

Minutes of CCM Meeting No.4/2022

Date (dd.mm.yy)	December 22, 2022	
Venue of the meeting	FOCUS Meeting Room 1st Floor, Building 2, Office of Permanent Secretary Ministry of Public Health, Nonthaburi, Simultaneous Tele Conference via ZOOM Meeting	
The meeting started	13.30 hrs.	
Meeting adjourned	17.05 hrs.	
Meeting facilitated by	Dr. Suriya Wongkongkathep, CCM Chair	
Total number of participants	40 persons (meeting room 15 persons, zoom 25 persons)	
Does quorum attained meeting?	Yes, CCM members: 15 out of 28 persons (meeting room 4 persons, zoom 11 persons)	
Meeting attendance	<input checked="" type="checkbox"/> CCM Member 15 persons <input checked="" type="checkbox"/> Oversight consultant: 3 persons <input checked="" type="checkbox"/> LFA: 1 person <input checked="" type="checkbox"/> CCM Secretariat: 4 persons <input checked="" type="checkbox"/> Principal Recipients: 9 persons <input checked="" type="checkbox"/> National Program (AIDS, TB, Malaria): 4 person <input checked="" type="checkbox"/> Observer: 5 persons	
Attendance list	Yes	
Another supporting document	Yes	

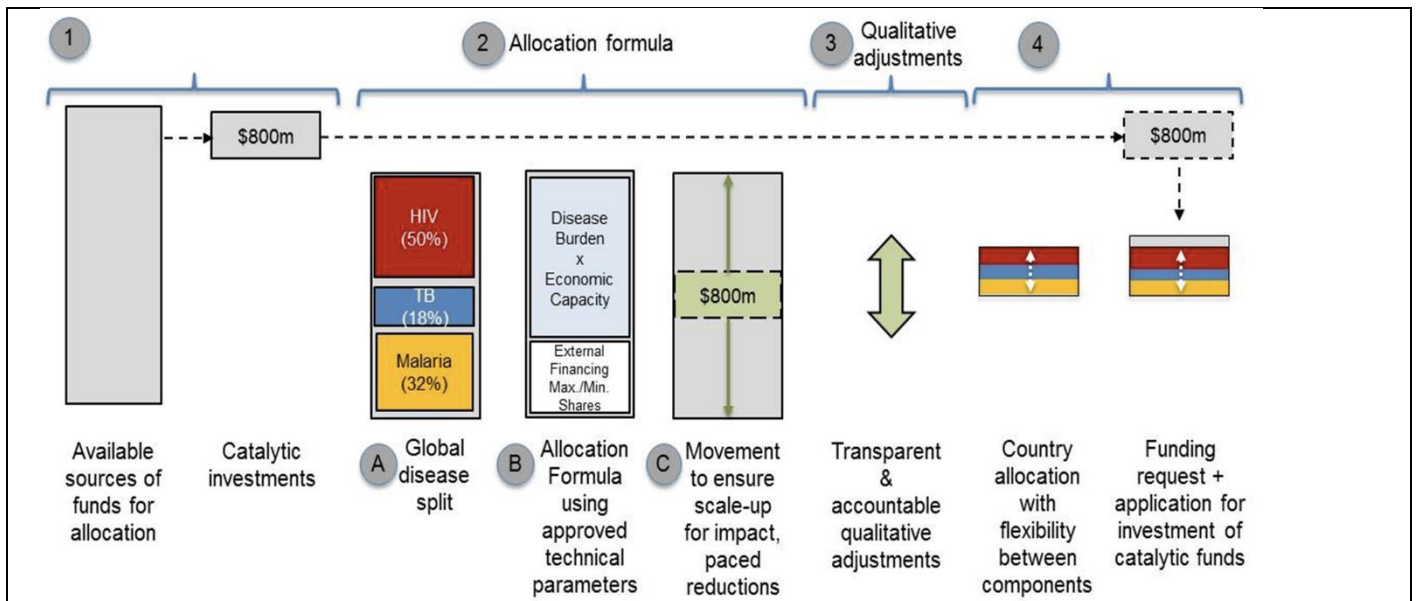
Agenda

Agenda # 1	Announcement from the Chairperson
	<p>1.1 .Matters that the chairman informed the meeting</p> <p>1.1.1 Summary of the 48th GF Board Meeting during 15-17 Nov 2022 By Dr. Suriya Wongkongkathep</p> <p>1.2 The secretary informed the meeting</p> <p>1.2.1 Summary of Key points on Integrated Performance Framework for CCM under the CCM Evolution Strategic Initiative Project</p> <p>1.2.2 Summary of the meeting of the 20th RAI Steering Committee during 22-23 Nov 2022. By Dr.Phusit Prakongsai, CCM executive secretary</p> <p>1.2.3 Summary of TEAM RCM meetings during 15-16 Dec. 2022 By Dr.Petchsri Sirinirund , RCM secretariat</p>
Agenda # 2	Approval of the minutes of the CCM meeting no. 2/2022
	On September 22, 2022 from 13.30 – 16.30 at the FOCUS meeting Room, Office of the Permanent Secretary, Ministry of Public Health, Nonthaburi, along with online meetings.
Agenda # 3	Matters of Report: Oversight of the implementation of the GF grants in Thailand

	<p>3.1 Progression of GF programs in Thailand Year 2022 (Quarterly 7)</p> <p>3.1.1 COVID-19 Response Mechanism (C19RM) By Dr. Krongthong Thimasarn, OC Chair</p> <p>3.2 TB/HIV program (STAR3) 3.2.1 HIV component (by Dr. Petchsri Sirinirund, OC-HIV consultant) 3.2.2 TB component (by Dr. Sirinapa Jittimane, OC-TB consultant)</p> <p>3.3 Progression of Regional program 3.3.1 RAI3E program (by Dr. Chusak Prasittisuk, OC - Malaria consultant) 3.3.2 TEAM2 program (by Dr. Petchsri Sirinirund, RCM executive secretary)</p>
Agenda # 4	Matters for Consideration
	<p>4.1 Draft Grant Oversight Plan 2022-2024 By Dr. Krongthong Thimasarn, OC Chair</p> <p>4.2 Timeline to Develop Funding Request (FR) for 2023-2025 Funding Cycle 1) RAI4E FR 2) TB/HIV FR</p> <p>4.3 Letter of Consultation from the Chairman of the Sub-Committee for the Promotion and Protection of AIDS Rights, dated 16 Dec 2022 By Dr. Phusit Prakongsai, CCM executive secretary</p>
Agenda # 5	Other matters
	<p>5.1. CCM Secretariat expenditure report during January – Nov 2022 5.2 Tentative schedule of CCM meeting in 2023 By Dr. Phusit Prakongsai, CCM executive secretary</p>

Minutes on each agenda item

Agenda Item # 1	Announcement from the Chairperson
Agenda Item # 1	<p>1.1.1 Summary of the 48th GF Board Meeting during 15-17 Nov 2022 By Dr. Suriya Wongkongkathep</p>
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
<p>48th Global Fund Board Meeting, 15–17 November 2022, Global Health Campus, Geneva, briefed by Dr. Suriya Wongkongkathep</p> <p>Board's key decisions</p> <p>1) Sources and Uses of Funds Key decisions</p> <ul style="list-style-type: none"> Based on the update result USD 13.678b (net adjustment) derived from the 7th Replenishment Approved USD 12.903b for 2023-2025 allocation period (12.503b for country allocation and 400m for Catalytic Investments) requested to include additional USD 625m for a total of USD 13.128b to determine country allocation <p>The 2017-2019 Allocation Methodology</p>	

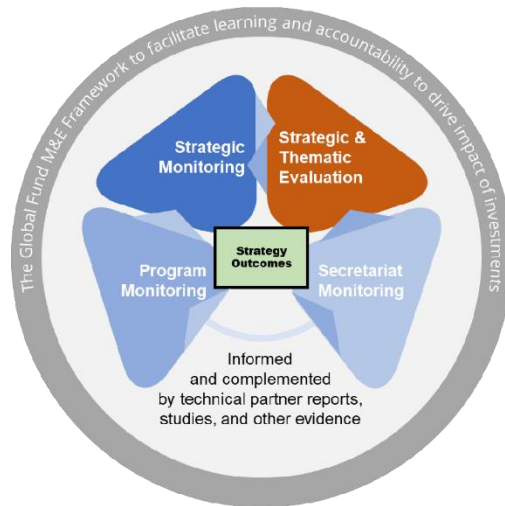


2) M&E and KPI Framework and Multi-Year Evaluation Calendar

Key decisions

- Endorsed the components of M&E framework
- Approved KPI framework (48 KPIs)
- Approved Multi-Year Evaluation Calendar (21 topics)

Figure 1: Global Fund High Level M&E Framework



Annex 2: Key Performance Indicator (KPI) Framework Recommended for Board Approval

KPI H1: People living with HIV who know their status	
Definition	Portfolio performance for percentage of people living with HIV who know their HIV status
Formula	Portfolio performance for “% of people living with HIV who know their HIV status at the end of the reporting period” with: <ul style="list-style-type: none"> • <u>Numerator</u> = Aggregate portfolio result (%) • <u>Denominator</u> = Aggregate portfolio target (%)
Cohort	All countries monitoring progress of indicator through grant(s)
Data source	Routine grant reporting and UNAIDS
Baseline	101% portfolio performance for year 2021
Target	Achieve or sustain Global Fund grant portfolio performance at or above 90%, assessed annually
KPI H2: ART coverage	
Definition	Portfolio performance for percentage of people living with HIV who are on ART
Formula	Portfolio performance for “% of people on ART among all people living with HIV at the end of the reporting period” with: <ul style="list-style-type: none"> • <u>Numerator</u> = Aggregate portfolio result (%) • <u>Denominator</u> = Aggregate portfolio target (%)
Cohort	All countries monitoring progress of indicator through grant(s)
Data source	Routine grant reporting and UNAIDS
Baseline	95% portfolio performance for year 2021
Target	Achieve or sustain Global Fund grant portfolio performance at or above 90%, assessed annually

Annex 3: Topics for Multi-Year Evaluation Calendar 2023-2028 Recommended for Board Approval

Code	Topic	Source of proposal	Year	Strategic Justification
EV1	End-term Strategic Review (2017-2022)	Historical precedent	2023	Critical Cyclical
EV2	Resource Allocation Model	Board (Nov 2021)	2023	Critical Cyclical: Board decision as part of its decision on the Global Disease Split for the 2023-2025 Allocation Methodology.
EV3	Country Steered Review	Board (Nov 2021)	2023	Critical Cyclical: Referred to in Board decision on the new Evaluation Function.
EV4	COVID-19 Response Mechanism	Board (Nov 2020)	2024	Critical Strategy Delivery: Referred to in Nov 2020 Board decision on Second Extension of C19RM and Operational Flexibilities
EV20	2023-2025 Funding Request/ Grant-making Cycle	Strategy Committee	2024	Critical Cyclical
EV16	Gender	Strategy Committee	2024	Critical Complement to KPI Framework
EV14	Community Engagement	Measurement consultations	2024 & 2027	Critical Complement to KPI Framework
EV12	Community Systems Strengthening	Measurement consultations	2024 & 2027	Critical Complement to KPI Framework and Critical Strategy Delivery
EV6	HIV	Measurement consultations	2024 & 2027	Critical Strategy Delivery
EV8	Malaria	Measurement consultations	2024 & 2027	Critical Strategy Delivery

3) Extension of C19RM and operation flexibility

Key decisions

- Approved the C19RM funds may be awarded through 30 Jun 2023 and implemented through 31 Dec 2025
- Approved the Secretariat may use up to 4.5% (from previous 3%) of C19RM funds to cover additional cost and operating costs

4) 2023 Work Plan & OPEX budgets

Key decisions

- Approved 2023 Work Plan and budget narratives
- Approved 2023 Operating Expense Budget of USD 340m

Following the CCM chair debriefed, Dr.Phusit Prakongsai informed the meeting the Global Fund just sent allocation letter to the CCM last night which each compont's allocation for Thailand are as follows;

Malaria component

Thailand RAI4E allocation split

The allocation amounts for all countries are determined according to a methodology approved by the Global Fund Board primarily based on disease burden and income level.

The total allocation for the five countries plus the regional

Table 1: Summary of allocation

Eligible disease component	Allocation (US\$)	Allocation Utilization Period
Malaria	146,294,061	1 January 2024 to 31 December 2026
Regional IHRRP	40,000,000	
Total	186,294,061	

Allocation of Thailand under RAI4E

Malaria component under RAI4E	Allocation (US\$)	Allocation Utilization Period
Thailand	16,048,000	1 January 2024 to 31 December 2026

Timeline to Develop RAI4E Funding Request (FR)

- ❑ L'initiative provides each nation with the assistance of one consultant to assist with developing their funding request between November 2022 and March 2023. Dr. Darin Kongkasuriyachai will not be able to travel to Thailand according to the current situation, so Dr. Mitra Feldman will serve as the consultant for the Thailand component of RAI4E.
- ❑ CCM endorsement: 23 Feb 2023
- ❑ Deadline for Submission RAI4E FR to GF : 20 March 2023

#	Activities	timeline	Notes	Responsibility
1	20 th RAI RSC meeting to discuss on details of next FR	22-23 Nov 2022	RSC meeting in BKK	RSC
2	Appoint the writing team	Dec 2022	<u>Composition:</u> 1. Chair of the Oversight Committee 2. National program authorities for malaria programs 3. Representatives from the Partnership Committee 4. Development partners 5. Consultants 6. Continued Co PR 7. CCM Secretariat	CCM
3	Allocation's letter	Dec 2022		GF-CT
4	Desk review / briefings & initial regional consultation	Dec 2022		Writing team
5	- Debriefing MPR 2022 - Discussion on the direction of the FR for Malaria 2023-202 funding cycle	22 Dec 2022 (am)	OC meeting #4/2022	OC – CCM DVBD
6	Provide policy on the direction of the FR for 2023-2025 and Discussion to Priorities and allocation	22 Dec 2022 (pm)	CCM meeting #4/2022	Writing team, OC, CCM
7	Country Dialogue (key stakeholder consultation)	24 Jan 2023		CCM
8	CCMs and RSC share 1 st drafts with each other	3 Feb 2023		CCM & RSC
9	Regional Dialogue on RAI4E Funding Request	9-10 Feb 2023	In BKK	RSC & Writing team
10	Finalization of draft/annexes and endorsement	15 Feb 2023		RSC
11	Approval of the funding request (CCM meeting to endorse final draft of country component)	23 Feb 2023	CCM meeting # 1/2023	CCM
12	21 st RAI RSC meeting to Endorse Submission	9-10 March 2023	RSC meeting in Vientiane, Lao PDR	RSC
13	Deadline for submission of regional RAI4E funding request to the Global Fund	20 March 2023		RSC

TB/HIV component

Thailand allocation letter 2023 – 2025 (TB/HIV component)

Thailand Allocation

In addition, the Global Fund would like to share the following for your consideration during the development of the funding request(s):

Based on the Global Fund Board's decision in November 2022 on the funding available for the 2023-2025 allocation period, **Thailand has been allocated US\$68,196,555 for HIV, tuberculosis (TB) and building resilient and sustainable systems for health (RSSH).**³ The Thailand malaria allocation will be managed, and funding requested, under the Regional Artemisinin Resistance Initiative (RAI). The allocation amounts for all countries have been determined according to a methodology approved by the Global Fund Board, primarily based on disease burden and income level. Thailand is classified as an upper-middle income country.⁴

Table 1: Summary of allocation

Eligible disease component	Allocation (US\$)	Allocation Utilization Period
HIV	48,079,625	1 January 2024 to 31 December 2026
Tuberculosis	20,116,930	1 January 2024 to 31 December 2026
Total	68,196,555	

Thailand is requested to submit its application for funding using the Full Review funding request. Due to high co-infection of TB and HIV Thailand is required to submit TB/HIV as a joint funding request.

The Global Fund requests that 50% of the allocated HIV funding be earmarked for PWID

From TB allocation, at least US\$6 Million are expected to be specifically use for migrant and cross-border intervention and will be harmonized with the regional TB grant

Timeline for Developing TB/HIV Funding Request (FR) for 2024-2026, Thailand

Consultant need

1. Request UNAIDS & USAID for HIV component
2. Request L' initiative for TB component

- Call for PR: 9 Feb-9 Mar 2023

CCM endorsement: 25 May 2023

- To be submitted in the second window : 29 May 2023

#	Activities	Timeline (2023)	By whom	Notes
1	Appoint the writing team	22 Dec 2022	CCM	CCM meeting #4/2022 Composition: 1. National program authorities for HIV and TB programs 2. Representatives from the Partnership Committee 3. Development partners, HIV/TB technical persons, consultants* 4. Selected PRs (joining after PR selection) 5. CCM Secretariat 6. Consultants will be supported by UNAIDS and French Initiatives.
2	Provide policy on the direction of the FR for 2024-2026	22 Dec 2022	CCM	CCM meeting #4/2022
3	Multi-consultations identifying prioritized gaps	9-13 Jan	CCM secretariat	Writing team develops framework for gaps analysis
4	First draft of strategic framework of the FR	16-20 Jan	Writing team	
5	National consultation on strategic framework of the FR	25-26 Jan	CCM secretariat	Writing team outlines the technical issues and process
6	Second draft of strategic framework of the FR and proposal of criteria for PR selection	30 Jan	Writing team	
7	Finalize strategic framework of the FR and criteria for PR selection	2 Feb	Extended CCM-EC	CCM Executive Committee with selected O members (Extended CCM EC) -Meeting
8	Approve strategic framework of the FR and criteria for PR selection	7 Feb	CCM	Electronical endorsed
9	Call for PR	9 Feb – 9 Mar	CCM secretariat	
10	Review the applications to be PR(s)	10-15 Mar	Review panel	CCM-EC nominates PR(s)
11	PR selection	16 Mar	CCM	Ad hoc CCM meeting
12	Work with different groups relating to each issue	Mar-May	Writing team	See details in the details of working steps for Funding Request Template
13	Complete the FR Application Form and Executive Summary	8-12 May	Writing team	
14	Finalize the FR application	16 May	Extended CCM EC	Meeting
15	Circulate the FR to CCM members	18 May	CCM secretariat	Comments back by 22 May
16	Final approval of the funding request	25 May	CCM	CCM meeting #2/2023
17	Complete required documents	26-28 May	CCM secretariat	Endorsed signature of all CCM members
18	Submission of the funding request	29 May	CCM secretariat	

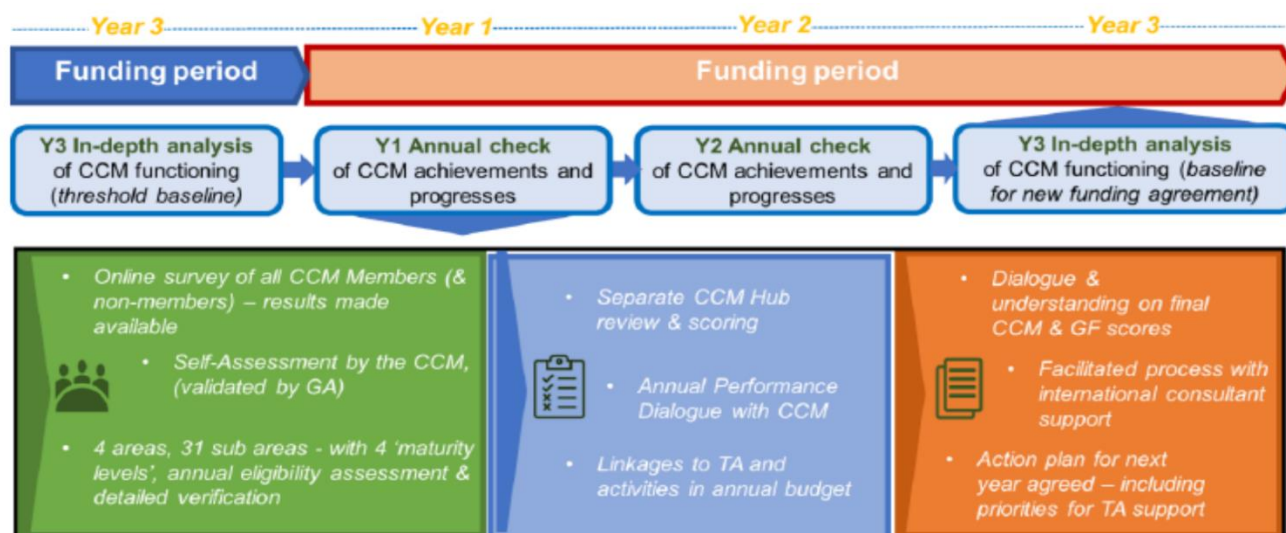
Constituency / Sector	Write content of contribution below
Decision(s)	<ol style="list-style-type: none"> 1. Key decisions at the 48th Global Fund Board Meeting, held from November 15–17, 2022, were acknowledged. 2. The meeting acknowledged the letter from the Global Fund regarding the TB/HIV allocation fund and RAI4E. 3. The meeting acknowledged the RAI4E and TB/HIV proposal development processes' tentative timelines.
Agenda Item # 1	<p>1.2 The secretary informed the meeting Summary of Key points on Integrated Performance Framework for CCM under the CCM Evolution Strategic Initiative Project By Dr. Phusit Prakongsai, CCM executive secretary</p>
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
Dr. Phusit Prakongsai, CCM executive secretary informed the meeting that The IPF is part of the CCM Evolution Strategic Initiative. The Global Fund has developed a new integrated framework. The Global Fund uses to measure CCM performance in a single comprehensive annual report, continually evaluating compliance with eligibility requirements and targeted performance objectives.	

What is new?	What stays the same?
<ul style="list-style-type: none"> • A new self-assessment methodology • A new and single tool to jointly assess eligibility and CCM performance on an annual basis • An annual dialogue with CCMs to jointly agree needs 	<ul style="list-style-type: none"> • CCM performance assessed annually with other annual reporting requirements (Integrated Budget) • Performance assessments results are tied to CCM Funding disbursements.

The IPF will allow:

- ✓ Improve data triangular inspection form
- ✓ Improved Efficiency Assessment Consistent with the grant cycle agreement.
- ✓ Guaranteed annual performance progress tracking, progress or gaps

What will the new integrated annual performance process look like?



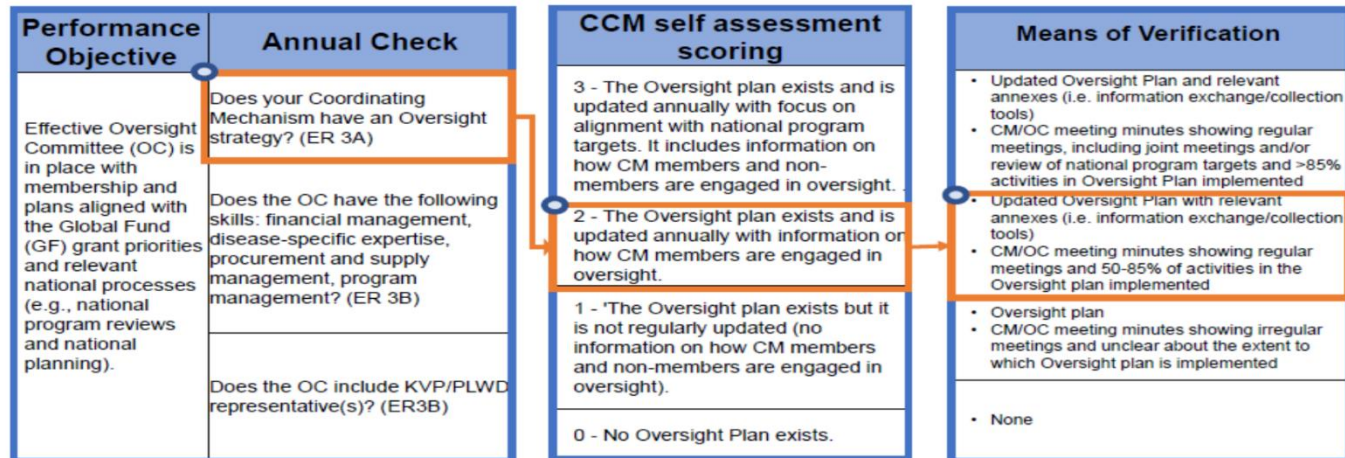
How will the new framework help CCMs?

Expectations under the new framework

- One tool and report (In different CCM languages) for performance and eligibility assesment.
- simple reporting on 31 indicators once per year, with easy to use drop down lists.
- 1 integrated workplan that addresses all performance gaps

CCM Annual Performance Process

Clarity on maturity levels and objective evidence



Constituency / Sector	Write content of contribution below
Decision(s)	
Agenda Item # 1	1.2.2 Summary of the meeting of the 20th RAI Steering Committee during 22-23 Nov 2022. By Dr. Phusit Prakongsai, CCM executive secretary
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
Dr. Phusit Prakongsai informed to the meeting that the conference at Pullman King Power on November 22-23 addressed the progression and malaria situation in the GMS Countries. Malaria problem still take place in Thailand and will concerns the border, Thai-Myanmar. The same issue also affects the borders of neighboring countries. An significant finding in regards to the RAI3E program it's will be made to change the program's strategy from operation research to an approach base by using methodology to a targets assessment strategy based on interventions. In addition, the interventions of VHV intergration and Pv management should be mentioned in funding requests. According to RAI4E, the Global Fund also recommends that efforts be made to increase more CSO participation, particularly in the process of country dialogues for Funding Request.	
Decision(s)	The 20th RAI Steering Committee meeting's key points were acknowledged at the meeting.
Agenda Item # 1	1.2.3 Summary of TEAM RCM meetings during 15-16 Dec. 2022 By Dr. Petchsri Sirinirund , RCM secretariat
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
Dr. Petchsri Sirinirund, the RCM secretariat, informed the meeting that the following outcomes from the RCM-TEAM meeting on December 15, 2022, call for cooperation from each CCM country:	

Issue 1: The RCM Conference decided on enhancing the explicit and concrete cooperation between RCM and CCM as well as communication with the CCM secretariat of all countries.

Issue 2: The integration of TB service into Migrant. It must be related to the country grant issue, which must determine what are the crucial issues that require integration.

Issues 3: Developing two key regional collaboration 1) Establishment of regional data aggregation, and 2) Strengthen Referral system of TB services among migrant in all five countries.

Decision(s)	The RCM secretariat's pointed concerns were noted in the meeting.
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Agenda Item # 2	Approval of the minutes of the CCM meeting no. 3/2022
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Conflict of interest	Not applicable
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Summary of presentation and issues to be discussed and discussion

On September 22, 2022, 13.30-16.30 at the FOCUS meeting Room, Office of the Permanent Secretary, Ministry of Public Health, Nonthaburi, along with online meetings.

Decision(s)	The CCM Chair requested that the CCM secretariat office email the minutes to CCM members for their feedback. If there is no response, it is assumed that there are no objections.
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Agenda Item # 3	Oversight of the implementation of the GF grants to Thailand
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	3.1.1 COVID-19 Response Mechanism (C19RM) By Dr. Krongthong Thimasarn, OC Chair
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Conflict of interest	Not applicable
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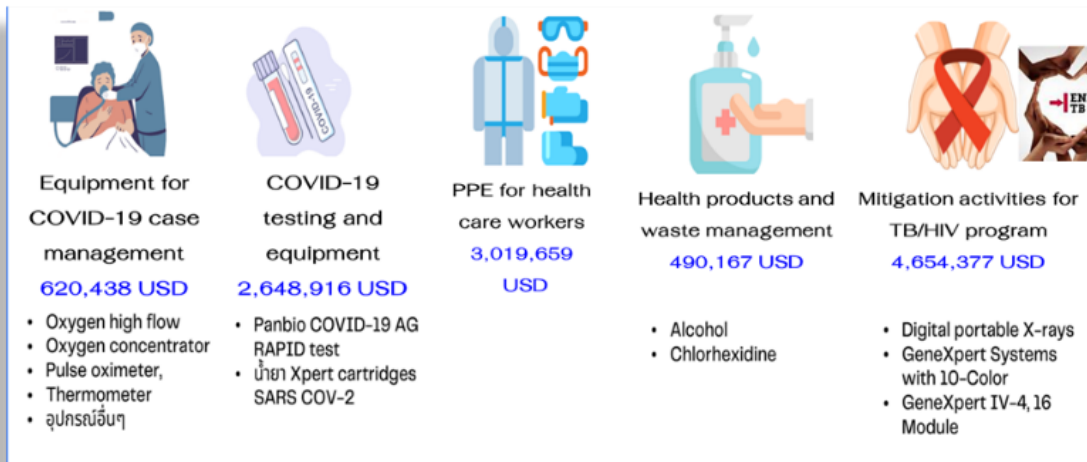
Summary of presentation and issues to be discussed and discussion

Dr. Krongthong Thimasarn, inform the meeting as follows;

Financial report Q1-Q7 : COVID-19

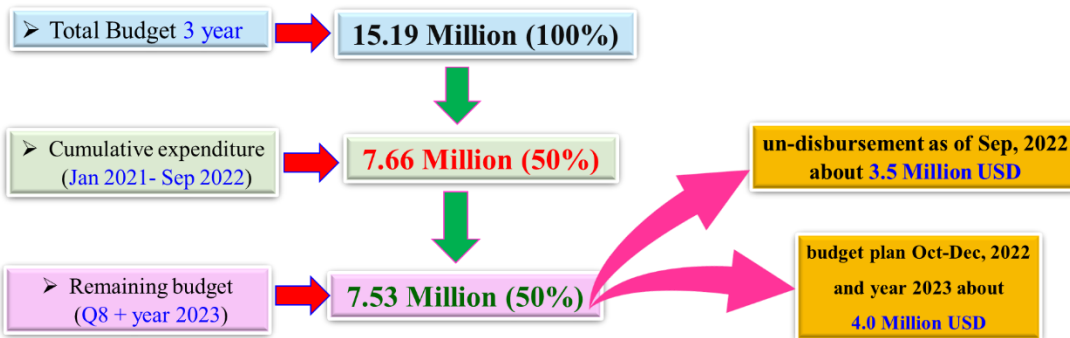
PRs	Budget (USD)	Expenditure (USD)	% Absorption rate Q1-Q7	% Absorption rate Q1-Q6
PR-DDC (COPCAM)	11,179,167.00	7,585,066.00	68	43
PR-RTF (C19RM)	2,912,118.19	2,215,046.06	76	66

Benefit of C19RM funding to C19 response in Thailand between 2021 and 2022



In sum up of budget utilization : Total budget 2021-2023 (USD)

PR-DDC



Note: If there is saving budget variable, we will purchase COVID-19 drug: **Nirmatrelvir/Ritonavir (PAXLOVID)**, which is strongly recommended by WHO to treat non-severe cases of COVID-19 in patients who are at high risk of hospital admission.



PR-RTF

Challenges

1. Management of unexpired products (Overstock products)
 - ❑ destroyed goods due to expiration in the SRs area as follows
 - OFT test kit = 223 tests and ATK = 287 tests
 - naloxone = 714 amps
2. Warehouse Management System (WMS)
 - ❑ In November, there was training and a trial. However a major overhaul of the system is still required.
 - ❑ Request technical assistance from USAID to create the PSCM system.

Next step

USAID C19RM TA Support Approved by CCM

1. Development of community-based surveillance response mechanism for COVID-19 and other emerging diseases -- reduced from 6 provinces to 3 provinces
2. Capacity building on virtual communication promotion regarding COVID-19, HIV and TB-- May use FHI360 internal speakers.
3. Improvement of health literacy and case management skills -- Recruit consultants to suit the main content required.
4. Technical support on improvement plan for the procurement and supply chain management-- under consideration for consultant

Constituency / Sector	Write content of contribution below
Decision(s)	The meeting acknowledged the progression of C19RM program
Agenda Item # 3	3.2 TB/HIV program (STAR3) 3.2.1 HIV component (by Dr. Petchsri Sirinirund, OC-HIV consultant) 3.2.2 TB component (by Dr. Sirinapa Jittimanee, OC-TB consultant)
Conflict of interest	Not applicable

Summary of presentation and issues to be discussed and discussion

Dr. Petchsri Sirinirund, OC-HIV consultant reported to the meeting as following;

Global Fund Performance Rating Scale

Performance Rating	Percentage of results comparing to targets
A: Excellent	>=100 %
B: Good	90 – 99 %
C: Moderate	60 – 89 %
D: Poor	30 – 59 %
E: Very poor	< 30 %

Performance (Q7)

Quarter 7 (Jul-Sept 2022) % of Q7 targets

Services	PR	PWID	MSM	TGW	MSW	Migrant	Prisoner	PLHIV
Reached prevention package	RTF	80.6	96.9	44.5	77.2	92.7		
N&S distributed per 1 PWID reached (set)	RTF	71						
PrEP initiated	DDC		97.6	75.1				
HIV tested	RTF	271.8	193.3	152.6	584.2	70.7		
	DDC	68.0	80.9	55.0	66.9		85.7	
PLHIV newly ART initiated were screened for TB	DDC							100.0
TPT initiated (person)	DDC							166

Yr 2 Results as % of Yr 2 targets comparing with Yr1 Results as % of Yr1 targets

Services	PR	Year	PWID	MSM	TGW	MSW	Migrant	Prisoner	PLHIV
Reached prevention package	RTF	2022	88.6	96.6	52.7	71.9	99.6		
		2021	46.4	91.4	48.2	26.0	80.1		
Received OST at least 6 months/yr (PWUD)	DDC	2022	364.5						
		2021	260.2						
N&S distributed per 1 PWID reached (set)	RTF	2022	44						
		2021	44						
PrEP initiated	DDC	2022		88.4	86.0				
		2021		104.7	89.9				
HIV tested	RTF	2022	202.2	292.8	132.0	301.6	76.2		
		2021	44.1	166.5	54.7	10.3	23.8		
	DDC	2022	55.7	188.1	84.5	149.7	11.1	88.6	
		2021	42.9	157.4	105.8	184.5	6.3	36.0	
PLHIV newly ART initiated screened for TB	DDC	2022							124.0
		2021							89.3
TPT initiated (persons)	DDC	2022							280
		2021							23

Site visit to HIV program (11-12 Oct 2022)

Venue:

- 1) Nonthaburi Province: Public Health Office (including government and civil society) and Bang Bua Thong Hospital
- 2) Ozone foundation and APASS

Site Visit Focus:

TB/HIV Services and PWID Group Operations

Key takeaways from site visits:

- TB/HIV services are not yet realised.
- Government and civil society operations do not consistently work together both provincial and local levels.
- It is really possible that TB and HIV will work together at a hospital. If the province's operational guidelines are clarity.
- The operational budget for Ozone is an urgent problem.

TB component

Dr. Sirinapha Jittimane, Consultant to the OC on Tuberculosis program report to the meeting as follows;

Results from Oct.2021 to Sep. 2022 (1)

PR-DDC: TB indicator report, STAR 3: Q4, Q5, Q6, Q7

Programs	Indicators	Baseline	Targets	Oct 2021-Sep 2022		ข้อมูลเพิ่มเติม
		FY 2019	Oct 2021-Sep 2022	Results	% of targets	
Case finding	TCP-1 ^(M) Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases	87,789	87,999	66,244 (71,400 in GTB report 2021)	75.3%	ข้อมูล ปี งบประมาณ.65 ACF ตรวจ 1,543,968 ราย พบ TB 19,405 ราย (1.23%) PCF ตรวจ 661,700 ราย พบ TB 46,839 ราย (7.07%) Contact case ตรวจ 198,732 ราย พบ TB 35,771 ราย (18%)
	TCP-6a Number of TB cases (all forms) notified among prisoners	2,490	2,026	2,166	106.9%	ข้อมูล ปี งบประมาณ.65 ตรวจทั้งหมด 280,362 ราย พบ TB 2,166 ราย (0.7%, 784/100,000) (1,133/100,000 in 2017)
	TCP-6b Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners) - migrants	3,492	6,307	2,914	46.2%	ข้อมูล ปี งบประมาณ.65 ACF ตรวจ 31,986 ราย พบ TB 874 ราย (2.7%) PCF ตรวจ 74,635 ราย พบ TB 2,040 ราย (2.7%) Contact case ตรวจ NA ราย พบ TB NA ราย
TPT	TCP-5.1 Number of people in contact with TB patients who began preventive therapy	10,152	9,114	1,946	21.4%	ข้อมูล ปี งบประมาณ.65 จำนวน notified TB รวม 66,244 ราย ตรวจ Contact case (All Age) 198,732 ราย พบ TB 35,771 ราย (18%) - ตรวจ IGRA test (All Age) 17,272 ราย พบ latent TB 3,810 ราย (22%) -TST (All Age) 915 ราย พบ latent TB 275 ราย



2.4.1 Summary of evidence and rationale
 Household and close contacts of individuals with TB disease are at high risk of TB infection and developing TB disease. A systematic review conducted for the guideline update found the weighted pooled prevalence of TB disease among all close contacts of TB patients was 3.6% (95% confidence interval [CI]: 3.3–4.0), with a median NNS of 35 (95% CI: 17–65). Systematic screening has been strongly recommended since 2012 for contacts of individuals with TB disease (21), given the high prevalence of disease in this population. At the GDG meeting, evidence was also presented on the individual- and community-level effects of screening of close contacts of TB patients. One trial of screening household contacts in Viet Nam showed a 2.5-fold increase in notification of contacts

Contact tracing for tuberculosis, Thailand
 Model: Household, Social Support, Healthcare, Non-pharmaceutical, Contact Tracing, Source Tracing, Contact Isolation, Contact Support, Tuberculosis Management, Tuberculosis Prevention, Tuberculosis Treatment, Tuberculosis Control, Tuberculosis Elimination, Tuberculosis Eradication & Disease Eradication, Tuberculosis Surveillance
 Evidence: Tuberculosis management in Thailand: A review of the current practice and the impact of the national tuberculosis control program (NTP) on the burden of tuberculosis in Thailand. Tuberculosis management in Thailand: A review of the current practice and the impact of the national tuberculosis control program (NTP) on the burden of tuberculosis in Thailand. Tuberculosis management in Thailand: A review of the current practice and the impact of the national tuberculosis control program (NTP) on the burden of tuberculosis in Thailand.

TB among close contacts in Chiangrai was 6%
Sawan Pracharak Hospital was 0.5% (1/183)

Results from Oct.2021 to Sep. 2022 (2)

Programs	Indicators	Baseline	Targets	Oct 2021-Sep 2022	
		FY 2019	Oct 2021-Sep 2022	Results	% of targets
MDR TB	MDR TB-6 Percentage of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year	30.7%	73.7%	48.7%	66.0%
	Numerator	26,699	66,336	36,986	55.8%
	Denominator (TCP 1)	86,949	89,994	76,017	84.5%
	MDR TB-2 ^(M) Number of TB cases with RR-TB and/or MDR-TB notified	1,312	1,904	738	38.8%
	MDR TB-3 ^(M) Number of cases with RR-TB and/or MDR-TB that began second-line treatment	910	1,220	713	58.4%
	MDR TB-7.1 Percentage of confirmed RR/MDR-TB cases tested for resistance to second-line drugs	50.7%	88.7%	111.1%	125.3%
	Numerator	665	1,689	481	28.5%
	Denominator (MDR TB-2)	1,312	1,904	1,273	66.9%
MDR TB-8 Number of cases of XDR TB enrolled on treatment	21	42	12	28.6%	

Tuberculosis profile: Thailand
 Population 2021: 72 million
 Estimates of TB burden^a, 2021

	Number	Rate per 100,000 population
Total TB incidence	60,000 (9,000-120,000)	83 (11-166)
MDR/RR TB incidence ^b	3,400 (2,000-5,000)	4.7 (2.8-7.4)
MDR/RR TB mortality ^c	1,400 (700-2,100)	1.9 (1.0-3.0)
MDR/RR TB morbidity ^d	1,300 (700-2,000)	1.8 (1.0-3.0)

Estimated proportion of TB cases with MDR/RR-TB^e, 2021

New cases	1.7% (1.3-2.0)
Previously treated cases	0.8% (0.5-1.0)

Estimated RR/MDR-TB 2,400 (1,200-3,600)

- New+relapse = 66,244 (Slide2)
- Tx after L/F, Tx after failure, Others = 9,773 in 2022 (versus 1,363 in 2021 GTB report)

738 (RR/MDR-TB)/ 36,986 (DST) =1.9%

Results from Oct.2021 to Sep. 2022 (3)

PR-DDC: TB indicator report, STAR 3: Q4, Q5, Q6, Q7

Programs	Indicators	Baseline	Targets	Oct 2021-Sep 2022	
		FY 2019	Oct 2021-Sept 2022	Results	% of targets
TB/HIV	TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status	80.7%	95.0%	64.6%	68.0%
	Numerator	70,869	83,599	48,490	58.0%
	Denominator (TCP 1)	87,789	87,999	75,029	85.3%
	TB/HIV-6 ^(M) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	82.6%	95.0%	61.7%	64.9%
	Numerator	6,065	7,942	4,094	51.5%
	Denominator: จำนวนผู้ป่วย TB ที่ีผล HIV +ve	7,341	8,360	6,640	79.4%

Versus 66,244 in case finding in slide 2

$6,640/48,490=13.7\%$ versus 12% (9.3-16%) estimated by WHO

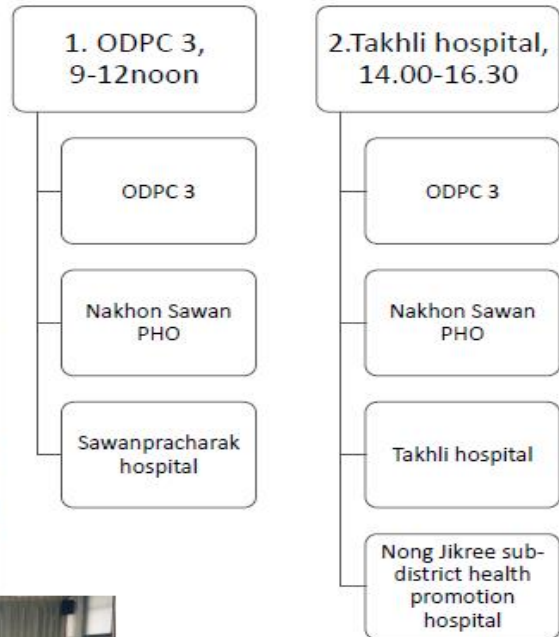
Site visit to TB program on December 1, 2022

Objective of site visit

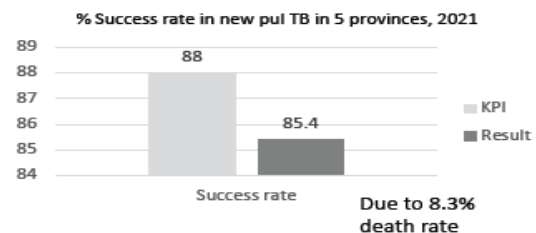
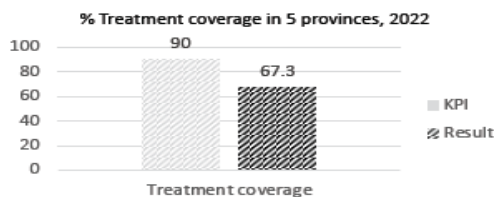
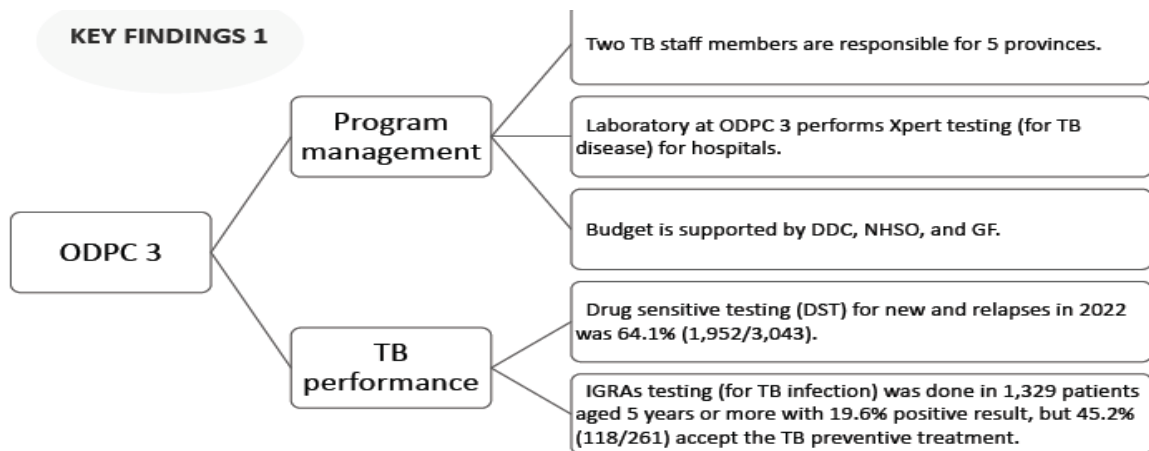
1. To provide technical support to health care team at the subnational level on increasing access to TB diagnosis among high-risk groups and providing treatment and care to patients with TB disease or people with TB infection
2. To provide guidance on data and information relevant to TB and HIV program performance
3. To identify challenges and recommendations of grant implementation at the subnational level

METHOD

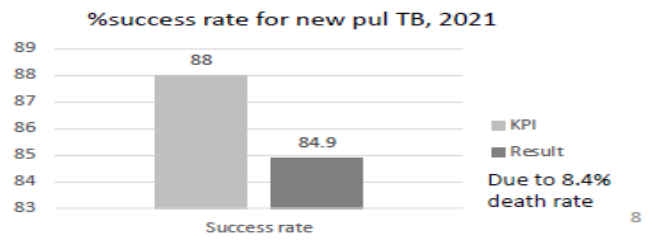
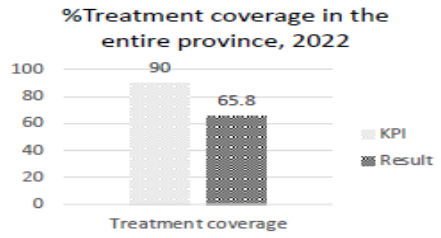
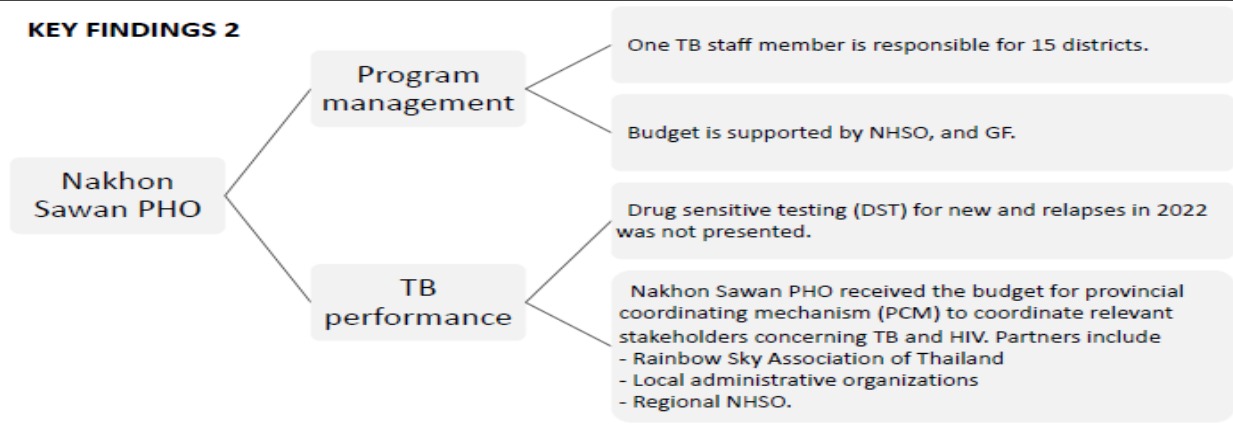
- Two meetings were organized on 1 December 2022. The first meeting had 25 local participants, and the second meeting had 13 local participants
- Discussion was held after PowerPoint presentations.
- Due to the time constraint, visiting a TB clinic or patients' homes was excluded in this field visit.



KEY FINDINGS 1



KEY FINDINGS 2



KEY FINDINGS (3)

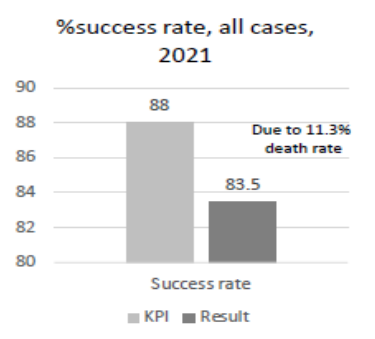
Swanpracharak Provincial hospital

Program management

- TB clinic has 11 health personnel.
- TB clinic opens every day. There are 3-4 new TB cases and 30 existing TB patients daily.
- This hospital serves as a drug resistant-TB center approved by NHSO.

TB performance

- In 2021, 625 patients were notified to NTP, and of these, 506 cases were new and relapse.
- In 2022, 12 RR/MDR-TB patients were notified to NTP.
 - Contact tracing and TPT are in the development process.
 - Contacts aged <5 years receive TPT from pediatrics clinic.
 - It is not concluded if chest department or infectious department is responsible for this work..



KEY FINDINGS (4) Takhli district hospital

Program management

TB clinic has 8 health personnel.

-TB clinic opens Wednesday, 8-noon.

-A slot of 20 TB patients visit the clinic weekly.

- VHV and health staff in the community visit patients' home once a week, the first 2 months and every month, the remaining 4 months

The TB doctor developed a check list of test and treatment to remind all doctors.

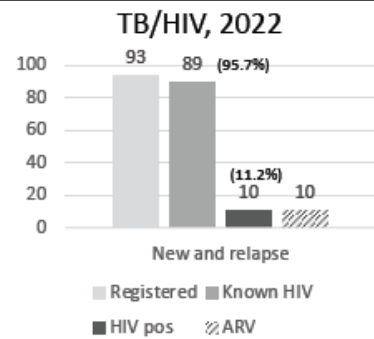
TB performance

- DST among retreatment cases was 100% (11/11) in 2022.

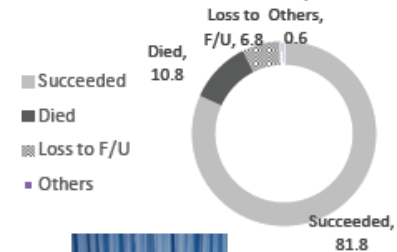
-DST among new cases was 90.4% (75/83) in 2022.

-IGRAs just began on 29 November 2022.

-19 close/household contacts aged 5 years or more were tested by IGRAs.



% Treatment outcome, 2021



Office of Disease Prevention and Control 3 (5 provinces)

Challenges

- Mass CXR did not yield more TB cases.
- Scaling-up hospital admission for TB patients with a certain risk score which reduced the death rate from 20% to 3.9% in a hospital is planned.
- Fresh blood samples are forwarded to test IGRAs at the Division of TB in Bangkok.
- Doctors and health care team are not trained for TPT, and 1HP or 3HP in 2022 are not available.

Recommendations

- Adherence to national recommendation should be assessed.
- An operational research study to validate the model and risk scores should be conducted with technical support from higher levels.
- ODPC 3 should get testing lab for IGRAs to reduce patients' barriers for an extra visit.
- Online or virtual training should be used, so TPT could be scaled-up.

Clinical risk groups include diabetes with uncontrolled blood sugar, patients with COPD or smoking, silicosis, chronic renal disease, drug users or alcohol use disorder.

Sawanpracharak Provincial Hospital



Challenges

- The same variables between the NTIP and hospital database are unconnected to each other.
- Experience in handling refusal of screening or TPT among close contacts is limited.

Recommendations

- This concerning issue should be discussed at national level.
- A training on TPT counseling should be organized.
- A retrospective study to examine factors associated with refusal should be conducted with technical support from higher levels.

12

Takhli district hospital

Challenges

- Numbers of relapse (10.8%, 10/93) and loss to follow-up (6.8%) were high.
- VHVs visited patients at home with random practice.

ประเภทการขึ้นทะเบียน	
ใหม่	64,003 (80.7)
กลับเป็นซ้ำ	4,979 (6.3)
ขาดยา	1,123 (1.4)
ล้มเหลว	212 (0.3)
อื่นๆ	1,294 (1.6)
โอนออก	7,740 (9.7)



ประสิทธิภาพของ Xpert MTB/RIF® Ultra
กับการตรวจพบเชื้อวัณโรค ในประเทศไทย

ศูนย์สนับสนุน
Original Article

วิภาส ธิติ ก.ม.
ธานีโร สมิทธิ์วรา ก.ม.
วรรณนิศา เสงี่ยมศักดิ์ ก.ม.บ.
ณัฐ อนุวัฒน์ ก.ม.

Recommendations

- A training on counseling for patients with TB to increase treatment adherence should be organized.
- A training for VHV on how to conduct a home visit (urine test, pill counts, side effect assessment) should be organized.



Conclusion

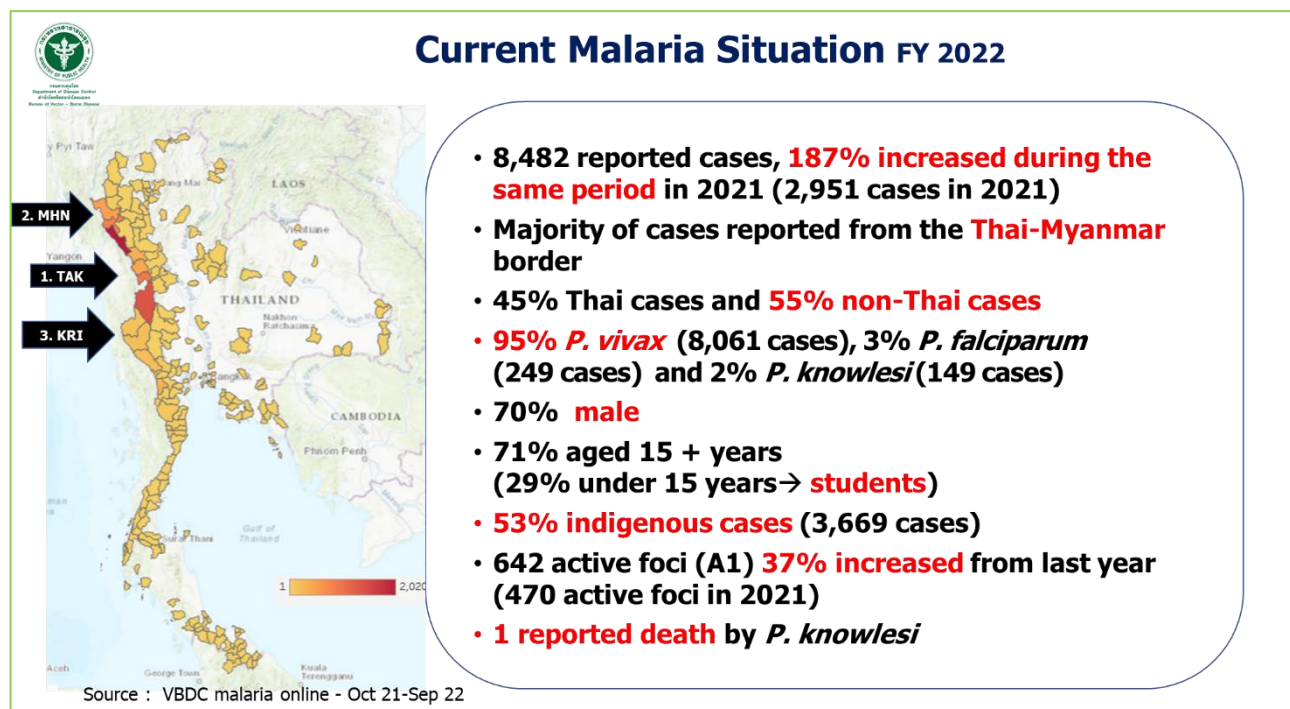
1. TB is a priority at provinces because health inspectors monitor 90% treatment coverage and 88% treatment success rate quarterly.

2. TB case finding continues to be a key challenge. Adherence to national guideline for TB screening should be explored; screening close contact should be focused; access to molecular test should be strengthened.
3. TPT is below the target, due to trainings in some provinces and limited number of testing laboratory for IGRAs.
4. Using data to develop evidence to inform decision-making is recommended, and technical support from higher levels should be provided to sub-national levels.

Constituency / Sector	Write content of contribution below
Decision(s)	The meeting recognized the progress of the STAR3 program and valued the contribution of the OC consultants to the CCM oversight function.
Agenda Item # 3	3.3.1 Regional Malaria program by Dr.Chusak Prasittisuk, OC - Malaria consultant
Conflict of interest	Not applicable

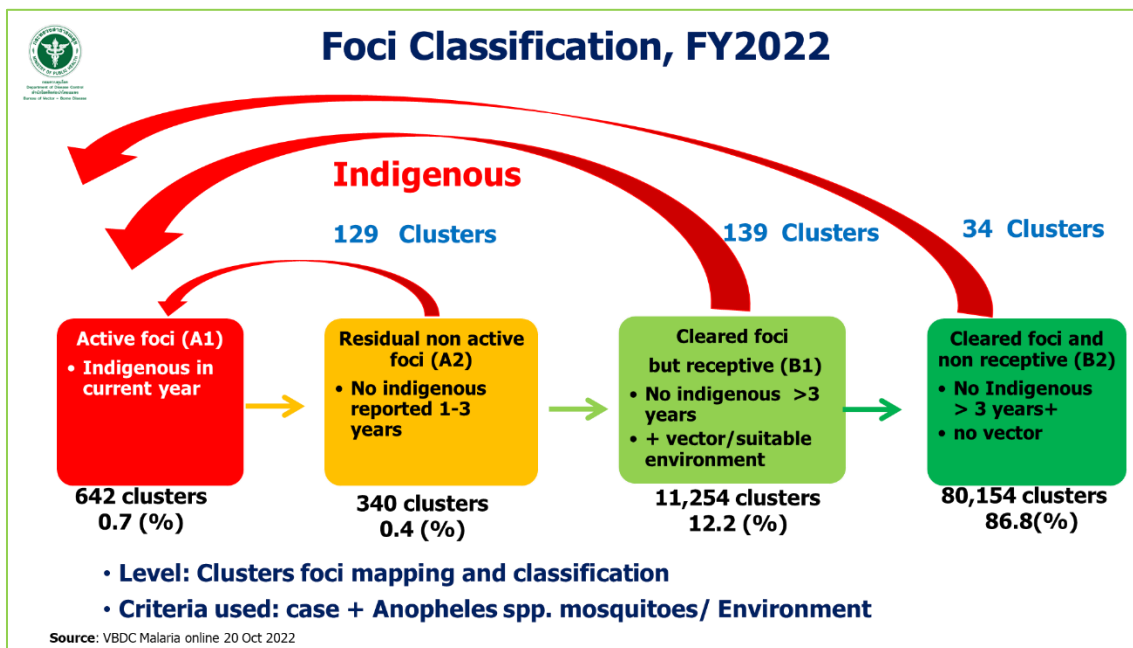
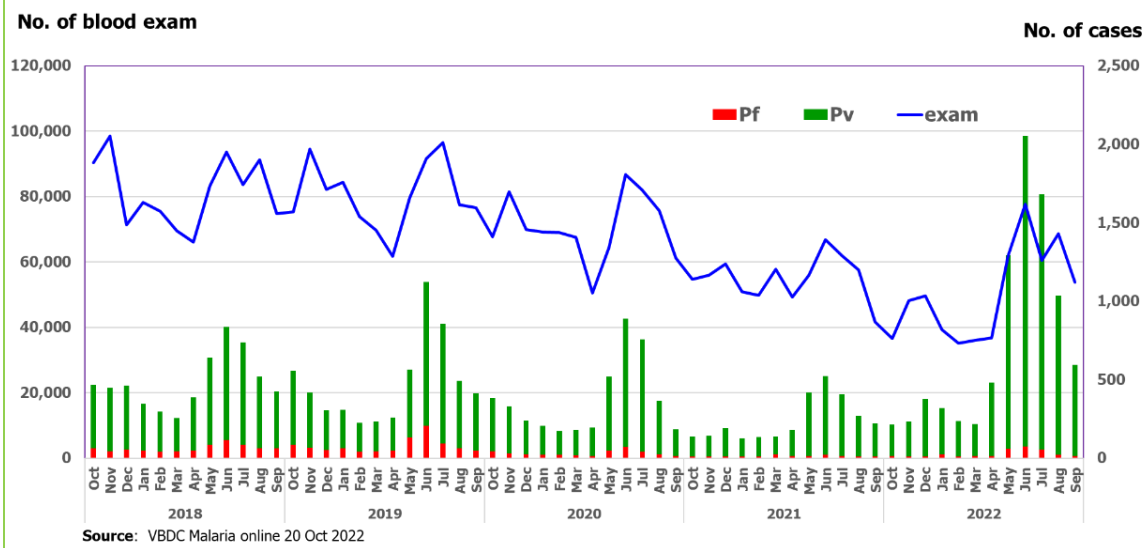
Summary of presentation and issues to be discussed and discussion

Dr. Chusak Prasittisook, OC consultant on Malaria, reported to the meeting that Current Malaria Situation FY 2022 during Oct 21-Sep 22 as detailed below



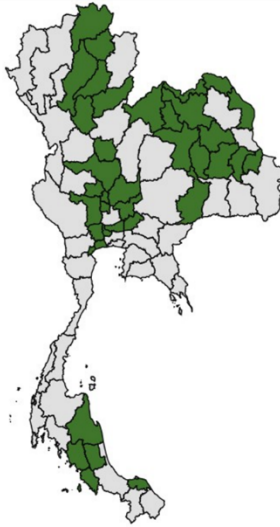


Monthly Malaria cases (FY 2018-2022)





Progress of Subnational Malaria Elimination, 2022



**46 provinces
Malaria-free in 2022**

- **2018-2022: 46 provinces** (of 48 Provinces) verified as malaria free provinces (Phetchabun and Chon Buri were not verified)
- **5 Provinces reported re-introduction** of malaria recently : Phuket, Chaiyaphum, Phitsanulok, Kamphaeng Phet, Lamphun

Bangkok	Chai Nat	Loei	Nakhon Phanom	*Phetchabun
Nonthaburi	Phichit	Roi Et	Bueng Kan	Chiang Rai
Pathum Thani	Maha Sarakham	Amnat Charoen	Chaiyaphum	Buri Ram
Ang Thong	Phuket	Saraburi	Trang	Lampang
Ayutthaya	Pattani	Lop Buri	Phatthalung	Kalasin
Sing Buri	Udon Thani	Suphan Buri	Uttaradit	Yasothon
Nakhon Pathom	Khon Kaen	Nakhon Nayok	Phitsanulok	Nakhon Si Thammarat
Samut Sakhon	Phayao	Lamphun	Phrae	*Chon Buri
Samut Songkhram	Nong Khai	Sukhothai	Kamphaeng Phet	
Samut Prakan	Nong Bua Lam Phu	Nakhon Sawan	Satun	

Dr. Chusak then presented the results of the RAI3E program during January and September 2022, according to indicators, details are shown in the table below.

Achievement indicators (Jan.21-Sept 22) :

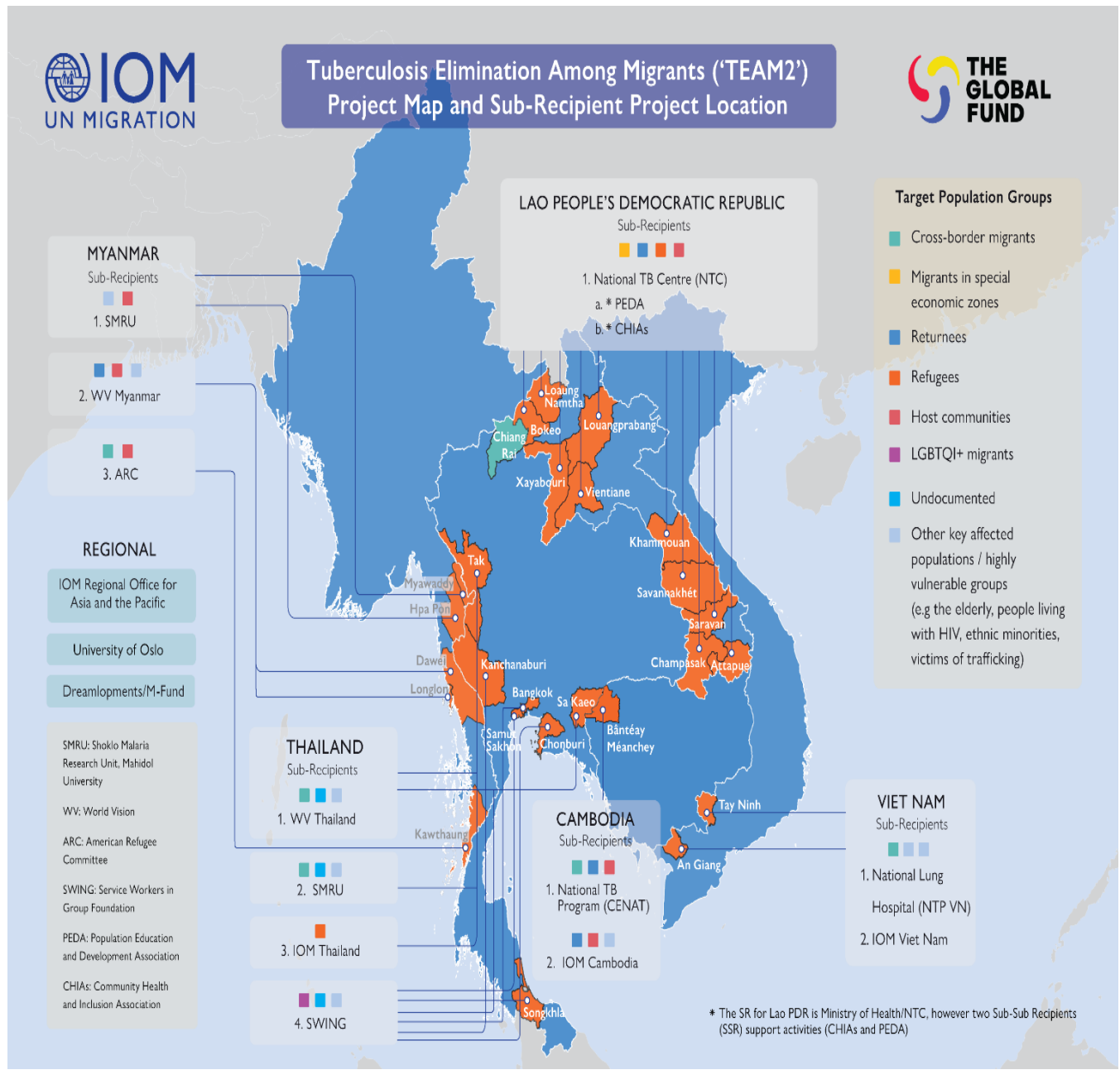
	Jan-Jun 2021			Jul-Dec 2021			Jan-Jun 2022			Jul-Sep 2022		
	Target/Result			Target/Result			Target/Result			Target/Result		
VC3 (M) Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	62,848 110,436	57%	B2	143,700 110,437	120%	A	30,408 25,000	120%	A	28,393 12,500	120%	A
CM-Other-1 (M) Number of suspected malaria cases that receive parasitological test in all sectors	325,148 312,951	104%	A1	308,249 312,893	99%	B	306,953 250,315	120%	A	203,912 100,144	120%	A
CM-Other-2 Proportion of confirmed malaria cases that received first-line antimalarial treatment in all sectors	81% 100%	81%	B1	89.3% 100%	89%	C	86.6% 100%	87%	C	90.1% 100%	90%	B
CM-5(M) Percentage of confirmed cases fully investigated and classified	99% 90%	110%	A1	99% 90%	110%	A	97% 95%	102%	A	99% 95%	105%	A
CM- Other-3 Percentage of confirmed active foci investigated and classified in which an appropriate response was initiated within 7 days	99% 80%	120%	A1	84% 80%	105%	A	94% 90%	104%	A	93% 90%	103%	A
			B1 94%									

Note: over achievement won't be greater than 120%

Constituency / Sector	Write content of contribution below
Decision(s)	The meeting acknowledge the progression of RAI3E program grant performance and concerning issues.
Agenda Item # 3	3.3.2 Progress of the Regional TB (TEAM2) program By RCM secretariat (Dr.Petchsri Sirinirund)
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	

RCM secretariat (Dr.Petchsri Sirinirund) briefed the meeting that

TEAM 2 grant updates



General Overview of Q1/Q2

Indicator	Achievement
Number of migrants reached with health education	10,946
Number of volunteers trained in improved access to care for migrants at community level	129
Number of migrants screened for TB symptoms	3,620
Number of migrants reached with chest x-ray (CXR)	2,962
Number of TB cases (all forms) notified through project activities	378
Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) detected (and started on treatment)	5

- **Project kick-off activities and agreements signing** was facilitated for all but one SR, and at regional level.
- **SRs signed agreements with key partners, undertook key activities** (setting up offices, recruitment, onboarding, stakeholder meetings, evidence-informed mappings etc),
- **SRs conducted trainings/capacity building efforts**
- **Several SRs commenced TB case finding** among their target populations, alongside **implementing health promotion** activities on a variety of topics (TB, COVID-19, HIV etc).

Results are presented for Q1+Q2 achievements, against Y1 total targets.

		Y1 Target	Q1 + Q2 Achieved	
Cambodia	National TB Program (CENAT), Cambodia	# of TB cases (all forms)	2022: 71	0
		Treatment success rate of all forms of TB (%)	2022: 85.11%	NA
	IOM Cambodia	# migrants/target populations screened for TB symptoms	2022: 2,000	0
		# migrants/target populations reached with health education	2022: 2,000	0
Laos	Ministry of Health/NTC, (with 2 SSRs (CHIA and PEDAI))"	# of TB cases (all forms)	2022: 200	0
		# migrants/target populations screened for TB symptoms	2022: 7,200	128
		# of migrants/target populations reached with health education	2022: 7,200	933
Myanmar	Shoklo Malaria Research Unit (SMRU) Myanmar	# TB cases (all forms)	2022: 236	135
		# of migrants/target populations reached with health education	2022: N/A	1245
	World Vision International- Myanmar (WVIM)	# TB cases (all forms)	2022: 62	73
		# of migrants/target populations reached with health education	2022: 960	5250
		# migrants/target populations having CXR	2022: 700	208
	American Refugee Committee (ARC)	# TB cases (all forms)	2022: 140	84
		# migrants/target populations having CXR	2022: 1040	41
		# of migrants/target populations reached with health education	2022: 2,000	1346
		# TB cases (all forms)	2022: 62	58
Thailand	World Vision Foundation of Thailand (WVFT)	# of migrants/target populations reached with health education	2022: 15,900	255
		# migrants/target populations having CXR	2022: 1,115	162
		# TB cases (all forms)	2022: 101	17
	Shoklo Malaria Research Unit, Mahidol University, (SMRU)	# migrants/target populations screened for TB symptoms	2022: 1,000	1181
		# of migrants/target populations reached with health education	2022: 2,000	1181
		# TB cases (all forms)	2022 = 20	10
	Service Workers in Groups Foundation (SWING)	# migrants/target populations screened for TB symptoms	2022: 1,000	697
		# of migrants/target populations reached with health education	2022= 1,400	736
		# migrants/target populations having CXR	2022: 240	29
	IOM Thailand	# TB cases (all forms)	2022 = 6	1
		# migrants/target populations screened for TB symptoms	2022: 5,250	0
		# of migrants/target populations reached with health education	2022: 5,250	0
# migrants/target populations having CXR		2022: 1050	0	
Viet Nam	National Lung Hospital (NTP VN)	# TB cases (all forms)	2022= 9	0
		# migrants/target populations screened for TB symptoms	2022: 16,000	0
		# TB cases (all forms)	2022: 80	0

Thailand	World Vision Foundation of Thailand (WVFT)	# of migrants/target populations reached with health education	2022: 15,900	255
		# migrants/target populations having CXR	2022: 1,115	162
		# TB cases (all forms)	2022: 101	17
	Shoklo Malaria Research Unit, Mahidol University, (SMRU)	# migrants/target populations screened for TB symptoms	2022: 1,000	1181
		# of migrants/target populations reached with health education	2022: 2,000	1181
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		# TB cases (all forms)	2022 = 6	1
	IOM Thailand	# migrants/target populations screened for TB symptoms	2022: 5,250	0
		# of migrants/target populations reached with health education	2022: 5,250	0
# migrants/target populations having CXR		2022: 1050	0	
# TB cases (all forms)		2022= 9	0	
Viet Nam	National Lung Hospital (NTP VN)	# migrants/target populations screened for TB symptoms	2022: 16,000	0
		# TB cases (all forms)	2022: 80	0

Activity	Implementer	Y1	Nov-22
Establish regional data base enabling cross border referral, and set-up reporting system by nationals/non-nationals	Uni Oslo	Creation of migrant referral platform	started, but challenges and limitations (see referral update)
Promote health insurance coverage among documented and undocumented migrants and cross-border populations in Myanmar and Cambodia	M-Fund	Set up an M-Fund office and team in the project locations	on track
Organize high-level GMS stakeholders meetings on TB and HIV policy and health security among migrants to increase national political commitment by sharing national experiences	IOM-PR	Introductory regional stakeholder meetings conducted to share experiences and agree on policy development process	on track, planned for December, see concept note

Proposal for RCM and CCMs coordination

- Structure of RCM members (i.e., CCM representatives, CSO nominated by CCM, NTPs representatives) and OC (2 persons from each country) should enable coordination with country grants and NTP.
 - ❖ Standing agenda on oversight of the TEAM grant in the CCM-OC meetings and CCM meetings.
 - ❖ Two way communication between RCM Secretariat and CCM Secretariats.
 - ❖ PR identifies key issues needed for support from RCM in coordination with national TB programs and PRs of country grants.
 - ❖ Joint oversight site visits.
- Regional database platform
 - Technical focal point from each country
 - Cross-border referral system for TB and HIV

Constituency / Sector	Write content of contribution below
Decision(s)	The meeting acknowledged the RCM requirement proposal and the TEAM2 grant update. It also requested PR-RTF, which is in

	charge of providing TB services to migrants covered by country grants, to consult with TEAM grant on the possibility of integration and recommend that DTB designate a focus point to work on the regional TB data base.
Agenda # 4	Matters of consideration
	Draft Grant Oversight Plan 2022-2024 By Dr. Krongthong Thimasarn, OC Chair
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
Dr.Krongthong Thimasarn informed the meeting that in principle, the OC must first consider and approve, but the meeting was originally scheduled for December 8, 2022, but it was postponed to December 22 morning. Core principle of the oversight plan have not changed from the original version, just added topic that haven't been included in the existing OC plan, such as COVID 19. After carefully deliberation there are some minor adjustments. So it was decided to returne to Dr.Somchai Peerapakorn then we will be circulated the complete version to the CCM for endorsement via email.	
Constituency / Sector	Write content of contribution below
Decision(s)	The meeting accepts Dr. Krongthong's explanation, and the CCM Chair designates the OC to send the final Oversight Plan for 2022–2024 to the CCM for review via email within the next two weeks.
Agenda # 4	4.2 Timeline to Develop Funding Request (FR) for 2023-2025 Funding Cycle 1) RAI4E FR and 2) TB/HIV FR By Dr.Phusit Prakongsai, CCM executive secretary
Conflict of Interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
Please see detailed information at agenda 1.1.1	
Constituency / Sector	Write content of contribution below
Decision(s)	
Agenda # 4	4.3 Letter of Consultation from the Chairman of the the National Sub-committee on AIDS Rights Protection and Promotion, dated 16 Dec 2022 By Dr.Phusit Prakongsai, CCM executive secretary
Conflict of Interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
Dr.Phusit Prakongsai, report to the meeting that CCM secretariat office received the Letter of Consultation from the Chairman of the the National Sub-committee on AIDS Rights Protection and Promotion (under The National Committee for HIV and AIDS Prevention and Alleviation), dated 16 Dec 2022. The topic of this letter is asking the CCM to take gender and stigmatization of all kinds of HIV into account when develop the next Funind Request.	

Constituency / Sector	Write content of contribution below
UNAIDS-CCM member	Pointed out that the GF allocation letter indicated Thailand is eligible for the catalytic matching funds for scaling up projects to reduce human rights and gender-related barriers over and beyond the allocation sum of US\$1,500,000. This issue is in accordance with the suggestion made by the NAC's Sub-Committee for the Promotion and Protection of AIDS Rights.
Decision(s)	The meeting acknowledged this concerned and CCM chair assigned TB/HIV writing team to consider this issues and assigned Dr. Patchara Benjarattanaporn as the Focal Countries Collaboration among GF-UNAIDS-PEPFAR-NIH in Supporting Thailand to Eliminate HIVrelated Stigma and Discrimination to be the focal ppoint and collaboration with the National Sub-committee on AIDS Rights Protection and Promotion
Agenda # 5	5.1. CCM Secretariat expenditure report during January – November 2022 By Dr.Phusit Prakongsai, CCM executive secretary
Conflict of Interest	Not applicable

Summary of presentation and issues to be discussed and discussion

CCM secretariat reported to the meeting that

CCM expenditure (Jan-Nov 2022)

Source of Fund	Approved Budget (THB)	Expenditure (THB)	Absorption Rate (%)	Comments
CCM Funding	3,175,890.47	1,919,312.34	60%	Saving from Travel related cost
C19RM	499,832.50	280,850.00	56%	no meeting with Center for COVID-19 Situation Administration
CCM Evolution	1,988,240.00	216,930.00	11%	Just started activitiy in Oct 2022
Total	5,663,962.97	2,417,092.34	43	

Decision(s)	The secretary team was requested to expedite any tasks after the meeting acknowledged the CCM expenses.
Agenda # 5	5.2 Tentative schedule of CCM meeting in 2023 By Dr.Phusit Prakongsai, CCM executive secretary
Conflict of Interest	Not applicable
Summary of presentation and issues to be discussed and discussion	

Tentative Schedule of CCM/OC/PC meeting in 2023

Meeting	Q1	Q2	Q3	Q4
OC meeting	7-Feb-2023	11-May-2023	10-Aug-2023	9-Nov-2023
PC meeting	16-Feb-2023	18-May-2023	17-Aug-2023	16-Nov-2023
CCM meeting	23-Feb-2023	25-May-2023	24-Aug-2023	23-Nov-2023

Decision(s)

The meeting acknowledges the provisional agenda for the CCM meeting in 2023; however, because the CCM chair will be unavailable on February 23, 2023, it has been postponed to February 24, 2023, from 13.30 to 16.30.

Reported by
CCM Secretariat

List of Participants CCM Committee Meeting No.4/2022

December 22, 2022 on 13.30-17.05 hrs.

**The FOCUS Meeting Room 1st Floor, Building 2, Office of Permanent Secretary
Ministry of Public Health, Nonthaburi, Simultaneous Tele Conference by ZOOM Meeting**

CCM members attending the meeting and online meeting

1) Dr.Suriya Wongkongkathep	Health expert	CCM Chair
2) Dr. Krongthong Timasarn	Malaria association of Thailand	CCM Vice chair
3) Dr. Patchara Benjarattanaporn	UNAIDS Thailand	CCM Vice chair
4) Dr. Thanasunthorn Swangsaree	Ministry of Social Development and Human Security	CCM member (online)
5) Ms. Yenjit Somphoh	Thailand NGO Coalition on AIDS Foundation	CCM member (online)
6) Prof.Nuntavarn Vichit-Vadakan	School of Global Students, Thammasart University	CCM member (online)
7) Ms. Saranya Boonpheng	Thai Women Living with HIV Foundation	CCM member (online)
8) Mr. Nikorn Chimkong	Bangkok Rainbow (Director)	CCM member (online)
9) Dr. Jintana Ngamvithayapong-Yanai	TB/HIV Research Foundation (President)	CCM member (online)
10) Ms. Kingkaew Chantip	PLWD-Malaria	CCM member (online)
11) Ms.Somchit Fungthotsatham	KAP-TB, POP network (elderly gr.)	CCM member (online)
12) Ms. Atitaya Thongboon	the International Affairs Division, Ministry of Justice	alternate CCM member (online)
13) Dr. Walaiporn Patcharanarumol	Global Health Division, MoPH	alternate CCM member (online)
14) Mr. Sittichai Ngamkiatkajorn	The Comptroller General's Department of Medical Welfare Division, Ministry of Finance	alternate CCM member (online)
15) Ms. Thitiyanan Nakpo	KAP-LGBT	alternate CCM member (online)

\Invitees' participants

1) Dr. Petchsri Sirinirund	Consultant for HIV program	
2) Dr. Chusak Prasittisuk	Consultant for Malaria program	
3) Dr. Sirinapa Jittimane	Consultant for TB program	(online)
4) Dr. Cheewanan Lertpiriyasuwat	Director, Division of AIDS and STIs.	(online)
5) Dr.Prayuth Sudatip	Deputy director of DVBD	(online)
6) Ms. Rosita Manee	DVBD	(online)
7) NTP Thailand		(online)
8) Dr.Sumet Ongwandee	PR-DDC director	
9) Mrs. Bussaba Tantisak	PR-DDC (Program Specialist on AIDS and TB/HIV)	
10) Mrs. Kasanee Sriruksa	PR-DDC (Program Specialist on TB)	
11) Ms. Sunsanee Rojanapanus	PR -DDC (Program Specialist on Malaria)	
12) Mr. Chin Khamkruang	PR -DDC	(online)
13) Ms. Suthasinee Panya	PR -DDC	(online)
14) Ms. Thongphit Pinyosinwat	PR-RTF	(online)
15) Ms. Chutarat Wongsuwan	PR-RTF	(online)
16) Mr.Wasurat Homsud	PR-RTF	(online)
17) Ms. Chawee Paenghom	LFA Thailand	
18) Ms. Pimnapat	Office of the Permanent Secretary, Ministry of Justice	(online)
19) Mr. Griwin	NESDC	(online)
20) Ms.Natkamol Chansatitporn		(online)
21) Mr.Wichanon Makaew		(online)
22)	MSDHS	(online)
23) Dr. Phusit Prakongsai	CCM Executive Secretary	(online)
24) Ms. Phatradasorn Chuangcham	CCM Secretariat Office	
25) Ms. Phatramon Yimyam	CCM Secretariat Office	
26) Ms. Kanyapan Nuntawichai	CCM Secretariat Office	