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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)** | Q1/2017 |
| **DATE** *(dd.mm.yy)* | 7 March, 2018 | **TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS****PRESENT (INCLUDING CCM SECRETARIAT STAFF)** | 24 |
| **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)** | 3.45hrs |
| **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 |  |  |  |  |  |  |  |  |  |  |  |  |  | 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** | MoH/GHS Grant Implementation Arrangement |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
| **AGEDA ITEM #7** | Reconstitution of CCM Committee |  |  | X | X |  |  |  |  |  |  |  |  |  |  | X |
| **AGEDA ITEM #7** | Any Other Business:CCM Staff Appraisal/Assessment | 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 Chairman called the meeting to order at 10:05 a.m. After a self-introduction, the Chair welcomed members to the first plenary meeting of the new CCM for the period 2018 – 2020. He acknowledged the presence of continuing members on the CCM and congratulated new members on their nomination to serve the CCM and Ghana in the fight against HIV, TB and Malaria. He told the meeting he has been chair of the CCM for the past two years and that he was re-nominated to in accordance with the CCM Constitution to serve a final term of 2 years.  **1.1: Apologies:**The following apologies were read.1. Dr. Anthony Nsiah Asare – Ghana Health Service, Government
2. Akua Kwateng-Addo – USAID, Bilateral
3. Gabriel Gbiel Barnekuu – Coalition of NGOs in Health

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

***2.0: Conflict of Interest Declaration:***The Chair recalled the orientation of new members and said the Global Fund and CCM take issues of conflict of interest (COI) very seriously in the management and oversight of grants. He said managing COI was, therefore, a critical indicator by which the CCM is evaluated. He therefore called on members to take issues of CoI very seriously. He said in view of this requirement members are required to sign CoI declaration statements annually and any time there are material changes in the Ghana portfolio of grants. In addition to the signed general declaration the Chairman emphasized that members are also required to declare CoI in respect of the meeting agenda of CCM meetings. After a review of the agenda items which was adopted on a motion, the Chair asked if any member had any COI in relation to the agenda to be declared, whether apparent, perceived, real or inherent to which there was no conflict of interest declared.

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

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:*****3.0: Minutes of Previous Meeting & Matters Arising:***The Chair said considering that this was the first CCM meeting of the year, he was conscious of the fact that the new CCM was comprised of both old and new CCM members and Alternates. He noted that the minutes of the last meeting in December 2017 were shared with all the members and advised the new members to rely on the contributions and background information provided by the old members to help bring them up to speed with CCM deliberations especially on issues that were on the burner which required CCM attention. The following correction was made upon which the minutes was adopted as the true reflection of the proceedings on December 7, 2017: 1. Section 3.2.5, iii: The amount of refund ($458,000) was in Ghana cedis and not US dollars as captured.

**3.2: Matters Arising from Previous Minutes:**3.2.1: Allocation of USD3.2m Savings to NTP under NFM2 Grants:A member from TB affected communities sought clarification on how NTP has programmed the savings of $3.2m allocated to it from the Malaria savings under the NFM2. He said the allocation was expected to involve CSO partnership in contact tracing and therefore called on the CCM to demand an explanation from NTP on how the budget was programmed for this intervention. The NTP rep indicated to the meeting that at the last performance review District Directors were asking about the identity and location of NGOs involved in contact tracing in the districts. The rep further said the report of 45 NGOs engaged to do contract tracing were yet to be delivered. However, the meeting was unanimous that NTP provides details of budgets, work plan and targets that were envisioned in the allocation for the information of the CCM.3.2.2: Updates on TB Program Grant:1. It was reported that all GenXperts and UPS procured have been deployed to the regions
2. Dr. Adusi-Poku said consensus has been reached on the enablers package as the modules of care varies from facility to facility. He said health care providers needed to ensure that patients take in food before medication hence the provision of food directly to patients as evidence for the use of funds as in some reported cases patients do not use the direct funding for food before taking medications.
3. Madam Cecilia Senoo the Chair of the HIV/TB oversight committee informed the meeting the committee met with the Director General of GHS to discuss the concerns of the NTP program that were raised at the last CCM meeting as follows:
4. The performance of the TB program and the fact that Ghana is second lowest (after Nigeria) in case detection in sub Saharan Africa in spite of the injection of resources.
5. Shortage of category 1&3 and MDR-TB drugs which was attributed to untimely procurement are now available in stocks with no anticipated shortages. Dr. Adusi-Poku said to further strengthen the the system, NTP has procured a dedicated logistics officer to lead in the procurement of TB medications at program level.
6. The clearing of sputum containers and other pharmaceuticals still locked at the ports were as a result of failure to procure tax exemptions leading to huge demurrage costs to government. The committee noted that the situation was having an effect on TB program especially case finding.

Dr. Adusi-Poku of NTP expressed frustration that the Ministry was not providing the program with the relevant information to make follow ups. He told the meeting they have tried to follow up with one Romeo who refuses to take calls and do not seem to understand the urgency required of the matter. He bemoaned the lack of information flow from the responsible officers at both the RMU and PSU and called for clear understanding of communication lines and responsibilities. 3.2.5: Update on CCM Concerns at the last Meeting in December 2017:The meeting was informed that the CCM at its last meeting raised a number of concerns which were communicated to the Hon. Minister of Health in a letter dated January 11, 2018. The following responses were provided by Mr. Nicholas Gyabaah who is also the CCM rep from the Ministry of Health:1. Establishment of an Infectious Disease Unit: The concern of the CCM was to call on the Ministry to advocate and impress on government on the need to build a state of the art infectious disease unit (IDU) to cater for the management of infectious diseases in the country. The decision followed the inability of the NTP program to use an amount of $3.5m that was reprogrammed by the CCM to build an MDR facility for the management of TB cases. Nicholas Gyabaah reported that the issue was receiving the attention of the Ministry and that it was being considered as part of the infrastructural deficit that requires urgent attention. It was also reported by the CCM Program officer that a GIZ facility provided for emergencies like Ibola was not being used and invited the Ministry to consider this alternative use of the facility.
2. Refund of $825,494 to GF on outstanding condom refund. This followed the proposal to allow the GF take the amount with 200% penalty from grant funds which the CCM objected to and invited the Ministry to reconsider other options considering the effect this would have on program activities.

Mr. Gyabaah said the Ministry had Ministry had rescinded its earlier decision and also informed the GF to allow the Ministry procure condoms to the value of $825,494 refund. He said now the way forward was to establish the pipeline quantities and the gaps to procure condoms worth USD800k.1. LMIS: The meeting was informed that government was taking steps to improve the system through the acquisition of LMIS to manage stock and hence selected vendors, and contract was being reviewed with a minimum of USD2m to be made available by GoG for logistics support in the establishment of LMIS system.
2. CCM Support: Mr. Gyabaah said that the Hon. Minister has agreed to hold a meeting with the leadership of the CCM to further discuss and to address issues on human resource and financial support for the CCM.
3. Tax Waivers for NFM2 Grants: Mr. Gyabaah told the meeting that the CCM Secretariat has initiated the process and collected submission of taxable items from the PRs following which he expects a formal request from the CCM to the Minister for Health. He said that even though Ministry has not submitted the CCM request to the Ministry of Finance, the Hon. Minister for Health is engaging the Minister for Finance to ensure a speedy process.

Notwithstanding the submissions above, the meeting requested the MoH to submit an official response to the CCM’s letter dated January 11, 2018.3.2.6: Procurement of HIV test kits, SPs and ARV:1. It was reported that there were no reported shortages of ARV but rather shortage of pediatric medicines.
2. Follow up with MoH on reported $5.1m worth of ARVs procured by government and expected in December 2017
3. There is need to follow-up on the reported budgeted allocation of 100,000 oraquick and 1million first response test kits by government and if there was a backup plan
4. Need to check on status of Government and PEPFAR MoU and commitments to forestall possible shortages of second line drugs.

4.2.2: NACP Program Review - Meeting HIV 90-90-90 Targets:The meeting took time to discuss concerns raised by PEPFAR on the achievement of treatment targets and the recommendation that the country considered a reduction in the PEPFAR targets. The issue was presented by Dr. Stephen Ayisi, NACP Program Manager, who sought the guidance of the CCM on the matter given the national interest and impact of such a decision. He said the PEPFAR recommendation to revise the targets downwards has implications for commodities and that revising the targets was not as important as ensuring availability of resources to meet the procurement of medicines and reagents.Opinions on the matter were varied. While others indicated that targets were too ambitious and hence should be reviewed, some were of the opinion that PEPFAR MoU with government was clear and therefore expressed the need to clearly establish the causal factors to address. Some members suggested that it was an issue of failure on the part of Government to live up to the tenants of the road map for the implementation of 90-90-90. The issue of availability of resources especially from government and the lack of requisite structures were identified as the contributory factors to the failure. This made some members to suggest a revision of the target if government could not provide the needed resources.A member from Faith Based Organization (FBO) said whether or not we revise the target depended on a clear assessment of what went wrong and what mechanisms were put in place to address the challenges and if these mitigating factors could assist in achieving targets. The member said such an assurance must come from the Ministry and the NACP Program management.Dr. Stephen Ayisi said the problems confronting the non-achievement of the targets could be solved. He emphasized that not meeting targets did not warrant a review of the numbers but should be concerned about ensuring epidemiological control. He catalogued several action points that are either completed or in progress to remedy the concerns of PEPFAR; training on test and treat all was done only in 4 regions prior to the scale up plan to the 10 regions has now been completed adding that a lot had gone into the process and that the figures are reasonably good and will improve. He further added that it was good to have ambitious targets but also should understand that it was about due process and diligence. The PM cited the policy on treatment where many people are not able to enroll on treatment because of the treatment protocols. The key issue is how to complement the efforts of service providers in the differentiated modules of care which requires 6 months of subscriptions for medications for PLWDs. He said that key issues have been identified and interventions were in place and that it would be a question of time and repositioning. He suggested that dreviewing the targets should be shelved until after a mid-semester review of performance and given the improvements it would be reasonable to strengthen all the issues to facilitate the goal.The UNAIDS Country Director shared the views of the NACP that the issue was more about epidemiological control and monitoring the process to ensure accountability and reliability than setting targets. She called on the CCM to be circumspect on such delicate national decision as she put it “What message are we sending if we are going to reduce the target on 90-90-90”? She asked if the CCM was not holding itself accountable and which also raises credibility issues. The Country Director said we need to be concerned about what was not being done in terms of monitoring, who is responsible for what and what we should be doing as a country to achieve the set goals?. She said looking at the data how to progress is the question to ask which must be done by monitoring to continuously update responsible authorities with the requisite information for prompt management decisions and interventions. She supported the need to maintain ambitious targets and pledged UNAIDS support to ensuring epidemiological control within the framework of the National Strategic Plan and the fast track targets for 90-90-90. Members were in consensus that the issue was not just resources and the rush to meet targets but rather ensuring due diligence in meeting the targets. Examples were cited in many situations where hurried administrations of medications have resulted in complications leading to avoidable deaths and hence the need to hasten slowly. Meanwhile the CCM would continue to collaborate with partners and implementing agencies to ensure the implementation of 90-90-90 was on track.4.2..2.3: Decision of CCM on PEPFAR Recommendation:The CCM consensus was not to revise the targets as recommended by PEPFAR but to wait pending the outcome of the mid-term review of progress. It was further agreed that Government must fulfil its part of the deal by making the resources and the commodities available.4.2.5: the PM for NMCP clarified that IPT3 remains a challenge because of irregularities in terms of attendance and documentation where for instance some facilities use exercise books that are not easily available for reference and data capture. The meeting established the need to come to a common understanding of when ITP3 should start (either WHO guideline of 14 weeks or 16 weeks as recommended by national guidelines) and also to agree on the data GF requires for determining performance.Following the discussion on the performance of IPT3 members expressed disrespect on the part of service providers in health facilities: Members expressed disgust that some health care providers scorn and disregard girls who are pregnant and require clinical attention. Though NGO reps on the CCM confirmed reports of disrespect; they said it had cultural antecedent that would require sensitization of health workers especially at ANCs.

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

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:****4.0: Review of PR Dashboards and Oversight Activity Reports:** The report and recommendations of the oversight Committee’s site visit to Brong Ahafo Region during the period is attached to the minutes. The Malaria and TB/HIV Dashboard reviews by the committees were presented by the Chairpersons of the Oversight Committee; namely Sixte Zigirumugabe for Malaria and Cecilia Senoo for TB/HIV.Program Management:* Burn rates generally improved at 89% in 2017 over the 2015-2016 figure of 79%. Program performance rating was NACP - B2, NTP- B1, GAC- B1, PPAG and ADRA- A1 and AGAMal-A2.
* Total budget of $260.3m was reported against an expenditure of $232.9m, leaving an unspent balance of $27.4m. The recommendation was for OC to closely monitor expenditure and budgets of Programs to come up with timely recommendations on unspent balances

AGA Mal:* No IRS in Q4, therefore not invited to OC meeting that needed to be kept short because of the GF boot camp for PRs.
* Early start IRS planned compared to previous years to avoid some of the weather related challenges)
* SumiShield can be airlifted since it is a powder that is dissolved only for use, therefore limited weight
* Larviciding: = short term solution, Obuasi not fully suitable for larviciding in terms of 3F

NMCP:The program recorded over achievement in all indicators except IPT3 with 43% coverage translating in a 69% target achievement. Regional differences in ANC start is contributing to the performance. Quality of microscopy was attributed to low quality reagents on the local market. The need for orientation of people at facilities to buy quality reagents was stressed by the committee. The issue of microscopy findings of the committee was discounted on grounds of risk of human errors in microscopy use which requires update through constant training. The Program Manager admitted that IPT3 counting is a cumbersome and difficult task which accounts for the performance rating. She said finding the best way to address the challenge was yet too far and welcomed best practices in other countries to improve on performance. She reported that procurement of microscope is done regularly through PMI but was not sure if at this stage PMI would continue to procure for the program. The USAID rep assured that PMI would continue to provide microscopes to facilities. The program was also advised to reprogram savings to procure microscopes should the need arise going forward to prevent shortages. A rep from USAID noted a reduction in the 2016/2017 ANC coverage and wanted to know what accounted for it given that PMTCT performance significantly increased. The Program Manager said the issue could best be explained by Family Health Division of GHS as to whether this was a human error or the result of a survey.

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| **AGENDA ITEM #5** | Update on CSS and HR and KP Catalytic Funding |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**The Chairman reported that the GF has issued disbursement notifications to all three PRs selected for the implementation of the NFM2 approved grants. He informed the meeting that an outstanding issue has to do with catalytic funds for Human Rights and Key Population matching fund request submitted to the Global Fund as additional resources to the HR and KP interventions. He said following the Country Team communication to the CCM to proceed to grant making, the CCM tasked the GAC and WAPCAS to provide leadership in responding to the GF’s recommendations with the following terms of reference:1. Develop a draft work plan to guide the development of the grant documents
2. Develop the performance framework and budgets for the HR and KP activities
3. Develop the performance framework and budgets for the Community Systems Strengthening component of the RHSS-Malaria grant that was placed under WAPCAS- PR for implementation
4. Respond to comments and clarifications of the Technical Review Panel (TRP) on the HR and KP funding recommendations of the Global Fund

He said a work plan was developed and submitted to the Country Team on March 2, 2018 based on which the writing teams set to work. The Executive Secretary then briefed the meeting on progress of work by the writing teams. He said the teams were in meeting sessions to complete the work assigned to them and hence were not physically present to give an update. He said the writing teams were drawn from MOH, GAC, Police, WAAF, NAP+, WAPCAS, NACP and CHRAJ to complete the assignment for submission to the Global Fund by the end of March 2018. On the development of the CSS budgets, the Executive Secretary said WAPCAS-PR would be engaging key civil society actors prior to the development and finalization of the budgets and work plan for CSS interventions by the core team.

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| **AGENDA ITEM #6** | MoH/GHS Implementation Arrangement |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**6.0: Implementation Arrangement: Nicholas Gyabaah of the Ministry briefed members on the final arrangement on implementation arrangement following the boot camp training for PRs by the Country Team. He said nothing has changed and that the two holding offices; Resource Mobilization Unit (RMU) of the MoH and Program Management Unit (PMU) of the GHS are to expedite actions and to constantly keep both the Minister and the Director General, informed on progress and issues on implementation of the GF grants that needed their attention. He said the MoH/GHS would need to develop a project implementation manual (SOPs) that addresses procedures and practices to remove ambiguities and to build consensus across board. 6.1: Proposal to CCM on NGO Selection to Implement Malaria NFM2 Grant:Dr. Keziah Malm, NMCP Program Manager, briefed the meeting on the engagement of NGOs in the implementation of the Malaria grant. She said under NFM1, 33 NGOs were engaged which was scaled down to 29 due to non-performance. Dr. Malm explained that NFM2 grant has limited funding to engage large number of NGOs. She said considering that NFM2 program is already in its 3rd month and that it would require a minimum of 3-4 months to go through fresh procurement process to engage NGOs, she wanted the guidance of the CCM on whether or not the program should continue the implementation with the existing prequalified NGOs to avoid disruptions in the implementation arrangement. She said the CCM’s endorsement of the proposal to either go through assessing all the existing NGOs to roll them over to fill the gap and not to start a fresh procurement process would greatly enhance the program performance.Dr. Malm further reminded the meeting about the CSS activities that were embedded in the RSSH-Malaria proposal but which were offloaded to the RSSH. She called on the CCM to ensure that CSS implementation takes into account the cross cutting community system activities that were taken out of the Malaria proposal. The meeting requested Dr. Malam to liaise with WAPCAS on these activities to be captured in the CSS program activities as explained. The meeting unanimously agreed to the proposal of the NMCP to continue to use the existing prequalified NGOs procured under NFM1 while simultaneously conduct an assessment of them to avoid the negative effect on implementation. The Program Manager was also to initiate the processes for the procurement of additional NGOs to strategically fill the unmet need as may be required. The Secretariat to communicate the approval to the Malaria Program. |
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| **AGENDA ITEM #7** | Reconstitution of CCM Committees |

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED:**The meeting discussed the formation of the Executive Committee, Oversight Committees (HIV/TB Oversight Committee and Malaria and RSSH Oversight Comm) and Ethics and Conflict of Interest Committees.1. Executive Committee was formed with the following membership:

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| **No** | **Name** | **Organization** | **Sector/Constituency** |
| 1 | Collins Agyarko-Nti (Chair) | Coalition of NGOs in Malaria | CSO - NGO |
| 2 | Dr. Mokowa Blay Adu-Gyamfi (Vice) | Ghana AIDS Commission | Government |
| 3 | Dr. Owen Kaluwa | World Health Organization | Multi &Bilateral |
| 4 | Mac Darling Cobinah | CEPERGH  | KAP |
| 5 | Emmanuel Beluzebr Surkure | NAP+ Ghana | PLW&ID |
| 6 | Mrs. Cecilia Senoo | SWAA Ghana | CSO/W&CIG |
| 7 | Mrs. Joyce Larko Steiner | Christian Council of Ghana | CSO/FBO |
| 8 | Co-opted Representative | MoH/GHS | Government |
| 9 | Daniel Norgbedzie (Secretary) | CCM Secretariat |  |

1. Oversight Committees:

Members were informed that membership of the OC entails a lot of sacrifice of time to attend meetings on quarterly basis to review CCM Dashboards. Members would also be required to participate in field visits to program offices, program sites and to discuss the performance of grants and make recommendations for the consideration of the plenary CCM. Members were further informed of the composition of the committee which is made of up of 7 members with the appropriate skill-mix of experts in programmatic, financial, project monitoring and Procurement and logistics management (PSM). Members and Alternates were invited to submit abridged CVs indicating area of interest and experience to serve on one of the committees for HIV/TB or Malaria/RSSH to the CCM secretariat for evaluation and selection in order to ensure the required skill-mix for each committee. Below are the proposed members of the two (2) oversight committees for the approval of the CCM:

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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 | RSSH Expert |  |
| 9 | Jonathan Tetteh-Kwao | Dreamweaver Org. |  |  |

1. Ethics and Conflict of Interest:

Members interested in serving on the Ethics and CoI Committee were also requested to submit expression of interest to the CCM Secretariat; and that interested members should not be PRs, SRs or GF implementing partners. They should neither be directly nor remotely linked to organizations that are PRS, SRs or SSSRs.

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| **No** | **Name** | **Organization** | **Constituency** |
| 1 | Prof. Stephen Tabiri | University for Development Studies  | Academia |
| 2.  | Angela Trenton-Mbonde | UNAIDS | Multilateral |
| 3 | Ben Botwe | Pharmaceutical Society of Ghana | Professional Associations |

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

**8.0: Any Other Business:**1. **Staff Appraisal and Assessment:**

The Chairman informed the meeting of the completion of the CCM staff appraisal process for the year 2017 with the submission of the report by Mrs. Cecilia Senoo a member of the committee. He informed the meeting that as agreed the Chair evaluated the Executive Secretary, and that the ES who is the Head of the secretariat also evaluated his two subordinates and the results sent to the committee for finalization. He informed the meeting that the final evaluation was communicated to him adding that the staff were highly rated in their performing. He said some recommendations were also made to enhance work performance and also motivate staff. These included refresher trainings and capacity building, improved work environment and enhanced salaries for higher performance. 1. **CHAG Submission on CCM Membership:**

The Chairman recalled that at the last meeting of the CCM in December, CHAG made a submission to be represented on the CCM as a major stakeholder in health service delivery. The Chairman reminded the meeting of the CCM decision to request CHAG to make formal submission in writing to the CCM which has been done. The meeting however decided to refer CHAG’s letter to the Executive Committee to study the request and advice the CCM at its next plenary meeting on June 6, 2018.1. **Disposal of Vehicles:**

The Chair informed the meeting the CCM has received a letter from GHS requesting CCM approval to dispose of over-aged vehicles that were no longer serviceable or costly to maintain. The meeting deliberated and granted CCM approval subject to the laid down procedures on disposal of assets by GHS. 1. **Non-Payment of MoH/GHS Program Staff Salaries:**

It was brought to the attention of the CCM that GF Program staff MoH/GHS have not been paid salaries for the past three months. The NMCP told the meeting the situation if not addressed immediately could adversely affect staff performance and jeopardize the smooth implementation of the NFM2 grants. The CCM chair expressed surprise that this has not come to his attention. The CCM Secretariat, however, informed the Chair that Dan Osei of PMU- GHS raised the matter with the FPM on February 21, 2018 when the Country team came for the boot camp training for PRs. Mr. Dasaa of the Secretariat said the understanding at the meeting was that the Fund Portfolio Manager (FPM) had no objection to pay salaries of the category of staff that the country team had no issue with. However, the CT requested for the rationalization of salaries of some categories of staff that the CT had issues with for approval before payments. Mr. Dasaa said it was, therefore, surprising that salaries all together have not been paid since.The Chair in his remark said the situation was unacceptable because of the consequences for the NFM grants implementation. He therefore requested the Secretariat to take immediate steps to follow-up on the situation and update the CCM on progress. He informed the meeting that if need be he would recommend that the secretariat send a strongly worded letter to TGF to ensure that the situation is addressed with dispatch. 1. **Constituency Engagement:**

Mr. Dasaa reminded members, especially new ones of the importance of carrying out regular constituency engagement with their constituents. He said that it is one indicator that is challenging because constituency engagement should be “regularly” done. The secretariat would be contacting members on the progress of this activity which was also a requirement for membership of the CCM. **6. Meeting of Regional Coordinating Members for ALCO Project in Benin:**Mr. Emmanuel Beluzebr, NAP+ President informed the meeting of the decision at the meeting of the Regional Coordinating Members (RCM) of the Abidjan-Lagos Corridor Project (ALCO) held in Coutonou in January 2017. He said at the Strategic Project Monitoring and Evaluation Committee meeting, he was found suitable to be drafted into the committee because of his background in pharmacy. He said the CCM Secretariat was required to confirm him as a member of the Strategic Monitoring and Evaluation Committee from Ghana. He said the CCM delegation led by Madam Cecilia Senoo should have informed the Secretariat about this decision to confirm him. The Executive Secretary in response said the outcome of the Coutonou meeting was not formerly communicated to the CCM. He said he was in the meeting where Ghana was elected to Chair the Strategic Monitoring and Evaluation Committee and that each of the five member countries were to nominate two representatives to serve on the committee for a one-year term. The Executive Secretary said the CCM complied with the nominations and that did not include Mr. Emmanuel Beluzebr. He said the Executive secretary of the RCM in inviting members for this meeting did not invite one of the nominees from the Ghana CCM with the excuse that he was an Alternate Member on the RCM. It was therefore unclear to the Secretariat the decision to confirm Mr. Beluzebr who was also in that meeting as an alternate member on the RCM hence the request by the Executive secretary to be informed officially of the RCM decision and also to know whether or not Alternate member could now serve on RCM committees.The meeting was unanimous that since the official decisions were not communicated nor the minutes shared the Secretariat should seek this clarification from the RCM secretariat and inform the CCM before making a decision on Emmanuel Beluzebr’s membership of the Strategic Monitoring and Evaluation Committee which membership was to be nominated by the country CCM and not by the RCM committee as being suggested. |
| **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** |  | * Reported that GenXperts and UPS procured by the TB program were deployed to the regions where they were needed
* Consensus was reached on the enablers package which varies from facility to facility
* Update on reported shortage of TB drugs (cat 1&3)
* Some Ministry officials frustrating process of clearing TB commodities at the port without providing updates on the issue
* Explanation that the Ministry is giving serious thought to the construction of an IDU for infectious disease control as part of the infrastructural deficit of the health system
* Ministry has withdrawn its earlier decision and resubmitted new proposal to the GF on the refund of $825,494 to the Global Fund. Government would instead buy condoms to the amount instead of allowing the GF to take the entire money plus penalty of 200% from grant funds
* Contracts for the selection of vendors for the roll out of the LMIS project is in progress with government making available GH2m
* The Ministry has extended an invitation to meet with the CCM leadership on support to CCM as communicated to the Minister
* Attainment of IPT3
* Called on CCM to put on hold the recommendation to revise downwards, the PEPFAR target on 90-90-90 until after the mid-term review of progress
* The achievement of the IPT3 targets remains a mirage due to the complexities associated with this intervention in terms of data collection and capture. The program welcomed best practices to help in this direction
* Updated CCM on the status of the implementation arrangement for MOH/GHS-PR following the boot camp training held for PRs
* Proposed to the CCM to allow the NMCP program use NGOs that were prequalified under NFM1 to be rolled over to NFM2 to avoid disruptions in implementation
* Proposed to the CCM to consider taking into consideration cross cutting activities in the RSSH-Malaria proposal for NFM2 that were offloaded to CSS and managed by WAPCAS
 |
| **M.BL** |  | * CCM should not hold itself accountable for the decision to revise the PEPFAR targets due to its impact on epidemic control and message being sent across to the global community
* Advised the CCM to be concerned about accountabilities, effective monitoring and update of authorities with information for prompt actions
* Supported the need to maintain ambitious targets with a pledge of UNAIDS in ensuring epidemiological control within the framework of the NSP to achieve the fast track targets for 90-90-90
* Demand for explanation for the reduction in ANC coverage in 2016/2017 given the significant increase in PMTCT for the same period
 |
| **NGO** |  | * Demanded an explanation from NTP on CSO collaboration in TB case finding and contact tracing as envisioned in the reallocation of $3.2m from grant savings in the NFM2
* Briefing on the OC meeting with Director General of GHS on concerns of the committee and how to find solutions to the TB program challenges
* Clearing of sputum containers and other pharmaceuticals locked up the ports which was affecting case finding for TB
* Updated CCM on the status of the catalytic funding proposal for HR and KP and also the CSS activities to be rationalized
*
 |
| **PS** |  |  |
| **PSG** |  |  |
| **PLWD** |  | * The need to follow up on CCM representation on ALCO Strategic Monitoring and Evaluation Committee
 |
| **FBO** |  | * Suggestion that whether or not the PEPFAR target was revised depended on clear assessment of what went wrong and what mechanisms were put in place to address the challenges and whether the mitigating factors could help improve the targets
 |
| **KAP** |  | NA |
| DECISION(S) *Summarize the decision in the section below* |
| 1. GHS/NTP to provide details budget, work-plan and targets on NFM2 malaria savings of USD3.2m allocated to NTP and indicating the roll of CSO in contact tracing and case finding
2. The Ministry of Health to submit written response to the CCM’s communication on January 11, 2018
3. CCM decision not to revise the PEPFAR targets until the outcome of the mid-term review of progress
4. Decision to allow the NMCP to roll-over the NFM1 prequalified NGOs to implement NFM2 while simultaneously conduct an assessment of them. The program was also to initiate steps to procure additional NGOs to strategically fill the unmet need as may be required
5. CCM decision on the report from the ALCO RCM meeting which sought to give confirmation to Emmanuel Beluzebr as member of the Strategic Monitoring and Evaluation committee was put on hold until the secretariat clarifies the process through receipt of the minutes and decision of the meeting.
6. The Executive committee to review CHAG’s letter to the CCM requesting membership of the CCM and report to the CCM at the next plenary meeting.
7. The CCM Secretariat to follow up on non-payment of MoH/GHS GF staff salaries and to report to the CCM.
 |
|  | 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.* |
| * Follow-up on progress updates on MoH and PEPFAR MoU to forestall any shortage in the provision of pharmaceutical commodities
 | Program Officer | April 9 |
| * GHS NTP to provide details on 43.2m additional funding to NTP and the role of CSOs in contact tracing and case finding
 | Admin Officer | June 6,2018 |
| * Notice of Minister for Health meeting with CCM leadership
 | Admin Officer |  April 9 |
| * MoH to respond formally to CCM letter dated 11/012018 to the Hon. Minister for Health
 | Admin Officer | 30 days |
| * Executive Committee to discuss CHAG letter on representation on the CCM and make recommendation to the CCM
 | Exec. Secretary | June 6,2018 |
| * Follow-up on the non-payment of MoH/GHS GF staff salaries
 | Admin Officer | 3 days |
| 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** |  |  |  |
| **AGENDA ITEM #4** |  |  |  |
| **AGENDA ITEM #5** |  |  |  |
| **AGENDA ITEM #6** |  |  |  |

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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**  |
| **CSO** | **Civil Society Organizations** |
| **CT** | **Country Team from Global Fund** |
| **RMU** | **Resource Mobilization Unit –Ministry of Health** |
| **FPM** | **Fund Portfolio Manager** |
| **GF** | **Global Fund** |
| **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** |
| **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** |
| **ALCO** | **Abidjan- Lagos Corridor Organization** |
| **RCM** | **Regional Coordinating Mechanism** |
|  **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 >** |  |