

Oversight Committee Meeting No.4/2022

22 December 2022 at 09.30-12.00 hrs.

Focus meeting room, 1st Floor, building 2, Permanent Secretary office, MoPH, Nonthaburi
and online meeting

OC members attending the meeting and online meeting

1) Dr. Krongthong Thimasarn	Malaria association of Thailand	OC Chair
2) Dr. Deyer Gopinath	WHO Medical Officer in Malaria and Border Health	OC member (online)
3) Prof. Srivicha Krudsood	TROPMED. MU	OC member (online)
4) Dr. Patchara Benjarattanaporn	UNAIDS	OC member (online)
5) Dr. Panas Nanakorn	USAID	OC member (online)
6) Ms. Saranya Boonpeng	Women-PLWHA	OC member (online)
7) Dr. Petchsri Sirinirund	Consultant for HIV program	OC member (online)
8) Dr. Sirinapha Jittimane	Consultant for TB program	OC member (online)
9) Dr. Chusak Prasittisuk	Consultant for Malaria program	OC member (online)
10) Dr. Phusit Prakongsai	CCM Executive Secretary	OC member and secretary

Invitee participants

1. Niparueradee Pinyajeerapat	USAID	online
2. DVBD staff	NMP	online
3. Peranat	PR-DDC	online
4. Chin Khamkruang	PR-DDC	online
5. Thongphit Pinyosinwat	PR-RTF	online
6. Chutarat Wongsuwan	PR-RTF	online
7. Wasurat Homsud	PR-RTF	online
8. Patradasorn Chuangcham	CCM secretariat office	
9. Patamon Yimyam	CCM secretariat office	

Agenda # 1 Matters that the chairman informed the meeting

1.1 Summary of the OC performance in 2022

Dr. Krongthong Thimasarn (OC Chair) summarized THE OC PERFORMANCE IN 2022 as following

Activity	Frequency	Details			
Quarterly meeting	4	10 Mar	9 Jun	8 Sep	22 Dec
Virtual visit PRs-SRs meeting	8	PR-SRs quarterly meeting (PR-DDC)		JSMC meeting (PR-RTF)	
Consultation meeting	2	• USAID support for TA to GF-C19RM activities meeting • The C-FREE Steering Committee and Partners meeting			
PC workshop	1	Workshop for lesson learn exchange among Partnership Committee (KAPs and PLWDs) during 1-2 June 2022			
Program site visit	3	Malaria Phetchaburi province (22 - 24 August 2022)	HIV Nonthaburi province & Bangkok (11-12 Oct 2022)	TB Nakhon Sawan province (1 Dec 2022)	

OC MEETING ATTENDANCE IN 2022

Dr. Krongthong Timasarn, M.D.	1	1	1	1	4	2 site visit (T/M)
Dr.Phusit Prakongsai, M.D.	1	1	1	1	4	3 site visit (A/T/M)

Dr.Patchara Benjarattanaporn	1	1	0	1	3	
Dr.Deyer Gopinath, M.D.	1	1	1	0	3	
Ms. Saranya Boonpheng	1	1	0	1	3	

Prof. Srivicha Krudsood,M.D.	0	1	0	1	2	
Ms. Clarisse VEYLON-HERVET	1	0	1	0	2	

Ms.Karen Peters	0	0	1	0	1	
Mr.Panus Rattakitvijun Na Nakorn	0	1	0	0	1	1 site visit (A)

Dr.Jakkrit Ngowsiri	0	0	0	0	0	
Dr.David Sintasath, PhD	0	0	0	0	0	
Dr.Charoen Chuchottaworn	0	0	0	0	0	
Ms.Piyanate Chaoomchaisiri	0	0	0	0	0	

A: AIDS
T: TB
M: Malaria

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The meeting recognizes the performance of the OC and OC Chair thanks for everyone's efforts in carrying out the OC's responsibilities and strive to strengthen the OC function in the upcoming year which is the ending term of the current OC.

Agenda # The secretary informed the meeting.

1.2.1 Timeline to Develop Funding Request (FR) for 2023-2025 Funding Cycle

Dr. Phusit Prakongsai, CCM Executive Secretary informed the meeting that the Global fund had sent the allocation letter to CCM, for Thailand there are 2 allocation funds for TB-HIV grant and RAI4E as follows;

1) Thailand RAI4E allocation split

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

Tentative Timeline to Develop RAI4E Funding Request (FR)

Timeline to Develop RAI4E Funding Request (FR)

Each country receives the support of one consultant to develop the Funding Request between November 2022 until March 2023 from L' initiative

Dr. Mitra Feldman as the consultant for The Thailand component 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	Composition: 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

2) Thailand allocation (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	

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

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.

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

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 OC 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	

The meeting recognizes the allocation fund to support Thailand in the 2024-2026 utilization period.

Agenda # 2 Approval of the minutes of OC meeting no.3/2022

OC meeting on Thursday 8th Sep 2022 at 13.30-16.30 hrs. at MOC meeting room, 1st Floor, Building 2, Office of Permanent Secretary, MoPH, Nonthaburi with online system

The minutes of the meeting are approved with any revisions.

Agenda # 3 Oversight of the implementation of the GF grants in Thailand

3.1 Progression of GF programs in Thailand Year 2022 (Quarterly 7)

3.1.1 COVID-19 Response Mechanism (C19RM) By Dr. Krongthong Thimasarn, OC Chair

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

Financial progression COPCAM 2021-23 : Q7 and Q1-7: By Cost grouping : PR-DDC

Expenditure Report COPCAM Q7 By Cost Grouping						Expenditure Report COPCAM Q1 - Q7 By Cost Grouping				
BREAKDOWN By Cost Grouping	Revised Plan Q7		Expenditure Q7		Absorption	Revised Plan Q1 - Q7		Expenditure Q1 -Q7		Absorption
	BAHT	USD	BAHT	USD	%	BAHT	USD	BAHT	USD	%
1.0 Human Resources (HR)	2,879,516	93,026	552,344	15,982	17%	3,290,425	106,301	1,001,751	28,986	27%
2.0 Travel related costs (TRC)	2,116,170	68,365	676,683	19,580	29%	2,133,123	68,913	694,987	20,110	29%
3.0 External Professional services (EPS)	1,056,074	34,118	-	-	0%	1,231,537	39,786	192,600	5,573	14%
4.0 Health Products - Pharmaceutical Products (HPPP)	-	-	-	-	0%	-	-	-	-	0%
5.0 Health Products - Non-Pharmaceuticals (HPNP)	65,885,910	2,124,649	39,757,332	1,105,531	52%	230,560,785	7,448,193	215,458,513	6,331,876	85%
6.0 Health Products - Equipment (HPE)	78,165,114	2,525,091	24,640,264	676,231	27%	95,304,215	3,078,913	36,027,908	1,018,610	33%
7.0 Procurement and Supply-Chain Management costs (PSM)	8,626,395	278,625	2,200,368	63,668	23%	11,797,183	381,122	5,619,187	162,592	43%
8.0 Infrastructure (INF)	-	-	-	-	0%	-	-	-	-	0%
9.0 Non-health equipment (NHP)	137,126	4,430	330,833	9,573	216%	415,098	13,410	573,137	16,584	124%
10.0 Communication Material and Publications (CMP)	30,000	969	-	-	0%	30,000	969	-	-	0%
11.0 Indirect and Overhead Costs	771,884	24,937	4,081	118	0%	778,600	25,154	11,421	330	1%
12.0 Living support to client/ target population (LSCTP)	346,975	11,209	-	-	0%	367,827	11,883	14,000	405	3%
13.0 Payment for results	140,000	4,523	-	-	0%	140,000	4,523	-	-	0%
Total	160,155,164	5,169,942	68,161,905	1,890,683	37%	346,048,793	11,179,167	259,593,504	7,585,066	68%

Benefit of C19RM funding to C19 response in Thailand between 2021



Equipment for COVID-19 case management
620,438 USD

- Oxygen high flow
- Oxygen concentrator
- Pulse oximeter,
- Thermometer
- อุปกรณ์อื่นๆ



COVID-19 testing and equipment
2,648,000 USD

- ชุดทดสอบ COVID-19 RAPID test
- ภาชนะ Xpert cartridges SARS COV-2



PPE for health care workers
3,019,659 USD



Health products and waste management
490,167 USD

- Alcohol
- Chlorhexidine



Mitigation activities for TB/HIV program
4,654,377 USD

- Digital portable X-rays
- GeneXpert Systems with 10-Color
- GeneXpert IV-4, 16 Module

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.



C19RM activities under PR-RTF

การใช้จ่ายงบประมาณโครงการ C19RM: Cost Grouping PR-RTF

TB HIV+C19 By Cost Grouping	Consolidate			TB-HIV			C19		
	งบประมาณ Q1-Q7 Reprogram 20 Sep 22 06 Sep 22	ค่าใช้จ่ายจริง Q1 - Q7 Actual Expenditures +Prepaid +Commitments	% of Spending	งบประมาณ Q1-Q7 Reprogram 20 Sep 22	ค่าใช้จ่ายจริง Q1 - Q7 Actual Expenditures +Prepaid +Commitments	% of Spending	งบประมาณ Q1-Q7 Reprogram 06 Sep 22	ค่าใช้จ่ายจริง Q1 - Q7 Actual Expenditures +Prepaid +Commitments	% of Spending
1.0 Human Resources (HR)	9,814,803.67	9,383,113.18	96%	9,116,552.45	8,749,276.36	96%	698,251.22	633,836.81	91%
2.0 Travel related costs (TRC)	1,736,454.12	1,494,906.31	86%	1,468,386.75	1,269,642.36	86%	268,067.37	225,263.95	84%
3.0 External Professional services (EPS)	1,033,488.32	851,305.09	82%	960,322.68	813,942.63	85%	73,165.64	37,362.46	51%
4.0 Health Products - Pharmaceutical Products (HPPP)	280,412.85	225,777.90	81%	280,412.85	225,777.90	81%	-	-	0%
5.0 Health Products - Non-Pharmaceuticals (HPNP)	3,211,465.51	2,486,925.02	77%	2,264,506.79	1,805,739.30	80%	946,958.73	681,185.72	72%
6.0 Health Products - Equipment (HPE)	554,262.58	225,222.24	41%	261,039.70	193,502.92	74%	293,222.88	31,719.32	11%
7.0 Procurement and Supply-Chain Management costs (PSM)	141,213.28	130,672.20	93%	87,490.80	90,617.43	104%	53,722.48	40,054.77	75%
8.0 Infrastructure (INF)	196,740.62	169,193.40	86%	196,740.62	169,193.40	86%	-	-	0%
9.0 Non-health equipment (NHP)	1,146,919.89	904,454.55	79%	1,073,534.05	832,658.03	78%	73,385.85	71,796.52	98%
10.0 Communication Material and Publications (CMP)	266,269.40	160,397.28	60%	192,277.39	91,229.48	47%	73,992.01	69,167.80	93%
11.0 Indirect and Overhead Costs	1,815,350.27	1,738,330.78	96%	1,719,239.01	1,654,447.00	96%	96,111.26	83,883.78	87%
12.0 Living support to client/ target population (LSCTP)	1,017,709.83	894,978.74	88%	682,469.08	554,203.81	81%	335,240.75	340,774.93	102%
13.0 Payment for results	-	-	0%	-	-	0%	-	-	0%
TOTAL	21,215,090.34	18,665,276.68	88%	18,302,972.15	16,450,230.63	90%	2,912,118.19	2,215,046.06	76%

Activities for USAID C19RM Technical Support that CCM has approved

C19RM activities	Details
1. Development of community-based surveillance response mechanism for COVID-19 and other emerging diseases	Set-up and support Migrant Health Volunteer and Language Coordinator network for COVID-19 emergency response <i>reduced from 6 provinces to 3 provinces</i>
2. Capacity building on virtual communication promotion regarding COVID-19, HIV and TB	Develop online COVID-19 content / Live-Online Counseling for Covid-19 vaccination and self care for PLHIV / Online-training on HIV, STI, Covid-19 for target populations and also assess their risks and motivated to have HIV testing <i>FHI360 internal speakers may be used.</i>
3. Improvement of health literacy and case management skills	Hire case manager for KPs (PWID, MSM, TG, MSW) and MHV for Migrants <i>Recruit consultants to suit the main content required.</i>
4. Technical support on improvement plan for the procurement and supply chain management	Develop Warehouse Management System (WMS) <i>under consideration for consultant</i>

The meeting acknowledges the progression of C19RM program

3.1.2 TB/HIV program (STAR3)

3.1.2.1 HIV component

Dr. Petchsri Sirinirund, OC-HIV consultant report to the meeting as follows;

Performance

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

OC-HIV site visit during 11-12 October 2022 in Bangkok and Nonthaburi

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

Venue:

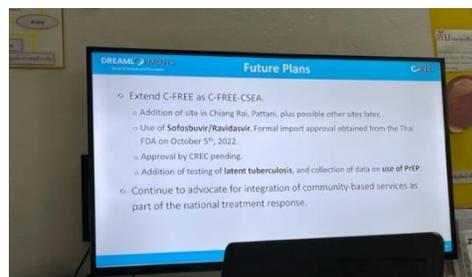
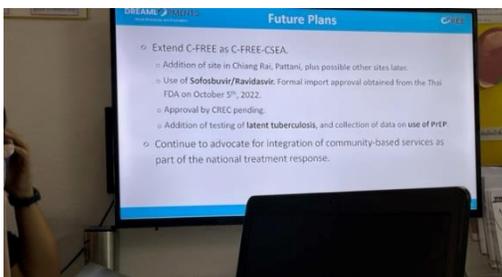
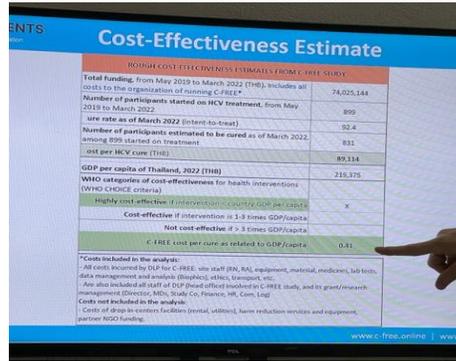
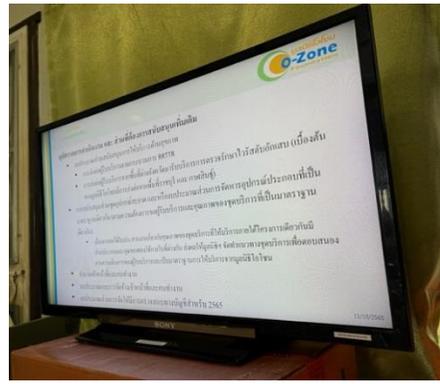
- 1) Nonthaburi Province: Public Health Office (including government and civil society) and Bang Bua Thong Hospital
- 2) Ozone foundation and APASS

Site Visit Focus:

TB/HIV Services and PWID Group Operations

Key takeaways from site visits:

- TB/HIV services are not yet realized.
- 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.



The meeting recognized the progress of the HIV component performance under STAR3 program and observation form the OC site visit.

3.1.2.2 TB component

Dr. Sirinapa Jittimane, OC-TB consultant reported the progress update and TB program site visit 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 FY 2019	Targets Oct 2021-Sept 2022	Oct 2021-Sep 2022		ข้อมูลเพิ่มเติม
				Results	% of targets	
Case finding	TCP-1 TM 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%	ข้อมูลเพิ่ม 65 ACF 1,543,968 ราย พบ TB 19,405 ราย (1.23%) PCF 661,700 ราย พบ TB 46,839 ราย (7.02%) Contact case 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%	ข้อมูลเพิ่ม 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%	ข้อมูลเพิ่ม 65 ACF 31,986 ราย พบ TB 874 ราย (2.7%) PCF 74,635 ราย พบ TB 2,040 ราย (2.7%) Contact case ราย NA พบ TB NA ราย
IPT	TCP-5.1 Number of people in contact with TB patients who began preventive therapy	10,152	9,114	1,946	21.4%	ข้อมูลเพิ่ม 65 จำนวน notified TB ราย 66,244 ราย Contact case (All Age) 198,732 ราย พบ TB 35,771 ราย (18%) - ราย 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... (circled in red) ...the weighted pooled prevalence of TB disease among all close contacts of TB patients... Systematic evidence has been strongly recommended since 2012 for contacts of individuals with TB disease 27% given the high prevalence of disease in this population. At the GDC 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

Close contact tracing for tuberculosis, 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-Sept 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

Indicator	Number	Rate per 100,000 population
Total TB incidence	638,000 (29,888,129,000)	94.2 (114,888)
MDR/RR-TB incidence	24,000 (2,880,000,000)	33.3 (4,166)
XDR-TB incidence	4,000 (480,000,000)	5.4 (6,750)
MDR/RR-TB mortality	4,000 (480,000,000)	5.4 (6,750)
XDR-TB mortality	1,000 (120,000,000)	1.4 (1,750)

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

Case type	Proportion (%)
New cases	1.76 (1,144)
Previously treated cases	6.86 (8,616)

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 ที่ติดเชื้อ 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

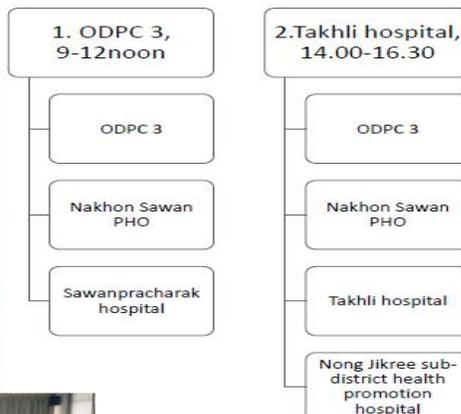
Site visit to TB program on December 1, 2022

Objective of site visit

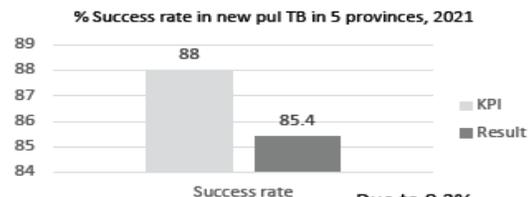
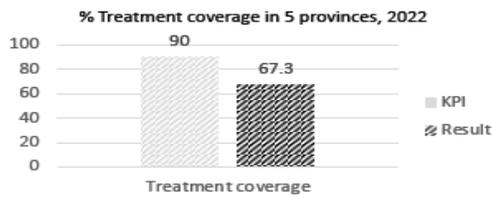
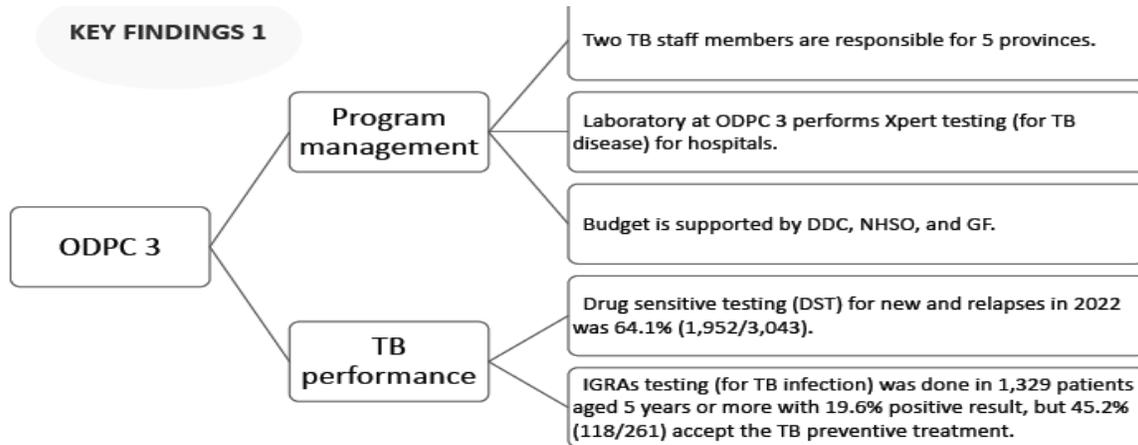
1. To provide technical support to health care team at the subnational level on increasing access to TB diagnosis among high-risk groups and providing treatment and care to patients with TB disease or people with TB infection
2. To provide guidance on data and information relevant to TB and HIV program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

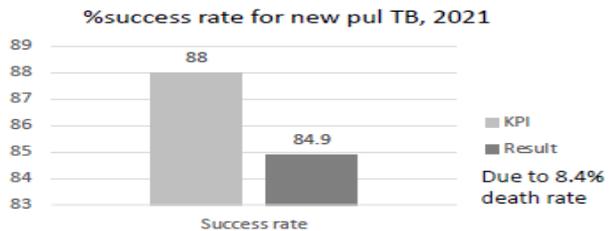
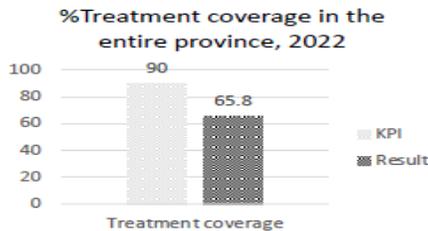
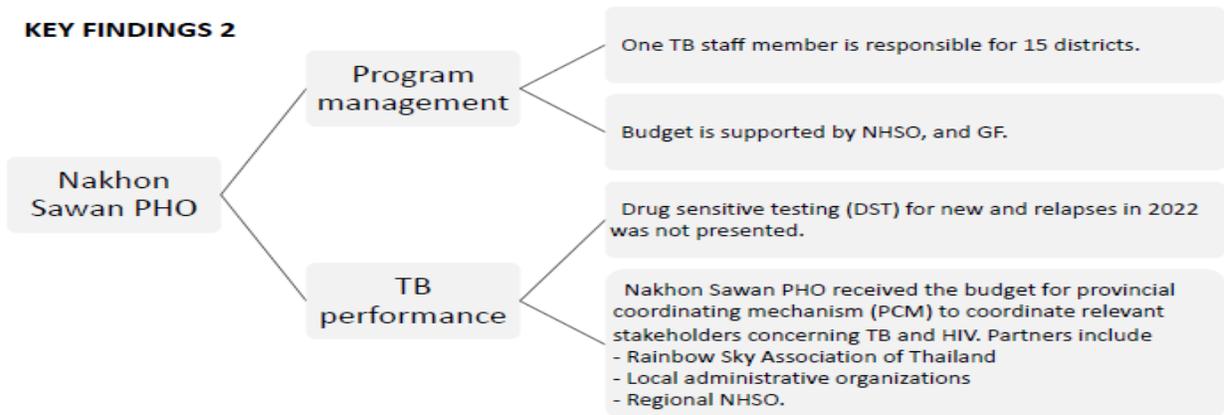


KEY FINDINGS 1



Due to 8.3% death rate 7

KEY FINDINGS 2



Due to 8.4% death rate 8

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..

%success rate, all cases, 2021



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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

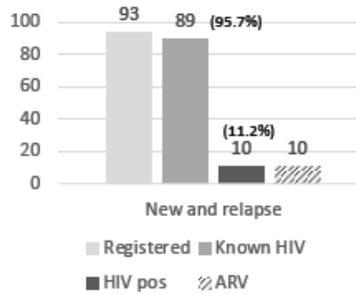
- DST among retreatment cases was 100% (11/11) in 2022.

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

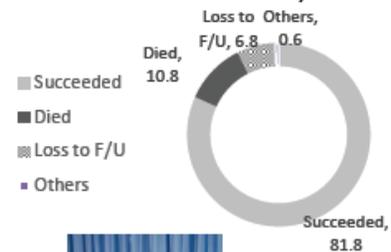
-IGRAs just began on 29 November 2022.

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

TB/HIV, 2022



% 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.

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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.

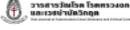
12

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	8,979 (6.3)
ขาดยา	1,123 (1.4)
ล้มเหลว	212 (0.3)
อื่นๆ	1,294 (1.6)
โอนออก	7,740 (9.7)


 กระทรวงสาธารณสุข
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 ประเทศไทย

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นิตยา ธิติ ทัศน.
 สานิต สันติสุข ทัศน.
 วรรณิศา เกษมสันต์ ทัศน.
 สันติ นนทวัฒน์ ทัศน.

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.

The meeting recognized the progress of the TB component performance under STAR3 program and observation form the OC site visit.

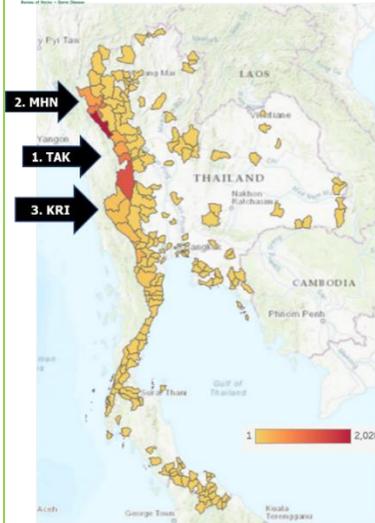
3.1.3 Progression of Regional program

3.1.3.1 RAI3E program

Dr. Chusak Prasittisuk, OC - Malaria consultant reported the current Malaria Situation FY 2022 during Oct 21-Sep 22 as detailed below



Current Malaria Situation FY 2022

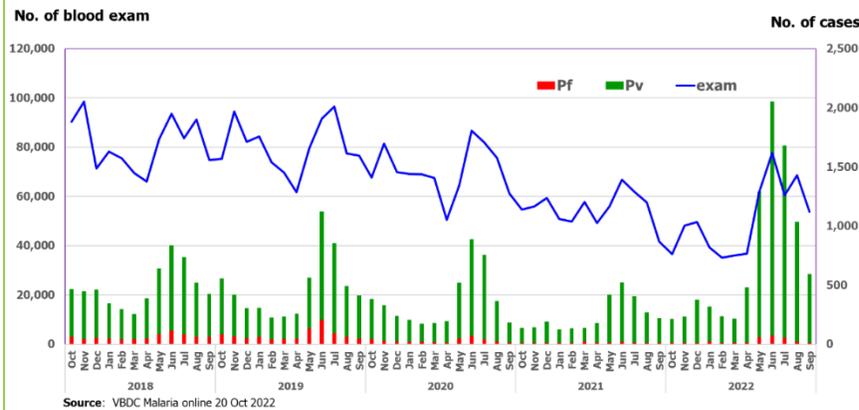


Source : VBDC malaria online - Oct 21-Sep 22

- 8,482 reported cases, **187% increased during the same period** in 2021 (2,951 cases in 2021)
- Majority of cases reported from the **Thai-Myanmar border**
- 45% Thai cases and **55% non-Thai cases**
- **95% *P. vivax*** (8,061 cases), **3% *P. falciparum*** (249 cases) and **2% *P. knowlesi*** (149 cases)
- **70% male**
- **71% aged 15 + years** (29% under 15 years → **students**)
- **53% indigenous cases** (3,669 cases)
- **642 active foci (A1) 37% increased** from last year (470 active foci in 2021)
- **1 reported death** by *P. knowlesi*



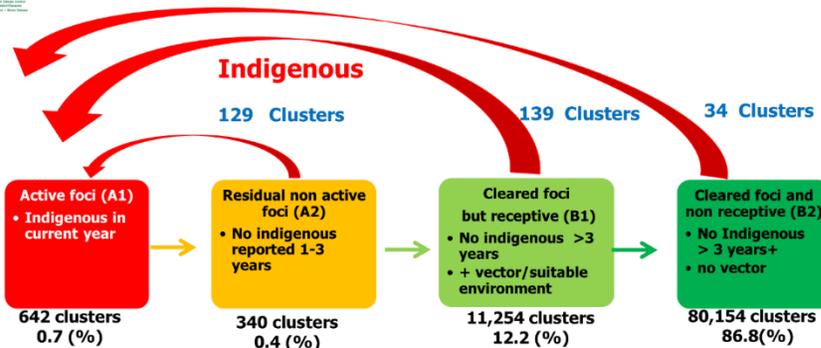
Monthly Malaria cases (FY 2018-2022)



Source: VBDC Malaria online 20 Oct 2022



Foci Classification, FY2022

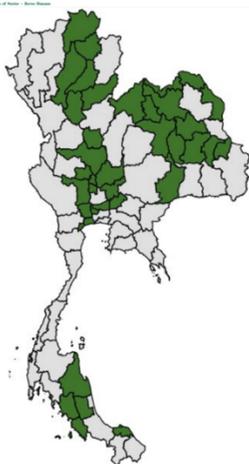


- Level: Clusters foci mapping and classification
- Criteria used: case + *Anopheles* spp. mosquitoes/ Environment

Source: VBDC Malaria online 20 Oct 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, Chaiphaphum, 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	Chaiphaphum	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	

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%

Challenges and Way Forward 2022

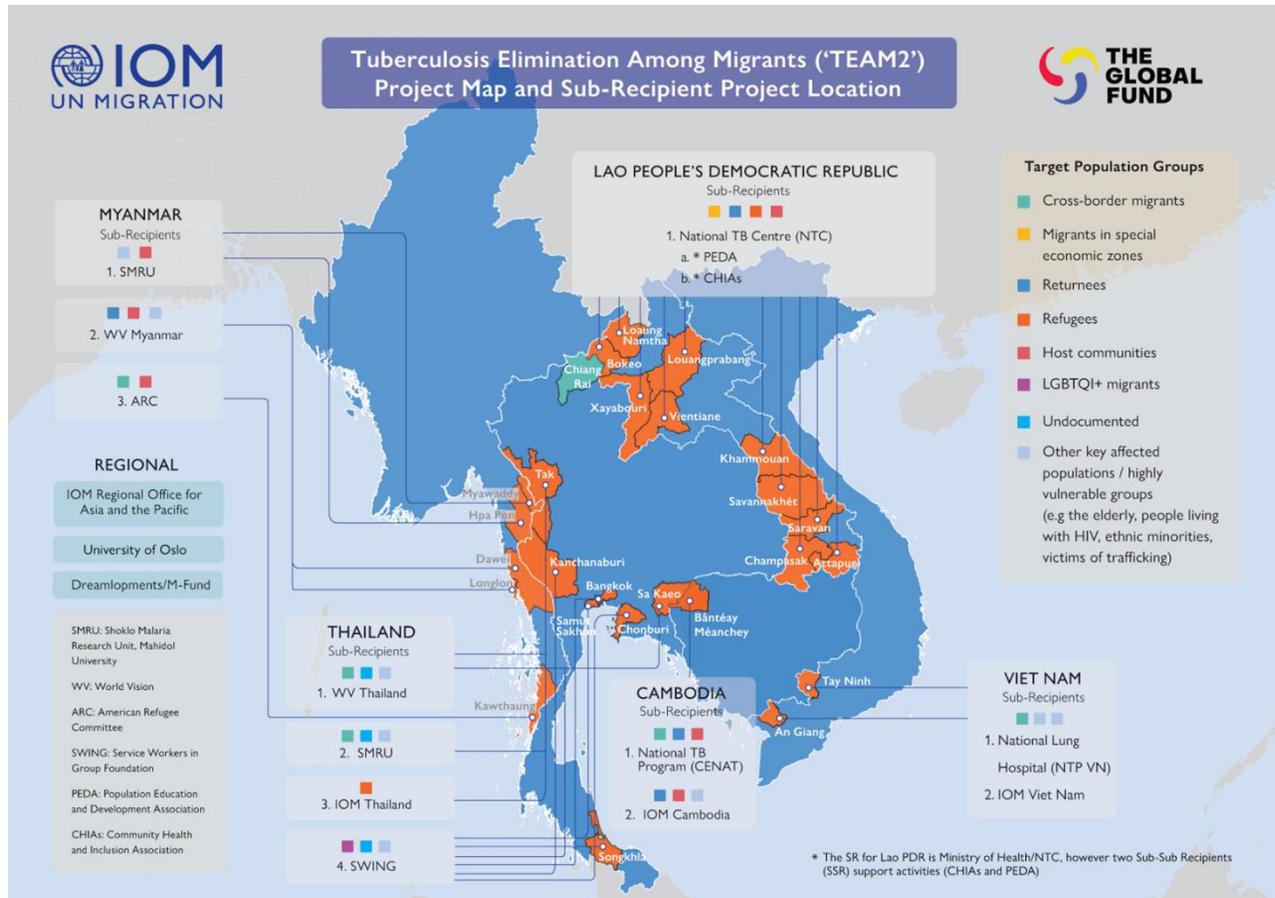
Challenges	Way forwards
1. Cross border issues and Implementation of malaria elimination in conflict areas	<ul style="list-style-type: none"> ▪ Intensify coverage of prevention measures through engagement of volunteer networks, CSOs and military ▪ Implement malaria elimination activities using regional approach with neighboring countries
2. Prevention of Re-establishment (POR)	<ul style="list-style-type: none"> ▪ POR plan development <ul style="list-style-type: none"> ○ Guideline development & piloting in Dec 2021 (Si Sa Ket, Nakhon Si Thammarat)
3. Phasing out of malaria vertical program & Limited financing	<ul style="list-style-type: none"> ▪ Integrate malaria activities into general health system ▪ Increase participation from relevant ministries and sub-district organization (SAOs) through district health board ▪ increase funding supports from <ul style="list-style-type: none"> • Government and private sectors • SAOs (subdistrict administrative organization)

Challenges	Way forwards
4. Effective intervention of foci management as per 1-3-7 approach	<ul style="list-style-type: none"> ▪ Enforce malaria as a notifiable disease under the 2015 infectious disease Act ▪ Improve some features of M-health application to be better utilized for foci management and RACD ▪ Expand the role of health volunteers, CSOs and relevant ministries
5. Implementation of integrated drug efficacy surveillance (iDES) to monitor drug resistance	<ul style="list-style-type: none"> ▪ Strengthen integrated Drug Efficacy Surveillance (iDES) ▪ Emphasize adherence to ACT through supervised treatment and follow-up schemes ▪ Molecular analysis and policy implication

The meeting acknowledges the progression of RAI3E program grant performance and concerning issues.

3.1.3.2 TEAM2 program

Dr. Petchsri Sirinirund, RCM executive secretary reported TEAM 2 grant updates as follows;



General Overview of Q1/Q2

- **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).
- **378 TB cases** were notified by SRs, which does not take into account cases from NTPs not funded by TEAM2.
- *This represents a **33%** achievement of annual target SR notified TB cases for Y1 of the grant, despite start-up phase and delays.*

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

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
		# of TB cases (all forms)	2022: 200	0
Laos	Ministry of Health/NTC, (with 2 SSRs (CHIA and PEDTA))	# migrants/target populations screened for TB symptoms	2022: 7,200	128
		# of migrants/target populations reached with health education	2022: 7,200	933
		# TB cases (all forms)	2022: 236	135
Myanmar	Shoklo Malaria Research Unit (SMRU) Myanmar	# of migrants/target populations reached with health education	2022: N/A	1245
		# TB cases (all forms)	2022: 62	73
	World Vision International- Myanmar (WVIM)	# of migrants/target populations reached with health education	2022: 960	5250
		# migrants/target populations having CXR	2022: 700	208
		# TB cases (all forms)	2022: 140	84
	American Refugee Committee (ARC)	# 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
		# 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
# 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

The meeting was recognized the RCM requirement proposal and the progression of TEAM2 grant.

Agenda # 4 Matters proposed to the meeting for consideration

4.1 Draft Grant Oversight Plan 2022-2024

Dr. Krongthong Thimasarn, OC Chair informed the progression of the revision of the CCM Thailand Grant Oversight Plan 2022-2024 in summary as follows;

Background:

1. Oversight function is crucial in ensuring the efficient & effective implementation of the GF grants
2. The first Grant Oversight Plan for Thailand, 2018-2020, was developed and endorsed by the CCM/THA in June 2017, and endorsed again in Dec that year after a revision on site visit protocol.
3. The GF made a move to update guidelines on oversight function in Oct 2020 amid the COVID-19 pandemic, aiming to strengthen the oversight function of CCMs.
4. A consultant, Dr Juliann Moodley, has been assigned to help strengthen the function after reviewing the composition of CCMs in some countries (e.g., INO, MAL, Pak, THA). Her assignment is for Oct 2022 – Feb 2023.
5. The drafting of 2nd Grant Oversight Plan for Thailand, 2022-2024, has been completed by Dr Krongthong the OC Chair and Dr Somchai the Oversight Officer.

More details:

- 28-page document
- to maximize the oversight function, enhancing the implementation of PRs towards the objectives of the program and the country goals.
- focus on the implementation of the GF grants and how the effective transition to domestic funding would be.
- should create common understanding among stakeholders and full support for the implementation of the grants.

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Proposed action point in the current meetings:

- The CCM Thailand Grant Oversight Plan, 2022-2024, should be endorsed by the OC and the CCM while taking note that it might be updated again during the consultancy process with Dr Juliann Moodley.

The Grant Oversight Plan, 2022–2024, was acknowledged during the meeting, but there were some comments from the OC that the oversight office needs to address before submitting this to the committee for approval via email within the following two weeks.

Agenda # 4 Matters proposed to the meeting for consideration

4.5 Draft Budget Plan for OC implementation in 2023

Dr. Phusit Prakongsai, CCM Executive Secretary presented the Drafted OC Budget plan 2023 to the meeting as detailed below.

Source of funds	Area of responsibility	Cost Grouping	Description	Frequency	Budget (THB)
CCM Funding Agreement	Oversight	Travel related Costs	Oversight Committee meetings	4	110,040
CCM Funding Agreement	Oversight	Travel related Costs	Site visits	3	303,000
CCM Funding Agreement	Oversight	External Professional Services	Local Consultant (on-site support)	3 consultants	300,000
Total					713, 040

Remark: This isn't the final budget plan and includes the budgetary operations for CCM Evolution activities

The meeting asked for the funds to be available in order to include more activities like an OC retreat.

Agenda # 5 Other matters

5.1 Schedule of the OC Meeting in 2023

Dr. Phusit Prakongsai, CCM Executive Secretary informed the tentative Schedule of CCM/OC/PC meeting in 2023 as detailed below.

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	24-Feb-2023	25-May-2023	24-Aug-2023	23-Nov-2023

he meeting recognized the OC meeting schedule in 2023 and the next meeting is 7th February 2023
