under the PEPFAR MOU. Dr. Ayisi Addo said LCs have however been established and all documentation submitted to the Ministry for payment. He said it was based on government’s proof of evidence and assurance that PEPFAR is going ahead to procure their part of the medicines. He however acknowledged receipt of 57,000 test kits from the Ministry. Another related issue had to do with submitting new names for ordering ARVs through WAMBO for the GF procurement which was submitted to MOH and confirmed by PMU. Speaking for PEPFAR, a member (bilateral) said the issue had to do with how long the ARV stock would last. She said government was to procure $13.9million worth of ARVs by December 2017 but as at June 2018, government had still not procured $3.2m ARVs as far back as April 2017 and there was no idea when this fund would be available. With the PEPFAR agreement ending in October 2018 (with the possibility of an extension period) Ghana stands to lose $23m if it failed to meet this obligation under the MoU. She said it was therefore important to understand how long the current stock would last so that the CCM could use its mechanism to push the process forward.On the issue of stockouts, the president of NAP+ said commodity availability at regional or national level is different from what persists at lower levels. He said for PLWHIV, there is stock out when the client does not receive the full ration of medicines at the facility. He said the critical issue for the CCM was how to address and streamline the process of commodity availability at the facility level at all times. The President said currently, he had received repeated calls of ARV stock out from the Volta Region for the past one month. His assertion was corroborated by the NAP+ regional chair and representative of GHANET both resident in the Volta Region and present at the meeting.  The NACP Program Manager in response said the stock out could be attributed to the fact that Volta Region did not pick up supplies from the Central Medical Stores. He advised NAP+ to always contact his office in such cases for quick redress. The CCM Program officer also requested to be furnished with such information to enable the oversight committee follow up on such matters. The CCM called on NAP+ to furnish NACP with details of the stock outs and areas affected. The Director of Public Health (GHS) Dr. Badu Sarkodie, said the issues raised were critical and proposed that he would flag them with the leadership of MOH/GHS for urgent resolution. D3.2.6: Update on CCM Concerns with MoH (PR):Dr. Maureen Martey who stood in for the Ministry said she was not sufficiently briefed on the outstanding issues and therefore could not speak to them. The Chair expressed his disappoint at the Ministry not being present to address the issues. He said one of the key issues on the table were for the MoH to show how its commitments to the PEPFAR MOU was working. The outstanding issues pending were: 1. LMIS.
2. Tax Waivers.
3. PEPFAR MOU

On the Ministry’s support to CCM, the Executive Secretary informed the meeting that the issue was first discussed with the Hon Minister who requested the secretariat to formalize the request in an MOU to the Ministry to enable the Ministry make a case to Ministry of Finance for the support. He said the draft MOU was submitted to the Ministry and was receiving the attention of the Hon. Minister. 3.2.7: Non-Payment of GHS GF Staff Salaries: Dr. Kezia Malm (PM) lamented the non-payment of staff salaries due to a freeze on the payment by the Country team because the program failed to submit evidence of rationalization of GF Program staff salaries. She said this was unfair to programs given the commitment and the extra hours spent by program staff sometimes late into the night to meet targets only to be denied salaries at the end of the month. She said the Country Team’s insistence on salary rationalization was simply frustrating since these issues formed part of the grant making process which were addressed prior to grant signing. The PM called on the CCM to take up the matter to end the frustration of programs and staff.Dr. Badu Sarkodie said the situation was impacting negatively on performance and that GHS was currently in court because of non-payment of SSNIT contribution which comes with a penalty. The Head of PMU, Dan Osei, said his office had submitted the CT request on salary rationalization to the Ministry (RMU) for onward transmission to the GF but could not tell if the CT had received the document. He also informed the meeting that the CT had given approval to pay salaries up to December 2018 while the LFA validates the proposed salaries.The Chairman said it was important to understand some of the demands of donors which could be considered legitimate given the circumstance. He said while he was not in support of the CT, he believed the action was driven by the demand on government to show evidence of a transition plan for sustainability. The Chairman said the PR should engage the CT to understand the issues clearly to be able to resolve the matter within the time period of December 2018. He further decried the weaknesses in communication, management and control at the level of RMU and PMU which could affect implementation. He said it was evident from the proceedings that GHS and MOH were not collaborating adequately in resolving urgent matters. He reminded the PR of the proposed SOP on communication protocol that was suggested in the last meeting which has still not been developed and shared with the CCM. 3.2.8: CHAG’s Request for CCM Membership:The Chairman reminded members of the CCM’s decision to refer CHAG’s application for membership of the CCM to the Executive Committee for guidance at the last quarterly meeting in March 2018. He said the committee’s report which was shared with members had two recommendations for endorsement of the CCM as follows: * That CHAG should be given an observer status to enable it participate fully in CCM decisions pending the next term of a new CCM when the application could be revisited and resolved amicably with the sector representatives.
* That CHAG should be invited to join the CCM oversight committee for Malaria to enable it contribute to the effective functioning of the Committee.

The meeting unanimously approved the recommendations of the Executive Committee with a directive to the secretariat to communicate the decision to CHAG.

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| **AGENDA ITEM #4** | **4.0: Review of PR Dashboards and Oversight Activity Reports:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**4.1: Oversight Committee Members:The CCM Program Officer presented the oversight reports starting with a presentation on the composition of the newly constituted oversight committees for HIV/TB and Malaria/RSSH. The following were proposed and discussed:

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| **No** | **HIV/TB Oversight Committee** | **Malaria/RSSH Oversight Committee** |
| **Name** | **Organization** | **Name** | **Organization** |
| 1 | Edith Andrews Annan | WHO | Dr. Felicia Owusu-Antwi | WHO |
| 2 | Nabil Alsoufi | USAID | Sixte Zigirumugabe | USAID |
| 3 | Evans Opata | NGOs in Malaria | Joyce Larko Steiner | Christian Council |
| 4 | Cecilia Senoo | SWAA | Dan Epeh | GAC |
| 5 | Damaris Forson | PSM | Laud Baddoo | PSM |
| 6 | Mac-Darling Cobinah | CEPEHRG - KAP | Mahmoud Bill | Muslim Council |
| 7 | Ernest Ortsin | GHANET | Jerry Amoah Larbi | TB Voice Network |
| 8 | Genevieve Dorbayi | TB Voice – PLWD | Alfred Tsiboe | Stop TB Partnership |
| 9 | Jonathan Tetteh-Kwao | Dreamweaver Org.?? | CHAG/RSSH Expert | CHAG |

On the HIV/TB Committee, the Chairman said he had two issues that bordered on conflict of interest involving the membership of Jonathan Tetteh Kwao. The first was the member’s provocative attitude and threats to the staff of NMCP because of the disqualification of his NGO for nonperformance to implement the NFM2 grant; and the second was an email on the subject: Ghana CSOs Non-involvement in Grant Making Process” to the Global Fund dated April 17, 2018. The chair was of the opinion that the two instances referred bordered on conflict of interest and hence requested that the CCM referred the two issues to the CoI committee for determination. He told the meeting without prejudice to his rights as a whistle blower, he was greatly embarrassed by his conduct and the content of the letter to the GF CT and would like the conflict of interest committee to consider his submission because in both instances he used his position as a member of the oversight committee. The chair expressed worry that Jonathan had the penchant for carrying himself as a member of the oversight committee when it might not be necessary after all. The Program Manager, NMCP in a brief comment told the meeting she had to bring the issue to the attention of the CCM Chair because the incident nearly resulted in a physical confrontation and obstructed work for a period. Commenting on Jonathan’s membership in CCM oversight the Administrative Officer at the CCM secretariat explained that it was not out of place to have non-CCM members on the oversight committee and also have a situation where constituency/constituencies are not represented on an oversight committee. With particular reference to the membership of NAP+ on the HIV/TB oversight committee, Mr. Dasaa explained that the requirement is to have representation of People living with or affected by the diseases; which he said has been met with the representation of Ms. Genevieve Dorbayi of the TB Voice Network who is also a member of NAP+. The meeting approved in principle the composition of the committees subject to due diligence by the secretariat to ensure members met the requirements in accordance with the GF guidelines. The Secretariat was to contact CHAG to confirm its acceptance to serve on Malaria Oversight Committee and review the list accordingly as recommended by the CCM. The secretariat was further requested to bring the case of Jonathan Tetteh Kwao to the COI committee for determination and advice. 4.2: Presentation of Dashboards:The CCM Program Officer informed the meeting that further reading on dashboards, OC minutes and site visit reports could be accessed on the CCM website [www.ccmghana.net](http://www.ccmghana.net) either under “Ghana Grants” >> “Grant Progress” under each of the programs or PRs or under “Downloads”.4.2.1: Grant Performance Rating:

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| **Performance Rating**  | **All Indicator or Top Indicator Score** |
| **A1** | >100 % |
| **A2** | 90%-100% |
| **B1** | 60% - 89% |
| **B2** | 30% - 59% |
| **C** | < 30 % |

4.2.2: Financial performance: 1. Burn rates was between 1% and 14% for MoH/GHS programs which were largely due to challenges related to implementation arrangements, late disbursement (BG March), and postponed procurement. For NMCP, delayed mass distribution of LLINs by one week to Q2 affected performance.
2. AGA Mal achieved 31% but would be close to 100% if insecticides had arrived in time.
3. WAPCAS: 81%

4.2.3: Notes on NACP:1. Stock situation was good. Enhanced level of program staff’s pro-activeness noted. Risk of expiries.
2. VL scale up plan: 3 PCR machines installed in GAR, AR, BAR; MoU with Ghana Post sent to Ghana Post for signature…..no linkage
3. E-tracker: 68,000 on e-tracker as at 22nd May. 2018 90,000 clients expected to be migrated by the beginning of August.
4. ANC registers: shortages communicated by programs and RMS and confirmed by FHD, no funds for printing, shortage also of ANC records and PNC registers => affect completeness and quality of data.
5. Progress on the various programmatic indicators since BG/NFM1 was presented. 93% of ANC registrants tested, 81% of HIV+ pregnant women enrolled on ART, low achievement on EID reportedly due to equipment challenges, low general population testing rate due to sole focus on provider-initiated testing, 51% VL suppressed based on incomplete data set and inclusion of newly diagnosed PLHIV

4.2.4: Notes on WAPCAS:1. Challenges with ART facilities that insist on costly lab tests before ART initiation – survey ongoing and report will be shared with CCM
2. No condoms – 10m USAID procured condoms have arrived and are currently FDA tested
3. Field work started in March. Good results considering the short implementation period

4.2.5: Notes on NTP:1. **E-tracker:** 113 facilities equipped, most not functional. Challenges include problems with internet connectivity and staff rotation. Plan to revamp the initial 113 and equip/train the remaining 103. The program officer re-emphasized the need for GHS to develop a training on the job guideline to ensure that newly acquired expertise is sustained at facility level
2. **Short term MDR-TB treatment:** Refresher training ongoing, short-term treatment available in all 10 regions; 80% of all RR/MDR-TB patients estimated to be eligible
3. **Plan for the additional $3.2M:** plan will be developed in collaboration with GF and key stakeholders from the regions in July
4. **Sample referral plan:** Plan to collaborate with NACP in sample referral but info that the NACP sample referral is based on HIV samples only. Need for NTP to come to discuss with NACP
5. **Outcomes of TB patients that are not treated (global picture):** 50% expected to die, 25% get healed naturally, 25% become chronic. Hence great need to improve case finding
6. **Stock:** Several emergency orders to ensure future stock
7. **Programmatic results:** case finding: best result since start of NFM1 in absolute numbers. Significant reduction in annual targets (29,000 >> 19,000)
8. **Low achievement in enrolment of HIV+ TB clients and MDR-TB clients:** reportedly due to incomplete data sets due NTP being the last program to report on DHIMS data only
9. **MDR-TB diagnosis:** 154%.

4.2.6: Notes on NMCP Performance Targets:1. Proportion of suspected malaria cases receiving parasitological test (by pub-sec health facilities) 110%
2. Proportion of suspected malaria cases receiving parasitological test (in the community) 113%
3. Proportion of confirmed malaria cases receiving 1st-lineTx per national policy (by pub-sec health facilities) 100%
4. Proportion of confirmed malaria cases receiving 1st-lineTx per national policy (in the community) 100%
5. Proportion targeted risk groups receiving ITNs (all risk groups) 124%
6. #LLINs distributed to risk groups through mass campaign 45%
7. #Women attending ANC receiving >3 doses malaria IPT 101%
8. % of children aged 3-59 months who received full courses of SMC (3/4) per transmission season

4.2.6.1: Issues Identified:1. Shortages of a number of different data capturing tools, including ANC registers
2. Testing: >90% of suspected cases tested mainly in public facilities
3. ACTs: 100% in public facilities
4. LLIN mass campaign: ER postponed to Q2, WR will only be covered after the rainy season
5. IPT: ongoing discussion on start of IPT; inconsistent guidelines across the various NMCP documents

4.2.6.2: Notes on AGA Mal And PPME/RSSH:1. Slight delay in IRS start due to late arrival of insecticides
2. PPME was not available to meet the oversight committee

4.3: Some Key Issues Discussed:4.3.1: Tuberculosis:A member raised concern about the reported 35,000 missing TB cases and the need to find them. He noted the challenges with the private sector and need for NTP to put in place measures towards finding the 35,000 cases that are treatable. The PM for NTP said the 35k missing cases was theoretical and include people mainly in the private sector who do not want to be treated, or are unwilling to visit hospital for diagnosis or are unaware that treatment is available. He said there was therefore the need to create demand through enhanced TB case finding but the NTP lack capacity and resources to create that demand hence the strategy of the low hanging fruits using the health facility approach. Dr. Bonsu further said the private sector had been the core synergy of the TB program over the years but due to the cut in funding to the private sector by the Global Fund this has ceased even though the patient pathway analysis showed that the private sector receives patients. He said the situation could be reversed with approval from the GF to reengage private sector. He also announced a stakeholder meeting with WHO, USAID, NTP GF, experts and CSO to build consensus on framework for prioritizing interventions based on evidence on which the GF will base its funding. Ms. Genevieve Dorbayi said there was need for extensive education on TB among the population. She said the TB stigma is posing a challenge and called on the programs to go the extra mile in this direction.4.3.2: HIV:On the performance of the third 90 (51%) the PM said the achievement must be viewed against the scale up plan which is part of the differentiated service approach (DSD) to improve target. On logistic support to improve e-tracker, he said some operational issues like internet connectivity, tools and laptops are stumbling blocks but these are under control. He mentioned plans to bring on board sites that are not reporting from its 300 sites manned by 200 data offices to improve target. The program is also activating the reporting module within the e-tracker while the migration to the e-tracker is in progress. A member (multilateral) said sometimes she gets the feeling that the E-tracker rollout would be successfully implemented but on a daily basis she also gets the feeling that the situation was getting worse by the day. She said the problems associated with TB/HIV testing and treatment had been ongoing for a long time and has become chronic. There are challenges with sustainability, procurement but nothing was being done about domestic resource mobilization. She therefore felt if it was necessary to bring this at a higher government level for discussion adding that a joint meeting of partners is in process to discuss these challenges as we need solutions to them.Members said the issue of domestic resource mobilization needed some action. The meeting called on GAC to provide update on resource mobilization drive for HIV.4.3.4: OC Recommendations for Approval:

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| **RMU/MOH PR** |
| * Share procurement plan with CCM and OC
* Update CCM on Q2 disbursement requests
* Address issue of salary rationalization with the CT and inform CCM
* Provide update on tax exemptions for GF grants
* Provide regional disaggregation for selected indicators

NACP: * to improve its collaboration with GAC/NAP+ to scale up info on test&treat / EID
* Provide clarification on WHO recommendation re lab tests before ART initiation to ART facilities
* Clarify transport of TB samples with NTP

NTP:* Clarify transport of TB samples with NACP
* Improve data capturing
* Reactivate e-tracker

NMCP:* Ensure availability of finance expertise in OC meeting
* Discussion with OC on start of IPT
* Scale up IPT2/3 in WR and ensure sufficient stock of RDTs and ACTs
* NMCP to review situation of LLINs in hospital wards

PPME:* Scale up quality validation of DHIMS data
* Reactivate TB e-tracker
* Participate in HIV/TB OC meeting
* Respond to CCM and oversight committee requests and participate in OC meetings
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| **AGENDA ITEM #5** | **5.0: Update on MoH Q1 Review and Catch-up Plan:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**The Chairman reminded members of the outcome of the joint review of Q1 implementation of NFM2 in April 2018. He said the review showed that the MOH PR was behind in terms of implementation activities and, therefore, could not absorb nearly $4m of the first disbursement. He said the PR was to prepare a catch-up plan on how it would absorb the unspent funds to be shared with the CT and the CCM but this was not done.The Chairman invited GHS to share update on progress since the review in April 2018. The head of PMU, Dan Osei, informed the meeting that the GF had disbursed $4.7m to Malaria/RSSH program and another $2.7m to TB/HIV for January to June. Activities for Q1 and Q2 have largely been carried out leaving about $200k in the account. He said some programmatic activities including procurement had been shifted while HR payment would happen which would make significant change in fund absorption. In terms of absorption about 99% of the activities were covered and 88% completed. Dan Osei said PMU made a disbursement request of $12m to the GF to end the second quarter of June 2018.The meeting was informed of a review meeting planned by the MOH PR at the Ministry on Friday, June 8, 2018. The Chairman said the leadership of the CCM and the Secretariat would participate in the review meeting to further discuss the progress made in detail.

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| **AGENDA ITEM #6** | **6.0: Update on MoH/PEPFAR Commitments and Obligation:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**There were no updates because the Ministry’s representative was not sufficiently briefed on the issues and therefore could not speak to them. Pieces of information on the progress of the 90 90 90 plan indicated some level of improvement in the core issues affecting the targets. The CCM demanded the secretariat to pursue this with MOH to understand government’s efforts in procuring the ARVs to complement the PEPFAR support.

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| **AGENDA ITEM #7** | **7.0: Update on CSS and HR and KP Catalytic Funding:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**The update was provided by Comfort Asamoah-Adu, Executive Director of WAPCAS. She said based on the response from the Country Team on the catalytic funds for HR and KP the CCM tasked WAPCAS and GAC to provide leadership to address TRP comments and develop the grant making documents that include the CSS component of the RSSH grant. She said based on the comments from the CT on the grant documents, the writing team met with core stakeholders to review and finalize the documents. This was done with technical input from Lim Hyeyoung the HR specialist from the Global Fund. She assured the meeting that the documents were still going through fine-tuning and that the final documents would be submitted to the Country Team on July 6, 2018.Comments on the presentation were on the engagement and inclusion of broader stakeholders. It was felt that the communication process was inadequate as some organizations said they did not receive an invitation. They suggested that going forward the engagement process must be improved.

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| **AGENDA ITEM #8** | **8.0: Any Other Business:** |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**8.1: CCM Support to Constituency Meetings:Faustus Dasaa of the Secretariat informed CSO reps of the approved budget of about $12,000 in the CCM budget for constituency engagement. He reminded CSOs of the responsibility to engage with their constituents at least once quarterly and to share reports of their engagement with the CCM Secretariat. He said this requirement was for purposes of feedback from constituencies hence the allocation of the small budget to complement CSOs meetings. He said in view of the limited budget the Secretariat was requesting CSOs represented on the CCM to submit a realistic budget with a maximum of 30 participants for consideration and disbursement. Key populations and those living with and affected by the diseases were encouraged to submit feasible proposals for support.8.2: Correspondence:**Request for approval to spend $377,648**The Chairman informed the meeting of GAC’s letter seeking recommendation of the CCM to the GF to approve for the GAC to spend $377,648 being unspent balance under NFM1 grants to support the following critical activities:* Orientation of CSOs in differentiated service delivery
* Expanding the cadre of Lay Counsellors in the five GF/PEPFAR priority regions
* Mid-term evaluation of the National Strategic Plan 2016 - 2020

Justifying the request, Cosmos Ohene-Adjei, the request was important as it will go to support current efforts being made to achieve the three 90s. He said the amount represented savings made due to non-approval of some activities for implementation even though the budget had been approved and funds released to the PR as part of the grant closeout plan for the period January to April 30, 2018. Furthermore, Mr Ohene-Adjei said if GAC receives approval to implement the proposed activities it would further strengthen the national response towards the attainment of the 90-90-90 fast track targets by 2020. He said the mid-term evaluation is critical as it will provide additional data to guide the national response and give credible indication of the progress being made in the implementation of the NSP2016-2020. Other members contributing to the discussions suggested that the proposed activities could include HIV prevention activities directed at young people; strengthening the work of the social accountability monitoring committees established under NFM I; and activities to reduce stigma and discrimination. However, members agreed to maintain the three proposed activities.The CCM was in support of the request for the three activities proposed by GAC in view of their potential impact on the national response and recommended for the approval of the Global Fund.8.3: Observer Status: The Chair was pleased with the growing interest of CSO in the work of the CCM when he informed the meeting the Secretariat received letters from some interested organizations to be granted observer status on the CCM. These are:8.3.1: The Aurum Institute:The Country Director for Aurum Institute, Dr. Nii Nortey Hanson-Nortey applied for observer status for his NGO incorporated in Ghana as a consortium with an objective to improve the health of people and communities through innovation in global health research, systems and delivery to eradicate TB and HIV from Ghana.8.3.2: Non-State Actors Ghana(NSA):The NSA is a consortium of academia, CSOs, media, Traditional Leaders and donor community with membership across the country. Its objective is mentoring adolescent girls and young women (AGYW).The NSA would be represented by Nana Fosua Clement.8.4: End of Duty Tour:UNAIDS CD informed the meeting that Helen Odido who has been a key member of the CCM oversight Committee would be relocating to Zambia after completing her service in Ghana. The Chairman thanked Ms. Odido for her contributions to the CCM process especially her passion to serve Ghana and the CCM.In another development Ms. Akua Kwateng-Addo representative of Bilateral Agencies on the CCM also informed the meeting that she was attending the CCM meeting for the last time as she was being reassigned on another schedule within the West African sub-region. Her successor on the CCM would be communicated subsequently. Members felt this was bad news given her enormous contribution and support for the CCM deliberations and decisions. The Chairman expressed regret that the CCM would be losing one of its most distinguished members who was dedicated and committed to the CCM. The Chair was however, happy that she was assuming a higher position. On behalf the CCM the Chairman wished Madam Akua well in her new role. |
| **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** |  | * Explained how the $3.2m additional TB funding would be put to use which would be informed by the latest epi analysis, patient pathway studies and the outcome of the stakeholder engagement of partners and CSOs in July 2018
* Explained that the challenges that affected the TB Program in the last quarter had been resolved except Etambutol medicine that was in short supply but arrangements were in place to get supplies through GDF from Nigeria.
* Explained the position of NTP in the management of the enablers package for MDR TB patients which was based on best practice. Agreed to develop a guideline in consultation with stakeholders for the management of the enablers package to make it more transparent to stakeholders.
* Shortages of ARVs in some facilities could mean that those facilities did not pick their supplies from the regional or national.
* Urged CCM to intervene in the salary rationalization of Program staff with the CT to end the frustration of the Programs and staff.
* Explained the core strategies of the TB program and welcomed the private sector participation in the new patient pathway analysis with funding from the GF to improve case finding.
* Presented update on Q1 Program activities as of the last review in April 2018 and disbursement for Q2.
 |
| **M.BL** |  | * The issue of availability of ARVs in stock did not matter but how long the stock would last would enable the CCM to provide the needed push to the process of procurement by government.
* Unhappy with government’s slowness in the procurement of $13.9m pipeline stock of ARVs by December 2017 which has not been met to date.
* Urged the CCM to be concerned with resource mobilization and finding solution to the challenges confronting the HIV/TB response
* Suggestion to bring the chronic challenges affecting the HIV program to a higher governmental level for discussion to find solutions
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| **NGO** |  | * Demanded to know how the NTP has programmed the additional $3.2m allocated to it to improve case finding with the involvement of CSO.
* Demanded to know if the challenges of the TB program that were reported in the last meeting were resolved and the current status of the program performance
* Reported shortages of ARVs in the Volta Region for the past one month.
* Update provided on the status of HR, KP and CSS grant making documents that were in the final stages to be submitted to the country team by July 6, 2018
* Concerns raised with the lack of transparency with the management of the enablers package for MDR TB patients making monitoring and accountability difficult.
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| **PS** |  |  |
| **PLWD** |  | * Stock availability at regional and national levels are different from what exist at facilities at lower levels and that for PLWHIV, the inability to receive full ration of medicine at facilities meant stock out. Suggested to the CCM to find the solution to streamline the process of commodity availability at facilities at all times.
* Concerns raised on the lack of transparency in the administration of the enablers package to support MD-TB patients
* Jonathan Tetteh Kwao’s membership of the HIV/TB oversite committee is not representative of NAP+ and demanded to change him on the committee
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| **FBO** |  |  |
| **KAP** |  |  |
| **GF-CT** |  | * CCM must demand understanding of the current status of MOH grant implementation from the Q1 performance review
* Concerns with government’s efforts at meeting the PEPFAR commitment with no clear evidence on how it would procure $13.9m ARVs as at December 2017
* Collaboration between PMU and RMU was not helping program implementation as communication, processes and lines are unclear
* Concerns with the failure of the PR to make available a catch-up plan for Q1 activities not implemented
* Lack of visibility of the new plan and strategies for the 90 90 90 agenda
 |
| DECISION(S) *Summarize the decision in the section below* |
| 1. CCM to revisit how the NTP plans to use the additional $3.2m to support case finding after the stakeholders’ meeting in July, 2018
2. MOH/GHS/NTP to liaise with GIZ to discuss how the infectious disease center being constructed by GIZ could be put to use by government.
3. NTP to engage TB Voice Network and Stop TB Partnership to discuss and develop a guideline for the management of MDR-TB enablers package by the end of July 2018.
4. MOH to develop a communication protocol to guide implementation arrangement put in place by the PR with regard to RMU and PMU structures.
5. Recommendation to give CHAG an observer status on the CCM and also to be a member of the Malaria oversight committee following CHAGS application to be member of the CCM.
6. Approved the composition of the membership of the TB/HIV and Malaria/RSSH oversight committees and invited the secretariat to ensure documentation on the members meets the requirement.
7. Suspended membership of Jonathan Tetteh Kwao on the TB/HIV committee pending the determination of the case of conflict of interest leveled by the CCM Chair against him
 |
|  | 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.* |
| * Inform CHAG of CCM decision on its request for membership of the CCM
 | Exec. Secretary | 29/6/18 |
| * Develop guideline for management of enablers package for MDR TB patients
 | Exec. Secretary | 5/9/18 |
| * Conflict of Interest Committee to meet on the case of Jonathan Tetteh Kwao’s membership of the TB/HIV oversight committee
 | Admin. Officer | 31/7/18 |
| * Discuss with GIZ the use of its infectious disease center being constructed for outbreak of infectious diseases like Ebola
 | Prog. Officer | 5/9/18 |
| * Inform GF Country Team of CCM approval for GAC to spend about $377k in its budget to undertake critical activities in support of the national response to HIV
 | Exec. Secretary | 29/6/18 |
| 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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|  **SUMMARY OF DECISIONS & ACTION POINTS** |
| **AGENDA ITEM NUMBER** | **WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW**  | **KEY PERSON RESPONSIBLE**  | **DUE DATE**  |
| **AGENDA ITEM #1** |  |  |  |
| **AGENDA ITEM #2** |  |  |  |
| **AGENDA ITEM #3** | * CCM to revisit how the NTP plans to use the additional $3.2m to support case finding after the stakeholders meeting in July, 2018
 |  |  |
| **AGENDA ITEM #4** | * Share procurement plan with CCM and OC
* Update CCM on Q2 disbursement request
* Address issue of salary rationalization with the CT and inform CCM
* Provide update on tax exemptions for GF grants

NACP: * to mprove its collaboration with GAC/NAP+ to scale up info on test&treat / EID
* Provide clarification on WHO recommendation re lab tests before ART initiation to ART facilities
* Clarify transport of TB samples with NTP

NTP:* Clarify transport of TB samples with NACP
* Improve data capturing
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NMCP:* Ensure availability of finance expertise in OC meeting
* Discussion with OC on start of IPT
* Scale up IPT2/3 in WR and ensure sufficient stock of RDTs and ACTs
* NMCP to review situation of LLINs in hospital wards
* Scale up quality validation of DHIMS data
* Reactivate TB e-tracker
* Participate in HIV/TB OC meeting
* Respond to CCM and oversight committee requests and participate in OC meetings
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| **AGENDA ITEM #5** |  |  |  |
| **AGENDA ITEM #6** |  |  |  |
| **AGENDA****ITEM #7** |  |  |  |

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|  **NEXT MEETING (includes outstanding agenda items not completed during current meeting)** |
| **TIME, DATE, VENUE OF NEXT MEETING (*dd.mm.yy*)** |  |
| **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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|  **glossary for acroynms used in the minutes:** |
| **ACROYNM** | **MEANING** |
| **CCM** | **Country Coordinating Mechanism** |
| **(T)GF** | **The Global Fund** |
| **COI** | **Conflict of interest**  |
| **NTP** | **National Tuberculosis Program** |
| **NFM2** | **New Funding Model 2** |
| **TB** | **Tuberculosis**  |
| **GDF** | **Global Drug Facility** |
| **CSO** | **Civil Society Organizations** |
| **DPM** | **Deputy Program Manager** |
| **CT** | **Country Team from Global Fund** |
| **RMU** | **Resource Mobilization Unit –Ministry of Health** |
| **FPM** | **Fund Portfolio Manager** |
| **GHS** | **Ghana Health Services** |
| **MOH** | **Ministry of Health** |
| **NACP** | **National AIDS Control Program** |
| **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** |
| **MOU** | **Memorandum of Understanding** |
| **FBO** | **Faith Based Organization**  |
| **PM** | **Program Manager** |
| **IPT** | **Intermittent Preventive Treatment** |
| **HR** | **Human Rights** |
| **KP** | **Key Population** |
| **IRS** | **Indoor Residual Spray** |
| **AGA Mal** | **AngloGold Ashanti Malaria** |
| **PMI** | **President Malaria Initiative** |
| **PMTCT** | **Prevention from mother to child** |
| **WAPCAS** | **West Africa Project on** |
| **TRP** | **Technical Review Panel** |
| **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** |
| **GHANET** | **Ghana AIDS Network** |
| **MOU** | **Memorandum of understanding** |
|  |  |
|  **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 >** |  |