

Minutes of CCM Meeting No.1/2022

Date (dd.mm.yy)	24 March 2022
Venue of the meeting	The MOC meeting room, 1st Floor, Building 2, Information and Communication Technology Center, Office of the Permanent Secretary, Nonthaburi and virtual meeting, hosted by CCM Thailand
The meeting started	13.30 hrs.
Meeting adjourned	16.45 hrs.
Meeting facilitated by	Dr. Suriya Wongkongkathep, CCM Chair
Total number of participants	46 persons (meeting room 6 persons, zoom 40 persons)
Does quorum attained meeting?	Yes, CCM members: 22 out of 28 persons (meeting room 2 persons, zoom 20 persons)
Meeting attendance	<input checked="" type="checkbox"/> CCM Member 22 persons <input checked="" type="checkbox"/> Oversight consultant: 3 persons <input checked="" type="checkbox"/> CCM hub: 2 persons <input checked="" type="checkbox"/> GF consultant: 2 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"/> Observer: 2 person <input checked="" type="checkbox"/> Interpreter: 1 person
Attendance list	Yes
Another supporting document	Yes

Agenda

Agenda # 1	Announcement from the Chairperson
	1.1 Changes of CCM member from Ministry of Justice By Dr.Phusit Prakongsai, CCM Executive Secretary 1.2 CCM Evolution Induction for the CCM THAILAND By Mr. Nick Njoka, GF-Technical provider
Agenda # 2	Approval of the minutes of the CCM meeting no. 3/2021
	CCM Meeting on 24 th December 2021 at 13.30-16.30 hrs. at Focus Meeting Room, 1 st Floor, Building 2, Office of Permanent Secretary of Ministry of Public Health, Nonthaburi. Along with online meeting (Zoom Meeting)
Agenda # 3	Oversight of the implementation of the GF grants to Thailand
	3.1 Proposal for activities under the CCM Evolution project By Dr. Krongthong Thimasarn, Chairperson of the Oversight Committee and Dr.Pongthorn Chanlearn, the chairperson of the Partnership Committee 3.2 Recommendations on how to improve OC performance and function 3.3 Progress of STAR3 program (TB/HIV component) by Dr. Petchsri Sirinirund, Consultant to the OC Committee on HIV program and Dr. Passakorn Akkasewi, Consultant to the OC on Tuberculosis program 3.4 Progress on the COVID-19 Program (C19RM) By Dr. Krongthong Timasarn, Chairperson of the Oversight Committee 3.5 Recommendations from the assessment of the implementation of HIV prevention among injecting drug users, the STAR2 Project (2018) (2018-2020) By Dr. Wipha Danthamrongkul
Agenda # 4	Oversight of the GF regional grants to Thailand

	<p>4.2 Progress of the Regional Malaria program (RAI3E) By Dr. Chusak Prasittisuk, Consultant to the OC on Malaria program</p> <p>4.1. Progress of the Regional TB program (TEAM2) By Dr.Petchsri Sirinirund , RCM secretariat</p>
Agenda # 5	Other matters
	<p>5.1. Financial Management of the CCM Secretariat</p> <p>5.1.1. Budget plan to support the CCM function in 2022</p> <p>5.1.2. CCM Secretariat expenditure report Q1 (Jan -Mar 2022) By Dr. Phusit Prakongsai, CCM Executive Secretary</p> <p>5.2. The next CCM meeting no.2/2022 will be on 16th June 2022 at 13.30-16.30. hrs.</p>

Minutes on each agenda item

Agenda Item # 1	Announcement from the Chairperson
Agenda Item # 1	1.1 Changes of CCM member from Ministry of Justice
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
<p>Dr. Phusit Prakongsai, CCM Executive Secretary informed the meeting for the new Ministry of Justice Representative is Mr.Sahakon Phetchararin, Deputy Permanent Secretary, Ministry of Justice.</p>	
Constituency / Sector	Write content of contribution below
Decision(s)	The meeting acknowledged and CCM chair had welcome the new CCM member for mMinistry od Justice
Agenda Item # 1	1.2 CCM Evolution Induction for the CCM THAILAND By Mr. Nick Njoka, GF-Technical provider
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
<p><u>Suporitng document</u> The translation of ppt CCM Evolution Induction for the CCM THAILAND has been circulated to all CCM member before the meeting day</p> <p>Summary of Mr. Nick Njoka, GF-Technical provider presentation on the CCM Evolution induction as following</p> <p>CCM Evolution Induction CCM THAILAND on 24 MARCH 2022</p> <p>Induction is a <u>dialogue</u> to collectively define an evolved approach for your CCM</p> <p>Agenda 1.Introduction to CCM Evolution</p> <p>What is CCM Evolution?</p>	

Context

The Global Fund model invests in strategies to **end HIV, TB and malaria**, while strengthening resilient and sustainable systems for health (RSSH). **CCMs are a core part of the model**, serving as Global Fund's country and regional level governance to shape and ensure impact.

Opportunity



Building from a Pilot phase*, CCM Evolution (Strategic Initiative, \$15M, 2020-2023) will work with approximately 90 CCMs and RCMs, with **prioritized interventions to enhance core responsibilities**

We are here

Success

- **Equipped mechanisms**, aligned with national structures
- **Streamlined processes**, focusing on investment results
- **Strengthened governance** for existing and emerging health challenges

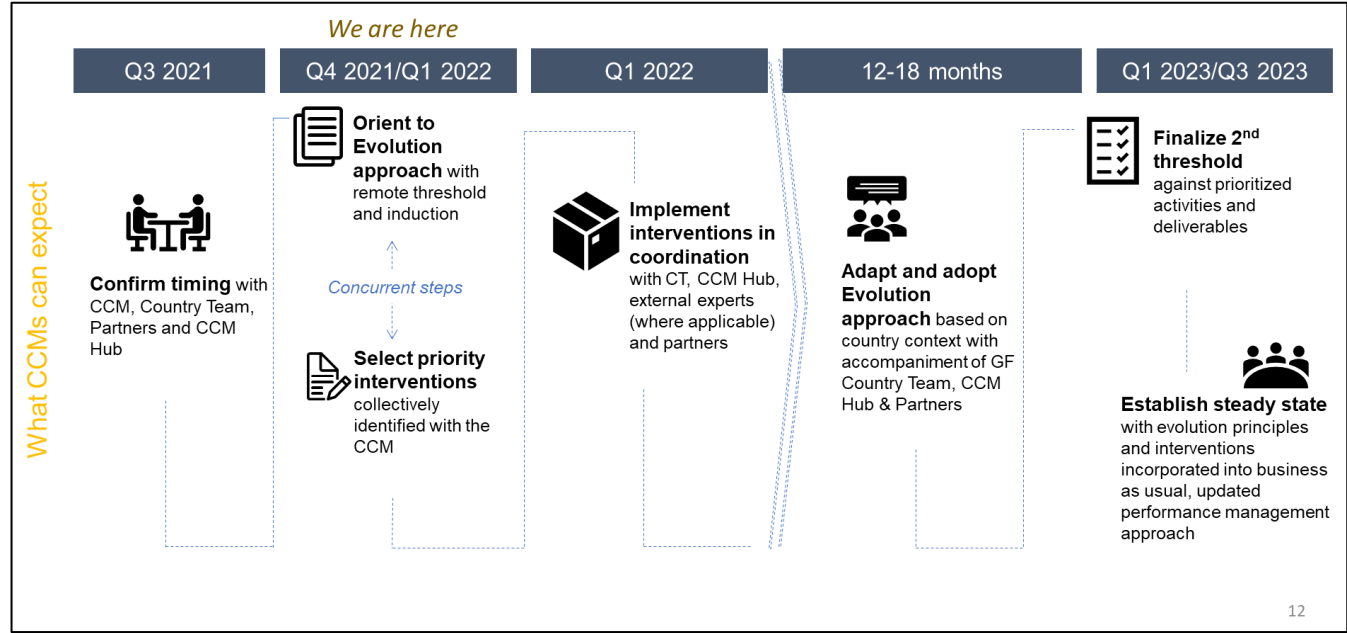
Evolution interventions focus on 4 core responsibilities

-  Active **oversight** of investments to ensure impact
-  Meaningful constituency **engagement** and information sharing, particularly with civil society and communities, to shape and oversee investments
-  Effective **positioning** within national structures and existing/emerging platforms to increase efficiency of health investments
-  Efficient CCM Secretariat **operations** of core functions, enabling and sustaining health governance

What does CCM Evolution entail?



What is the timeline?



What is my role?

- Understand and share core responsibilities
- Contribute to, and participate in, priority interventions
- Build mutual accountability in enhancing performance of your CCM (it's only as strong as its members!)
- Other ideas?

Agenda 2. Summary of Threshold Results

Threshold results provide an opportunity to prioritize areas for enhancing performance

Leverage results to:

- Identify opportunities
- Prioritize key interventions
- Agree on implementation steps

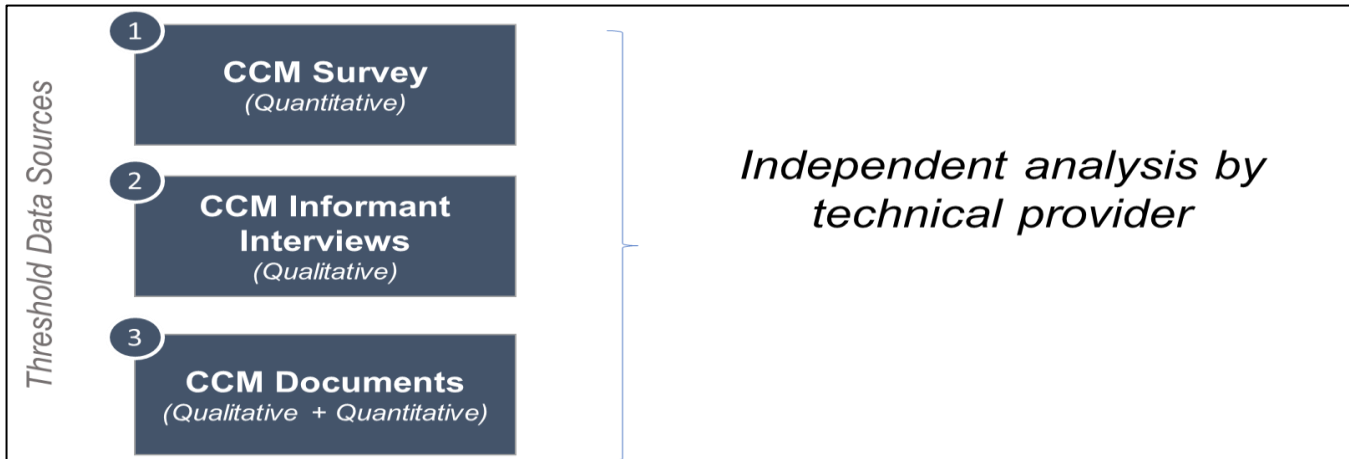
Process flow:

Consultant & CCM
Propose prioritized areas and interventions

Global Fund
Reviews and validates proposed areas and interventions

CCM
Receives and implements validated interventions

Threshold results are based on analysis of 3 data sources



Topics/Questions covered

<p>OVERSIGHT</p> <ol style="list-style-type: none"> 1. Alignment to grant priorities and national processes 2. Use of strategic data and information 3. Risk Management approach 4. Tracking of co-financing 	<p>ENGAGEMENT</p> <ol style="list-style-type: none"> 1. Selection/Election processes 2. Participation/engagement in GF processes 3. Engagement in national processes 4. Constituency input-feedback mechanism
<p>POSITIONING</p> <ol style="list-style-type: none"> 1. Strategic Positioning vision 2. Stakeholders buy-in and ownership of vision 3. Alignment of functions and structures 4. Engagement of CSOs in coordination activities beyond CCM 	<p>OPERATIONS</p> <ol style="list-style-type: none"> 1. Ethical decision making 2. Secretariat support 3. Appropriate and relevant CCM structures 4. Effectiveness of CCM operations

Summary Results: Priority Area 1 – Engagement

Engagement: Strengths

1. CCM has comprehensive documents that provide guidance on governance and operations and members' selection/election are conducted as per the guidelines.
2. The Executive, Oversight and Partnership Committees play their roles effectively a per their TORs to enhance operations, oversight and engagement.

Engagement: Areas of Improvement

1. Review CCM membership composition to include members who can influence relevant policy decisions and implementation in the CCM.
2. Revise oversight committee composition and skills mix to align with current grant and national priorities.
3. Improve engagement, collection and analysis of information from community level.

Summary Results: Priority Area 2 - Oversight

Oversight: Strengths

1. CCM has a committed oversight committee, comprehensive plans, procedures and tools to support oversight function.
2. Oversight committee collaborates with relevant stakeholders and uses information from multiple sources to support its recommendations and CCM decision-making.
3. Oversight committee focuses strongly on Key Performance Indicators to identify implementation gaps and challenges

Oversight: Areas of Improvement

1. Strengthen CCM secretariat in-house capacity to support strategic oversight.
2. Strengthen the oversight committee to provide strategic oversight and align oversight function to current grants' focus and national strategic priorities.
3. Strengthen CCM's risk management approach to grant implementation.

Summary Results: Positioning and Operations**Positioning: Strengths**

1. CCM is active and is recognized by government ministries, coordination bodies, development partners and CSOs in the health sector.
2. CCM provides a good platform to link high level policy makers, coordination bodies and implementers across the different sectors.

Positioning: Areas of Improvement

1. CCM should undertake a stakeholders' mapping to help define its positioning in relation to the national landscape.
2. CCM should define its strategic positioning vision to ensure alignment with and/or integration into national structures and coordinating bodies and have formal links with donor partner platforms.

Operations: Strengths

1. CCM has all the necessary structures and governance and operations guiding documents, with comprehensive terms of reference aligned to CCM mandate and GF grant priorities.
2. CCM implements a COI policy, has adopted the CCM Code of Conduct (COC) and has appointed an Ethics Focal Point to guide ethical decision-making.

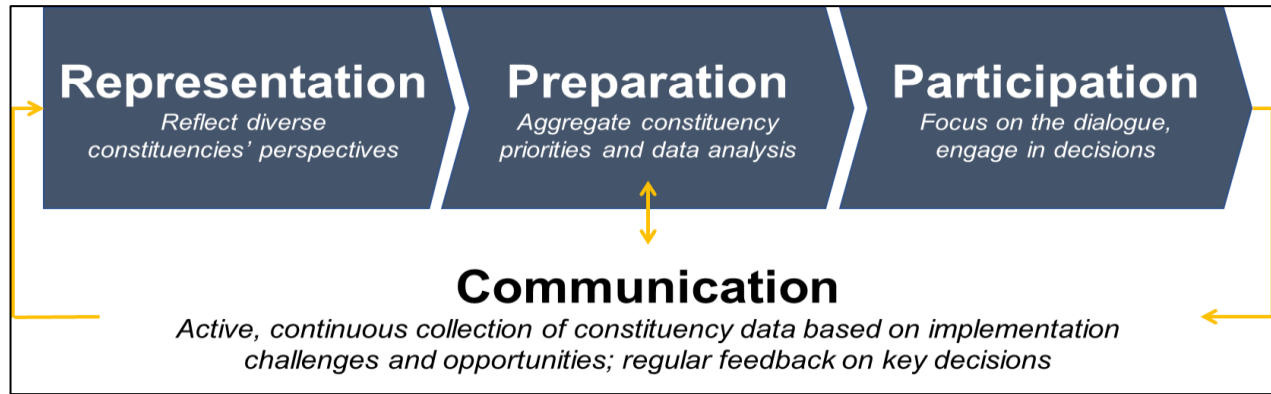
Operations: Areas of Improvement

1. Strengthen CCM Secretariat performance to better support the CCM and its committees and enhance efficiency.

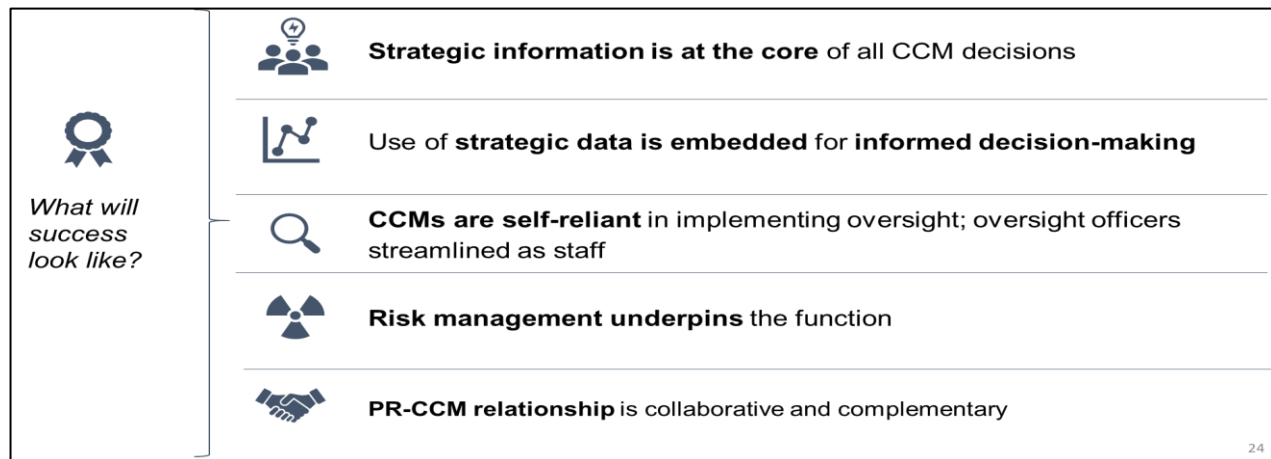
Priority Areas of Focus and Priority Activities: Threshold defines where the CCM focuses its medium-term strategy

Priority Level	Area of Responsibility	Priority Activities	Comments
1	Engagement (Objective: To strengthen engagement between the CCM and its committees with the government/policy decision-makers whose responsibilities include objectives of the grants.	Review CCM composition	<ul style="list-style-type: none"> Review of CCM membership composition to ensure inclusion of members who can influence implementation of policy decisions at the hospital level (e.g., MoH's head of hospitals administration department) and align membership with the priorities of the current grants (e.g., specialists/scientists on IDUs and migrants). Review composition of the oversight committee to ensure alignment of the oversight function with the interventions and priorities of current grants and ensure the appropriate mix of relevant skills and expertise.
		Train on Community Based Monitoring (CBM) data tools and analysis	
		Engage constituencies and coordinate CCM Election	
2	Oversight (Objective: To strengthen CCM's oversight function to become more strategic)	Hire an Oversight officer	<ul style="list-style-type: none"> Oversight officer to support coverage of all key expectations of strategic oversight. To focus on strategic level issues (e.g., identifying high level implementation bottlenecks, particularly those that cut across grants, rather than focusing on M&E which is the remit of the PRs). Coaching to cover strategic oversight, especially alignment with the current grants' focus (IDU, migrants) and national strategic priorities and a strengthened and focused approach to risk management.
		Remote coaching to train the oversight officer and oversight committee	
3	Positioning	Map existing health governance bodies and platforms (Locally-sourced consultant)	
		Develop positioning options and a Positioning strategy plan (Locally-sourced consultant)	
4	Operations	Implement CCM Secretariat Performance Management	

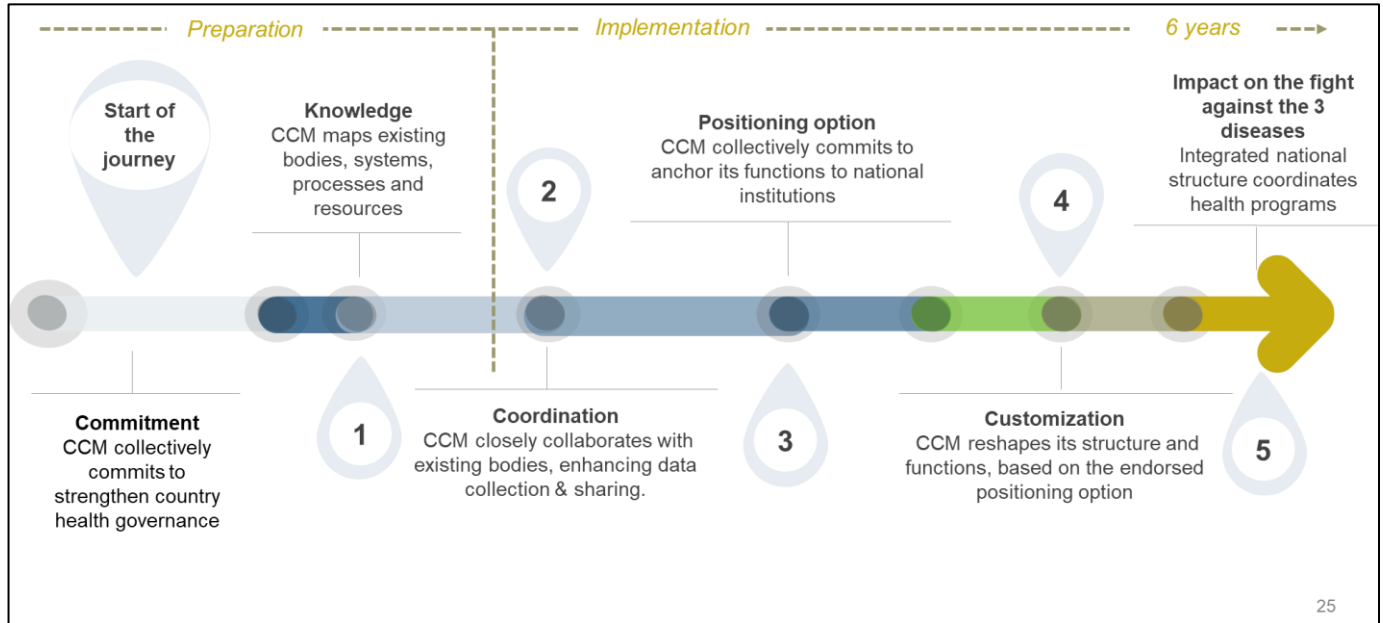
Engagement enhances meaningful participation from *all* constituencies



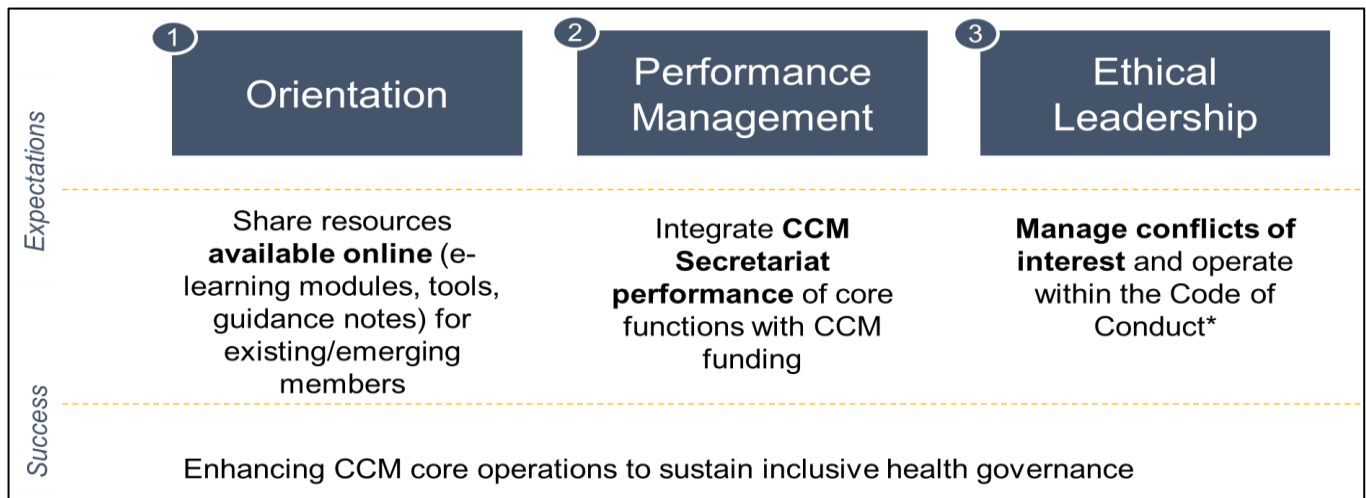
Oversight focuses on the essential financial, programmatic and management aspects of investments to collectively enhance performance



Positioning is a pathway leading to sustainable health governance



Equipping CCMs for durable operations through 3 entry points



Agenda 3. Next Steps

Next Steps

1. Consultant shares threshold and induction results with Global Fund
2. Global Fund validates threshold and intervention package and shares back with CCM
3. CCM secretariat uses validated package to re-allocate costed workplan and presents to CCM chair
4. CCM Secretariat shares induction outcomes and validated areas and interventions with all CCM Members for endorsement

Resources for CCMs

Validated Interventions					
CCM Thailand					
Based on the findings, below are the Global Fund validated interventions for each area core responsibility. The amount should be used exclusively for the implementation of validated interventions within the framework of the Evolution project by the end date of June 2023 .					
#	Area	Intervention	Modality	Source of funds	Amount to be disbursed to CCM (in USD*)
1	Oversight	Remote coaching to train the Oversight/Transition Officer and Oversight Committee	*International Consultant	GF	
2	Oversight	Oversight Officer	Local Hire	Additional resources	48,000
3	Engagement	Engage constituencies and coordinate CCM Election	*International Consultant	GF	
4	Engagement	Review CCM composition	*International Consultant	GF	
5	Engagement	Train on Community Based Monitoring (CBM) data tools and analysis	*International Consultant	GF	
6	Positioning	Map existing health governance bodies and platforms (Locally-sourced consultant)	Local Hire	Additional resources	4,800
8	Positioning	Develop positioning options and a Positioning strategy plan (Locally-sourced consultant)	Local Hire	Additional resources	5,200
9	Operations	Implement CCM Secretariat Performance Management	CCM	N/A	
Total:					58,000
*International Consultant - GF will support in providing the consultant.					

CCM Resources

Areas of responsibility	Guidance & resources the CCM will have access to
Oversight	<ul style="list-style-type: none"> - Oversight Guidance Note - Oversight Committee e-learning module - Key Insights for CCMs Dashboard
Engagement	<ul style="list-style-type: none"> - Engagement Guidance Note - Guidance on effective CCM composition & structure - Engagement e-learning module
Positioning	<ul style="list-style-type: none"> - Positioning Guidance Note - Positioning e-learning module - Terms or Reference (ToRs) for local consultant in charge of the mapping of health platforms
Operations	<ul style="list-style-type: none"> - CCM Orientation E-learning modules - Guidance on CCM Secretariat Performance Management + Standardized ToRs for Executive Secretary - Guidelines for CCM Ethics Focal Point or CCM Ethics Committee - Code of Conduct for e-learning module

CCM Evolution webpage through this [Link!](https://www.theglobalfund.org/en/country-coordinating-mechanism/evolution/)

<https://www.theglobalfund.org/en/country-coordinating-mechanism/evolution/>

Constituency / Sector	Write content of contribution below
CCM Hub	Ms.Deepanjali Sapkota, Associate Specialist informed the validated intervention to the meeting that Thailand is already extensively discussed with Nick and the Task Team to proposed the priority with CCM Thailand that the priorities activities go to the specifically with 2 priorities. For the oversight officer that is 48,000 which is the

	<p>maximum ceiling, but however CCM have to align with the national and local level and the positioning this 2 activities are the local hire of the consultants, the TORs are available in the Global Fund website both oversight officer and positioning as well. The other where we are saying international consultant and source of fund (GF) it will be the Global Fund working together with the CCM on we already have the specifically on engagement with the Regional platform who already work with the Global Fund Community Right and Gender department and have experiences, they will supporting to engagement on new election plan for CSOs & KAPs community and review CCM composition for the next cycle of new funding request, and the Community Based Monitoring (CBM) right now the global fund langue for this has changed since we started the evolution it is Community led Monitoring as well this is will also aligning with some of the Community led Monitoring strategic initiative we have in the Global Fund, so we will working very closely with this activities.</p> <p>If the CCM agree with the proposed activities and endorses this today, then we can use the endorse from today's meeting with out asking to sent the other email communication for endorsement.</p>
OC chair	Dr. Krongthong Thimasarn informed the meeting that the OC meeting on 10 March 2022 has been discussed on the proposal of activities in the CCM evolution program and made a resolution to agree with the 2 priority activities regarding the Oversight Officer hire and the remote training which will be explained more in the next agenda.
CCM executive secretary	Dr. Phusit Prakongsai informed the meeting that we analyze the current problems of CCM is that we have limited full time staff in the mean time the OC and CCM members are have the time limitation of the contribution to the CCM due to each member is thire own offial functions. If the Global Fund support and allow to hire the Local oversight officer it will be beneficial for CCM, due to additional problem of the OC and CC are limited data access in term of figures or progression/obstacles in the implemeting area level. The oversight officer has to work closely with PRs and SRs to supports the OC functions.
CCM alternate (DDC)	Dr.Taweesap Siraprapasiri had a consistent view with all of member for the evaluation results and priority area. In addition, we may have to think more, if we look at the gap in the operation, we will see that we have a lot of weaks, Will there be anything to improve?, I think the role of CCM secretariat is very important. I don't know, How the CCM secretariat office views the issue of CCM Secretariat Performance Management? and where is the leverage point of this mechanism.
Multilateral Development Partners in-country	Dr. Patchara Benjarattanaporn, commented that the additional oversight officer will help us to fill the gap that is the cause of low performance as the Global Fund assessment result. It will align the GF recommendation and result in a national impact and this will help to get a better overview of GF support in the country.
PR-RTF	Ms.Thongphit Pinyosinwat, mention that CCM evolution will be focused on the CCM roles. I have yet to see CCM's process for supporting the operations of PRs and SRs under the Global Fund-funded in driving of

	policy or as a national policy change to facilitate on AIDS, tuberculosis and malaria 's work. And I'm not sure where this role is in CCM evolution.
CCM Chair	Dr. Suriya Wongkongkathep explained that this project may not be able to solve every problem. Because there is only 15 months to work. So, it is necessary to prioritize the activities that need to be developed in each area.
Decision(s)	The meeting agreed and endorsed the Global Fund on the validated interventions as proposed and the meeting also welcome Ms. Miriam Leal who will take place of Ms. Deepanjale Sapkota for the collaboration between CCM Hub and CCM Thailand in the next time.
Agenda Item # 2	Approval of the minutes of the CCM meeting no. 3/2021
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
<p>Supporting document: The minutes of the CCM meeting no. 3/2021 CCM Meeting on 24th December 2021 at 13.30-16.30 hrs. at Focus Meeting Room, 1st Floor, Building 2, Office of Permanent Secretary of Ministry of Public Health, Nonthaburi. Along with online meeting (Zoom Meeting)</p>	
Constituency / Sector	Write content of contribution below
Decision(s)	The minutes was adopted without any amendment.
Agenda Item # 3	Oversight of the implementation of the GF grants to Thailand
	3.1 Proposal for activities under the CCM Evolution project By Khun Thitiyanun Nakpor, the PC member and Dr. Krongthong Thimasarn, Chairperson of the OC
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
<p>Summary of presentation</p> <p>Proposed Priority Activities from Partnership Committee Priority area no. 1: Engagement by Partnership Committee (PC) Recommendation from PC HIRE A CONTENT CREATOR Job Description</p> <ul style="list-style-type: none"> ✓ Page admin ✓ Design & content creator ✓ Page monitoring ✓ Continue sharing and communicating to PC KAPs/PLWDs network and partnership organizations <p>Priority area no. 2: Oversight by Oversight Committee (PC) (Objective: To Strengthen CCM's Oversight Function To Become More Strategic) Priority activities:</p> <ol style="list-style-type: none"> 1. Hire an Oversight officer 2. Remote coaching to train the oversight officer and oversight committee <p>The Oversight Committee (OC) met on 10 Mar 2022 and agreed for the two proposed activities. Issues need clarification:</p>	

<ol style="list-style-type: none"> 1. Qualification and TOR of the oversight officer 2. Recruitment process 3. Funding support 	
Constituency / Sector	Write content of contribution below
CCM secretariat	CCM Funding has some budget to support PC activities and in addition, public relations for PC activities can be communicated through the CCM website.
OC Chair	<p>Nick provided additional information that</p> <ul style="list-style-type: none"> • Hiring Oversight Officers must not work redundantly with consultants for all 3 diseases, whose main duty is to solve strategic problems. The inaccessibility of key demographic groups is a problem, such as Migrant, PWID, which requires additional TOR information to be retrieved from the website, and Miriam will assist in this area. • The Global Fund will support the training of Oversight Officers and the oversight Committee.
Decision(s)	The meeting acknowledge
Agenda Item # 3	3.2 Recommendations on how to improve OC performance and function by Dr.Krongthong Thimasarn, OC chair
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
<p>Recommendations from OC meeting on 10 March 2022 are as follows;</p> <ol style="list-style-type: none"> 1. Intensify/Organize OC side visits to offices of 2 PRs (at least once/yr) and field visits to review activities of SRs. 2. OC to attend PR-SR performance review meetings regularly to understand implementation issues 3. Identify implementation gaps and conduct desk review/technical review 4. Whenever possible, OC and/or CCM members should actively engage in all independent / external program evaluation organized by WHO or the national programs. 5. OC to review TRP's issues/recommendations and OC's recommendations to PRs and monitor its progress. 6. Solve communication gaps by organizing strategic dialogues, such as retreat, among CCM, OC, PRs and the National Programs. 7. Organize special forum when there is an urgent technical or management problem. 8. All levels (CCM/OC/PRs) should improve their performance, i.e., sending timely progress reports/meeting minutes, etc. An automatic reminding system may be helpful. <p>Summary</p> <ul style="list-style-type: none"> • Budget (from GF) is available for most activities, e.g., OC side visits, retreat. • Additional budget may be required for some activities, e.g., extensive desk review, interview, etc. • Most OC members are very busy but could kindly contribute to the work of CCM as a part time job. 	
Constituency / Sector	Write content of contribution below
Decision(s)	Thw meeting acknowledge and agreed as proposed
Agenda Item # 3	3.3 Progress of programs in Thailand supported by the Global Fund
	3.3.1 TB/HIV program (STAR3) By Dr.Petchsri Sirinirund (OC consultant on HIV program) and

	Dr. Passakorn Akasewi (OC consultant on TB program)
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	

Global Fund Performance Rating Scale

Performance Rating	Percentage of results comparing to targets
A1: Exceeding expectation	> 100 %
A2: Meeting expectations	90 – 100 %
B1: Adequate	60 – 89 %
B2: Inadequate but potential demonstrated	30 – 59 %
C: Unacceptable	< 30 %

Grant performance

Quarter 1-3 (Jan-Sept 2021)

Services	PR	PWID	MSM	TGW	MSW	Migrant	Prisoner	PLHIV
Reached prev.package	RTF	63.3	91.4	48.2	26.0	80.1		
N&S distributed	RTF	61.6						
N&S/PWID reached/yr	RTF	44						
OST	DDC	5722						
PrEP	DDC		104.7	89.9				
HIV tested	RTF	44.1	166.5	54.7	18.4	23.8		
	DDC	44.9	157.4	105.8	184.5		28.3	
ART	DDC							101.2
PLHIV screened for TB	DDC							20014
TPT initiated	DDC							600

Quarter 4 (Oct -Dec 2021)

Services	PR	PWID	MSM	TGW	MSW	Migrant	Prisoner	PLHIV
Reached prev.package	RTF	92.1	39.4	17.8	11.2	80.3		
N&S distributed	RTF	61.1						
PrEP	DDC		33.9	73.0				
HIV tested	RTF	51.2	58.2	18.8	18.3	48.2		
	DDC	22.8	58.0	14.9	25.5		33.42	
PLHIV screened for TB	DDC							0
TPT initiated	DDC							63

OC site visit 2 PR office (PR-DDC and PR-RTF)

1) Visit Raks Thai Foundation (PR-RTF) on 8 Dec. 2021

by Dr. Krongthong Thimasarn M.D., Dr. Patchara Benjarattanaporn, Dr. Phusit Prakongsai, M.D. Petchsri Sirinirund, M.D.

2) Visited the Department of Disease Control (PR-DDC) on 20 Dec. 2021

by Dr. Krongthong Thimasarn, Dr. Patchara Benjarattanaporn, Dr. Phusit Prakongsai, Dr. Petchsri Sirinirund, and Dr. Passakorn (virtual visit)

Summary of recommendations

PR-RTF with PR-DDC

1. With the support of technical agencies such as UNODC, UNAIDS reviewed the implementation of PWID and put a systematic assessment of the lessons learned from the Ozone implementation for use in other areas. By using the results of the assessment of the performance of the PWID group during the years 2018-2020 of the DAS as a basis for reviewing the operations.

2. Expand the use of self-screening test in all major population groups according to the Thailand screening guidelines that have just been completed

PR-DDC

1. DAS coordinates strategic planning with the participation of the main youth population in the operation

2. IHRI accelerates operations, develops a social contracting model and a community think tank.

3.DAS, DTB and the HAD accelerate TPT service

PR-RTF

Plan to develop the capacity of region offices to support local SR operations in addition to data collection.

Technical support should be provided. Coordinate with local government agencies and financial management

Performance of the Tuberculosis program during January - December 2021, 45.7% Rating B2

Module Name	Standard Indicators	Period Jan-Sep 2021		% Achievement	Rating
		Target N# &D#	Result N# & D#		
TCP-1 ^(M)	Number of notified cases of all forms, new and relapse cases	90,267	65,857	73.0%	B1
TCP-6a	Number of TB cases (all forms) notified among prisoners	3,888	2,468	63.5%	B1
TCP-6b	Number of TB cases (all forms) notified among Migrant	6,501	2,556	39.3%	B2
TCP-5.1	Number of people in contact with TB patients who began preventive therapy	8,585	1,231	14.3%	C
TB/HIV-5	% Registered new and relapse TB with documented HIV status	86,184/90,720 (95.0%)	57,686/ 90,720 (63.6%)	66.9%	B1
TB/HIV-6 ^(M)	% HIV-positive new and relapse TB on ART	8,187/ 8,618 (95.0%)	4,416/ 8,618 (51.2%)	53.9%	B2
MDR TB-6	% TB patients with DST result for at least Rifampicin	65,176/ 92,313 (70.6%)	31,717/ 92,313 (34.4%)	48.7%	B2
MDR TB-2 ^(M)	# TB cases with RR-TB and/or MDR-TB notified	1,962	683	34.8%	B2
MDR TB-3 ^(M)	# Cases with RR-TB and/or MDR-TB that began second-line treatment	1,118	661	59.1%	B1
MDR TB-7.1	% Confirmed RR/MDR-TB cases tested for resistance to second-line drugs	1,668/1,962 (85.0%)	519/1,962 (26.5%)	31.1%	B2
MDR TB-8	Number of cases of XDR TB enrolled on treatment	43	8	18.6%	C

The 2021 TB Challenge and the Catch-Up Plan

Modules: TB care and prevention

Issues, challenges and obstacles	Catch Up Plan
<p>The implementation of latent tuberculosis Diagnosis and case-finding is low especially for LTBI TCP 5.1 case-finding due to the impact of the COVID-19 situation.</p> <p>The outbreak of COVID-19 made it impossible to carry out training in relevant provincial activities, reversing important indicators, causing some hospitals to not carry out activities. such as the search for latent tuberculosis</p>	<p>Adjust the activity plan related to the training to operate in 2022 / Accelerate the training of hospitals at the local level in order to be able to proceed correctly and accelerate the search.</p> <p>Encourage/ convey the operational guidelines guideline to the operators.</p> <p>Follow up and provide support in order to be able to perform efficiently, analyzing monthly performance with feedback in low-performing areas/hospitals.</p> <p>Expand IGRA inspectors and procure IGRA inspectors to cover all districts to increase access to inspection services.</p>
<p>Tuberculosis search among prisoners. In particular, Screening by Mass X-Ray cannot be performed.</p>	<p>The Division of Tuberculosis and the Department of Corrections jointly adapted screening guidelines in white prisons with low exposure to COVID-19 by using screening tests. and collecting sputum to send for Gene-Xpert examination at Sor Kor to help reduce the burden on hospitals in the province during the COVID outbreak</p>

Case finding for tuberculosis in the Migrant group was found only in 2013 or 39.3%.	<p>Adjust plans for proactive tuberculosis detection and screening using CXR mobile Tuberculosis screening and diagnosis with GeneXpert MTB/RIF Latent TB detection in large vaccination centers, slums, etc.</p> <p>Create a network of working groups on tuberculosis between government and civil society to improve operational efficiency (PR-RTF, PRDDC and DTB)</p> <p>Training of tuberculosis officers to strengthen the capacity of intensive TB patient search / TB policy transfer to civil society agencies</p>
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Module: MDR-TB

Issues, challenges and obstacles	Catch Up Plan
Diagnostic testing and finding of RR/MDR patients, including Confirmed RR/MDR-TB cases tested for resistance to second-line drugs, were low. due to the impact of the COVID-19 situation	<p>- Adjustment of transmission guidelines for all case notified, all cases that have not been tested for drug-resistant bacteria should be sent for Xpert MTB/RIF Ultra testing, notifying the new DST transmission guidelines to all service units across the country for acknowledgment directly from the central</p> <p>Follow up on Xpert MTB/RIF Ultra/Monthly analysis results</p> <p>Implement policy guidelines through national/regional drug-resistant TB management committees</p> <p>analyze data Situation of surveillance, prevention and control of tuberculosis to jointly find solutions to problems / train LAB staff</p> <p>Concept of establishing a pooled Lab at regional and Central</p> <p>Accelerate the purchase of a Gen Xpert 10 color machine with a set of reagents. and prepare a distribution plan ASAP</p>
Problems with transportation system and specimen quality when submitting DST for examination at the OPDC level	-Improve the delivery system, hire a contractor to transport Specimen across the country for convenient transportation with standards.
1/3 of the existing Gene Xpert machines, especially ones over 5 years old, start to fail. and must perform repairs and there are obstacles in traveling for repairs during the COVID-19 outbreak.	making a plan together with the company to repair defective GeneXpert machines for efficient operation, reducing obstacles.

Modules: Reducing human rights-related barriers to HIV/TB services

Issues, challenges and obstacles	Catch Up Plan
Operating activities are delayed. which related activities. Some action plan activities are scheduled for 2021 only.	Adjust the activity plan for approval for the year 2022 and speed up the implementation process.

Module: RSSH: HMIS and M&E

Issues, challenges and obstacles	Catch Up Plan
Most of the activities could not be carried out, especially the supervision at each level. and activities with operating budgets Activities related to DQA, Division of Tuberculosis uses the method of tracking through Zoom meetings.	<ul style="list-style-type: none"> Adjust the activity plan for approval to operate in 2022 and speed up the implementation process. especially the preparation of guidelines on DQA/PRDDC support Adjust the plan or carry over the budget if there is no operational budget for the next year.

Constituency / Sector	Write content of contribution below
OC consultant on HIV program	
Decision(s)	The meeting acknowledges TB/HIV program performance and the OC visited to PRs offices report, in addition CCM requested OC to conduct

	this visit annually to helps CCM OC and PRs understand the bottom neck and had close collaborations and communications.
Agenda Item # 3	3.3.2 COVID-19 program (C19RM) By OC chair (Dr.Krongthong Thimasarn)
Conflict of interest	Not applicable

Summary of presentation and issues to be discussed and discussion

Progress on the COVID-19 Program (C19RM) by Dr.Krongthong Thimasarn, OC Chair

Financial report 2021 (Q1-Q4) : COVID-19

PRs	Approved budget (USD)	Expenditures (USD)	% Absorption rate
PR-DDC (COPCAM)	5,667,575.00	4,405,671.00	78%
PR-RTF (C19RM)	1,709,123.33	1,020,698.14	60%

COPCAM = COVID-19 Prevention and Care Accessibility to Most At-Risk Populations

Distribution plan of Health product C19RM under PR-DDC

Program	Org.	Implementing Site
1.TB-HIV	DTB	171 hospitals in 77 provinces
	DAS	ODPC 1-12/ Institute for Urban Disease Control and Prevention / PHO 36 provinces
	DOC	91 prisons in 26 provinces
2. Malaria	SR-DVBD	ODPC 1-12/ BVDU 36 places / PHO 17 provinces
	SR-IRC (International Rescue Committee)	9 Refugee camp in TAK, Mae Hong Son, Ratchaburi, Kanchanaburi provinces
	SR-YMAT	Operates in Yala and Songkhla
3.Implementing Agency	DDCE	Medical Supplies Administration Section, ODPC 1-12 and IUDCP/ Communicable Disease Control Division, Bangkok Health Office/ Consumer Protection and Pharmacy Group 4, Nonthaburi Province/ Pathum Thani/ Samut Sakhon/ Samut Prakan)
	Samut Sakhon Provincial Health Office	Volunteer training 30 times (1,500 people)/8 hospitals and community detention centers/DHO. 3 locations (Mueang District/Kratum Ban/Ban Phaeo)

Problems/obstacles in procurement of pharmaceutical materials COVID-19

1. Local Procurement: found procurement issues that are delayed.
2. Purchasing items outside of the WHO approved list: 2 PRs may be subject to reimbursement.

Solution

Procurement/procurement delays: Most of them are in the process of procurement and ongoing operations.

2. Purchasing items outside the WHO approved list:

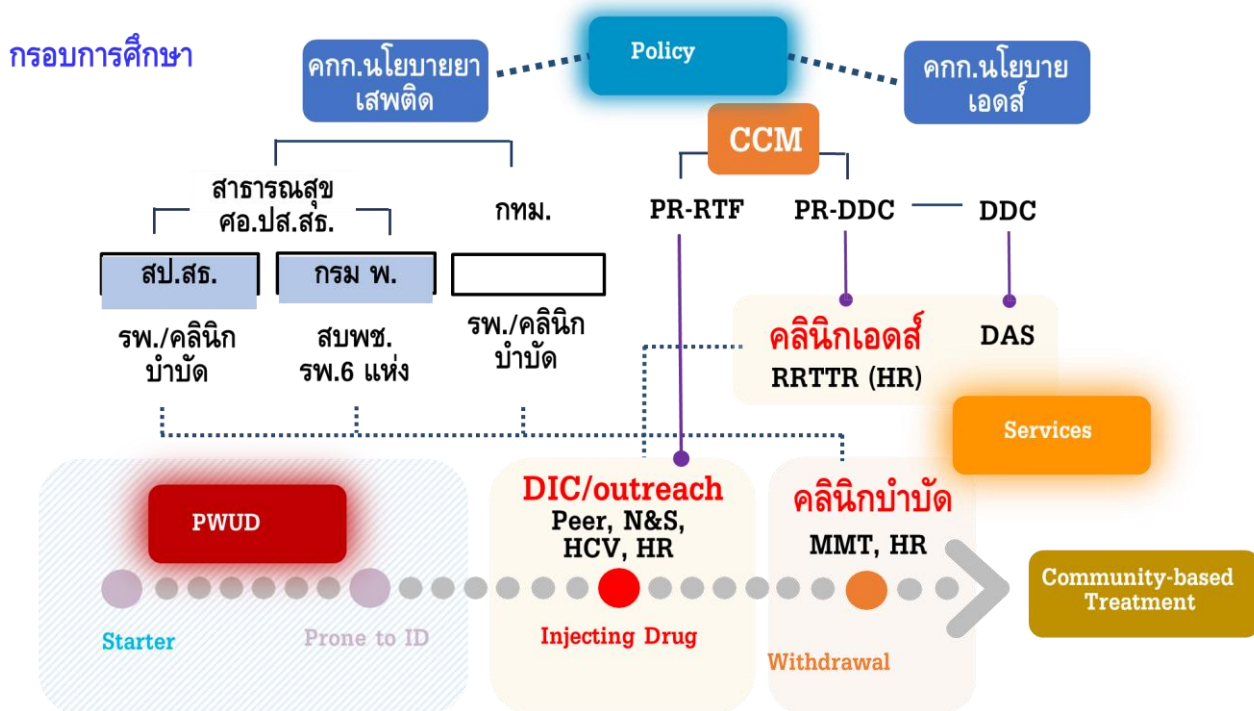
- PR-DDC made a memo explaining to the World Fund that Due to the urgent need to buy products that are not on the WHO list, but the products are on the list of the Thai FDA, now waiting for the GF to consider
- PR-RTF translates the list of products listed in the FDA and sends it to GF for consideration.

3. Waiting to discuss with Mr. Philippe Creac'H in early May 2022 about reimbursement.

Constituency / Sector	Write content of contribution below
Oversight Committee	
Decision(s)	The meeting acknowledges C19RM performance report
Agenda Item # 3	3.4 Recommendations from the assessment of the implementation of HIV prevention among injecting drug users, the STAR2 Program (2018) (2018-2020) Recommendations at Policy and Impending Levels" By Ms.Wipha Danthamrongkul (Dr. Petchsri presented instead)
Conflict of interest	Not applicable

Summary of presentation and issues to be discussed and discussion

study framework



study method

1. Review and analyze information from documents. and project performance
2. Interviews or focus group discussions with responsible persons in relevant departments.
 - PRs: the Raks Thai Foundation, Department of Disease Control.
 - Srs: the Ozone Foundation, the Thailand Drug Users Network, and the Raks Thai Foundation.
 - Policy Related Agencies National Coordination Mechanism
3. The area-level study selected case studies for operations in 4 provinces (Bangkok, Samut Prakan, Chiang Mai and Narathiwat)

Gaps and Opportunities for Improving Operations

Intensive site selection

- Use the estimated number of PWIDs. and treatment information especially the treatment group that uses heroin and opioids

Target demographics that should take action

- It should not be limited to people who inject drugs only. but also other drug users, the main targets are probably those who use heroin and opium.
- As for youth, it should not be limited to heroin users. Because in the youth amphetamine group, the proportion is as high as 40 percent.
- The population that should pay more attention is Men who have sex with transgender men and women

RRTR access and services among injecting drug users

- Procurement and distribution of PWID volunteers in line with the workload and local drug user population base
- Consider applying the RDS outreach approach, as well as the IBBS survey, to increase access to youth and women's PWID.
- difference in operation methods and performance including demographic, community and drug use situations It reflects that the method of work needs to be done to suit the situation and context in each area. Therefore, it should be reviewed and found another suitable service model. In this regard, the organization of learning processes between areas It will help workers to adjust their work to be more productive.
- The expansion of the C-Free project is an opportunity to inject drug users, whether by injecting or otherwise. have greater access to HIV and hepatitis or other related services

Improving the drug treatment service system

- The nature of AIDS services must be coupled with and combined with drug treatment.

Roles of agencies and cooperation mechanisms

policy and strategy level

- Operational approaches are also fragmented. and affect the practical level central agency responsible for policy Academic and area support Must work together seriously to complete the cycle. unity both strategic service configuration Support for both academic and resource operations including monitoring and evaluation

operational level

- In addition to the problems of cooperation under the PCM mechanism, civil society organizations operating in the area still focus too much on individual or individual work. lack of coordination build confidence and trust Information on PWID drug users can be exchanged closely with government agencies. security department and social service agencies, religious institutions and other non-governmental organizations in the area.

3 Strategic Recommendations

1) CCM board

should proposal "Policies to end the AIDS among drug users" to the National AIDS Committee

Strategic coordination with

- Department of Disease Control
- Narcotics Control Office (ONCB)
- Drug Prevention and Suppression Center Ministry of Public Health (SorPorSorTor.)
- National Health Security Office (NHSO)

Key strategic issues

(1) Strategies to accelerate access to the population of drug users

- Drive a proactive working model and community service center Both by government agencies in the area together with civil society organizations Set a common goal to find and reach the drug users population. Drug harm reduction services that cover both HIV and drug treatment services. taking into account the context of each area

(2) medium-term strategy to increase the proportion of the national budget

- Supports an accelerated plan to end the AIDS problem among the substance abuse population. Both government agencies and civil society organizations Reduce the proportion of dependence on budget support from the Global Fund. Zero by the year 2030

(3) Strategies for the integration of HIV services and drug treatment services in health facilities

- Develop a service model that combines services that are client-centered or organized as a One Stop service at drug treatment clinics. To cover services, including HIV prevention. HIV counseling and testing Pre-Exposure Prophylaxis (PrEP) Antiretroviral Treatment Hepatitis C and B virus detection and treatment and long-term opioid substitution therapy (MMT/OST).

(4) Strategies for promoting community-based service delivery (Community-led service)

- Developing volunteers from civil society organizations to have a role and capacity to access and proactively provide services to key populations at high risk of HIV infection. including drug users and cover all provinces

2) Drug Prevention and Suppression Center Ministry of Public Health

should be reviewed. roles and responsibilities of the province including clinics and drug rehab facilities according to the harm reduction guidelines for drugs that cover both HIV and substance abuse services

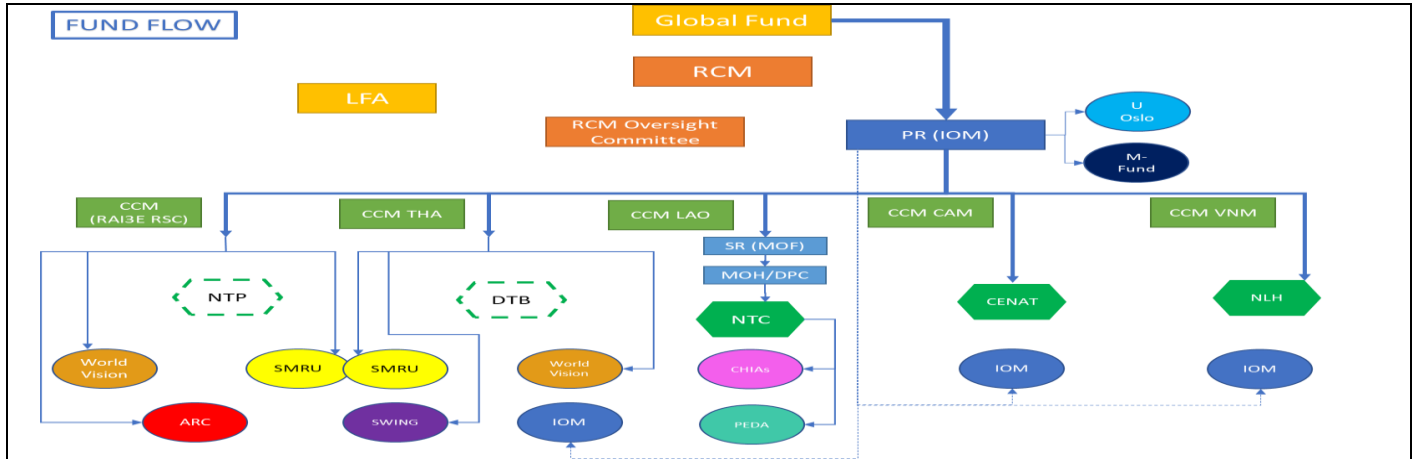
3) Department of Disease Control by the Division of AIDS and STI (DAS)

should develop a system to monitor performance and to prepare a report on the situation and progress according to the policy to end the AIDS among the drug users population and related strategies every 3 years

4 operational level recommendations

- 1) The main recipient of civil society funding is the Raks Thai Foundation. should review and determine the operational style in each area thoroughly and seriously. In the 2021-2023 project, namely setting operational goals that are consistent with the situation and the population of drug users Sufficient supply of project volunteers, training and intensive monitoring of performance. Expanding the number and form of proactive services and in community service centers especially monitoring the performance of the Raks Thai Foundation and seriously and regularly consult with civil society organizations In order to be able to adjust the operational processes in each area to keep up with changes.
- 2) The main funding agency from the government and civil society is the Department of Disease Control by the Division of AIDS and Sexually Transmitted Diseases. and the Raks Thai Foundation should cooperate more closely To integrate harm reduction services that cover both HIV and substance abuse treatment services. to drug users by injection both in the area
- 3) Expand operations in the target group of injecting drug users. to drug users in other ways as well Especially among those who use heroin who tend to switch to injecting. In order to reach drug users by injection faster. Including reducing the danger that would occur if switching to the injection method
- 4) Connecting data from RTCM with NAP plus to be real time for the benefit of tracking in order to Increased percentage of HIV testing Or when a positive result is found, it will receive antiretroviral treatment as soon as possible and lead to suppression of the viral load.

Constituency / Sector	Write content of contribution below
Decision(s)	The meeting acknowledged the the assessment of the implementation of HIV prevention among injecting drug users, the STAR2 Program and assign the OC to follow up and coordinate all kay stakeholder to develop the proposal "Policies to end the AIDS among drug users" to the NAC and agreed with the recommendation of OC
Agenda # 4	Oversight of the GF regional grants to Thailand
	4.1. 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	
<p>The TEAM2 project will be implemented in five countries, that is Cambodia, Lao PDR, Myanmar, Thailand and Vietnam, in the process of coordination and establishment of offices.</p> <p>The goal and objectives are to To reduce the burden of TB among the migrant populations of the Greater Mekong Sub-region – particularly aiming at the missing cases - and thereby reduce TB transmission, incidence and mortality among each of the participating countries</p> <p>For Grant making and implementation planning, the main grantee is PR-IOM Asia-Pacific Office, which is in the process of making an agreement with SRs. SRs in Thailand consist of:</p> <ol style="list-style-type: none"> 1) SMRU, 2) World Vision, 3) SWING, 4) IOM Thailand Office 	

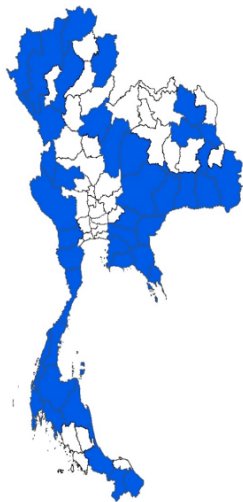


Budget Summary – countries

Regional	1,7983,030	21%
Cambodia	745,935	9%
Lao PDR	1,018,896	12%
Myanmar	1,393,030	16%
Thailand	2,431,549	28%
Viet Nam	1,204,296	14%
TOTAL	8,586,736	100%

Constituency / Sector	Write content of contribution below
Decision(s)	The meeting acknowledged the progress of the TEAM2 program
Agenda # 4	4.2 Progress of the Regional Malaria program (RAI3E) By OC consultant on Malaria program (Dr.Chusak Prasittisuk)
Conflict of Interest	Not applicable
Summary of presentation and issues to be discussed and discussion	

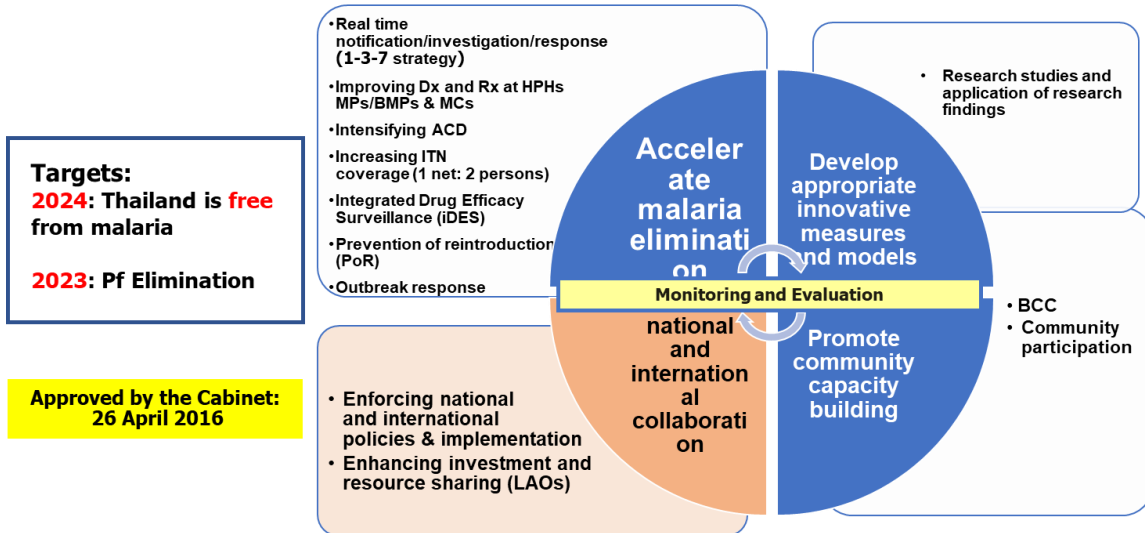
RAI3E - Implementing Areas -2021-2023



- **Areas : 40 provinces**
- **Names of Provincial Health Office (PHO) :**
Mae Hong Son, Lampang, Chiang Rai, Chiang Mai, Nan, Phitsanulok, Phetchabun, Tak, Kanchanaburi, Phetchaburi, Prachuap Khiri Khan, Ratchaburi, Chon Buri, Chachoengsao, Sa Kaeo, Prachin Buri, Rayong, Trat, Chanthaburi, Kalasin, Sakon Nakhon, Chaiyaphum, Buri Ram, Surin, Nakhon Ratchasima, Ubon Ratchathani, Si Sa Ket, Mukdahan, Yasothon, Phangnga, Nakhon Si Thammarat, Krabi, Surat Thani, Chumphon, Ranong, Yala, Songkhla, Narathiwat



Main Interventions of Malaria Elimination Strategy (2017-2026)



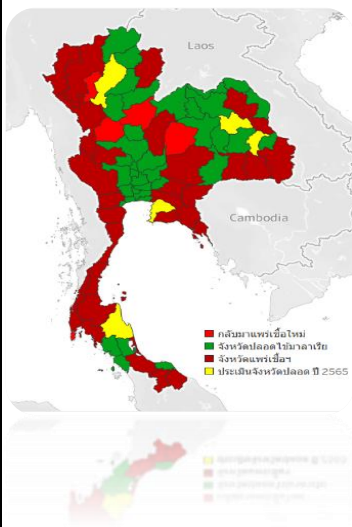
Malaria situation 2021

- Nos. Reported Cases: 3116
- Nos. Reported Pf. cases: 63 (2.2 %)
- Nos. Reported Pv cases: 2952 (94,6 %)
- Nos. Reported others cases: 97 (3.3%%)
- No death reported

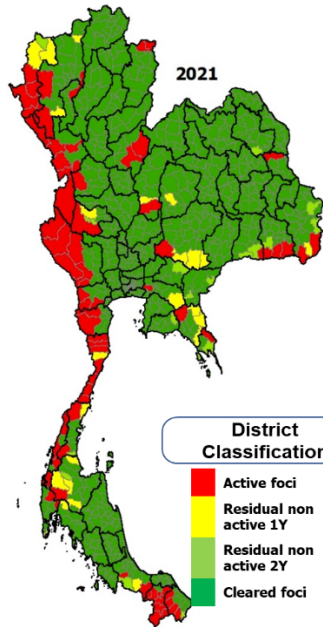
No. Reported cases, Transmission villages and Nos. reported cases in 10 highest reported Sub districts between 2020-2021

Year	2563 (2020)	2564(2021)
Nos Reported cases	3942	3116 (39% reduction)
Nos. of transmission areas (A1)	575	461 (19.9% reduction)
Nos. reported cases from 10 highest sub districts	63	180

Progress Malaria eradication in 2021



30	(Transmission provinces)
5	(Reintroduction Provinces) (Phuket, Chaiyaphum, Phitsanulok, Kamphaeng Phet, Lamphun)
37	Malaria-free province as of 2021 (Verified malaria free provinces)
5	Assessment of malaria-free provinces in 2022 (Chonburi, Lampang, Nakhon Si Thammarat, Kalasin, Yasothon) (To be verified provinces)



as of Dec. 2021

➤ Over 2018-2021, 42 provinces have been assessed and verified to qualify for certification of malaria-free province.



42	Malaria-free provinces assessed as of 2021 (5 provinces ???)
+5	Provinces to be assessed/verified malaria-free in 2022 (Chonburi, Lampang, Nakhon Si Thammarat, Kalasin, Yasothon)

FY 2012-2021

- **Overall reduction = 92%**
(33,835 to 2,893 cases)
- ***P. falciparum* Reduction = 99%**
(12,738 to 68 cases)

Performance & Coverage Indicators, Jan-Jun 2021

	Target Jan-Jun21	PU Jan-Jun21	Rating**
VC3 (M) Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	110,436	62,848 (57%)	B2
CM-Other-1 (M) Number of suspected malaria cases that receive parasitological test in all sectors	312,951	325,148 (104%)	A1
CM-Other-2 Proportion of confirmed malaria cases that received first-line antimalarial treatment in all sectors	100% (1,649/1,649)	81% (1,253/1,541)	B1
CM-5(M) Percentage of confirmed cases fully investigated and classified	90% (1,649/1,484)	99% (1,518/1,541)	A1
CM- Other-3 Percentage of confirmed active foci investigated and classified in which an appropriate response was initiated within 7 days	80% (179/224)	99% (440/446)	A1

** grant rating from GF PU (Jan-Jun2021) performance letter

	Target Jul-Dec21	PU Jul-Dec21	New rating	
VC3 (M) Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	110,437	143,700 (131-->120%)*	A	There was ITNs left from late distribution in Q1-2 due to C-19.
CM-Other-1 (M) Number of suspected malaria cases that receive parasitological test in all sectors	308,249	312,893 (99%)	B	
CM-Other-2 Proportion of confirmed malaria cases that received first-line antimalarial treatment in all sectors	100% (1,649/1,649)	89% (1,486/1,663)	C	Major gap is uncomplete treatment data from hospital (99%/90ital).
CM-5(M) Percentage of confirmed cases fully investigated and classified	90% (1,484/1,649)	99% (1,645/1,663)	A	110% achievement compare to PF %)
CM- Other-3 Percentage of confirmed active foci investigated and classified in which an appropriate response was initiated within 7 days	80% (180/225)	84% (322/383)	A	105% achievement compare to PF (84%/80%) * Could not be over than 120%

Constituency / Sector	Write content of contribution below	
Decision(s)	The meeting acknowledged the results of the RAI3E program and agreed with the recommendation of OC	
Agenda # 5	5.1. Financial Management of the CCM Secretariat office 5.1.1 The 2021 Expenditure report	
Conflict of Interest	Not applicable	
Summary of presentation and issues to be discussed and discussion		
CCM expenditure (Jan-Mar 2022), presented by Dr. Phusit Prakongsai, CCM Executive Secretary		
Thai Baht	Balance brought forward as of 31 Dec 21	Expenditure Jan-Mar 2022
CCM Funding	2,030,306.86	362,055.63
C19RM	499,332.50	77,250.00
Total	2,529,639.36	439,305.63
Constituency / Sector	Write content of contribution below	
Decision(s)	The meeting acknowledged the CCM expenditure and recommendation to CCM secretariat to accelerate all activities as planned	
Agenda # 5	5.1.2 The 2022 CCM budget plan of support CCM Function	
Conflict of Interest	Not applicable	
Summary of presentation and issues to be discussed and discussion		
Budget plan to support the CCM function in 2022,		

Budget plan to support the CCM function in 2022

Section 1. Fixed cost & HR 42,510 USD

Fixed cost	USD
Human resources CCM Secretariat Staff - Gross salaries	27,410
Indirect and Overhead costs Other direct administration costs (including bank fees)	2,525
Communication CCM Website development & maintenance	1,395
Material and Publications IT - Computers, computer equipment, software & applications	1,893
Human resources Engagement and Coordination Officer - Gross salary	9,287
CCM Funding	33,223
CCM Evolution	-
C19RM	9,287
Total	42,510

Section 2. Activities cost 66,009 USD

Activities cost	USD
Travel related Costs Regular consultation meetings with CCM constituencies	6,564
Travel related Costs CCM General Assemblies	6,853
Travel related Costs CCM Executive Committee meetings	258
Travel related Costs Oversight Committee meetings	2,021
Travel related Costs Site visits	6,071
Travel related Costs Regular consultation meetings with CCM constituencies	4,911
Travel related Costs Civil Society training pre- and post General Assemblies	12,774
External Professional Services Local consultant to develop positioning plan	11,808
External Professional Services Local Consultant (on-site support)	9,017
Travel related Costs Consultation meetings with National Response Coordination (including government and international partners)	5,732
CCM Funding	60,277
CCM Evolution	-
C19RM	5,732
Total	66,009

Decision(s)	The meeting agreed and approved the CCM budget plan as CCM secretariat proposed
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Agenda # 5	5.2. Schedule of CCM Meeting in 2022
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Conflict of Interest	Not applicable
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Summary of presentation and issues to be discussed and discussion

The next CCM meeting is 23 June 2022 at 13.30-16.30 hrs

Dr. Phusit Prakongsai, inform the meeting that next CCM meeting in the Q2-Q4 as follows;

Meeting	Q1	Q2	Q3	Q4
CCM meeting	24 March	23 June	22 Sep	22 Dec

Decision(s)	The meeting acknowledged the next CCM meeting is 23 June 2022
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Agenda # 5	5.2. Schedule of CCM Meeting in 2022
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Conflict of Interest	Not applicable
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Summary of presentation and issues to be discussed and discussion

(1) Dr. Krongthong Thimasarn, Chairman of the OC Board of Directors, said that from the minutes of the CCM Meeting No. 3/2021, there was a proposal to improve the Code of Conduct to be in line with CCM Evolution.

(2) Dr. Suriya Wongkongkathep, Chairman of CCM, proposed to CCM Executive Secretary to bring the matter to the next executive committee meeting.

Decision(s)	CCM executive secretary acknowledged
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Reported by
CCM Secretariat

List of Participants

CCM members who attend the meeting

1	CCM	Dr. Suriya Wongkongkathep (CCM Chair)
2	CCM	Dr.Krongthong Thimasarn. (CCM Vice chair)
3	CCM	Surang SWING
4	CCM	SSO-MoL
5	CCM	Saranya Boonpeng -PLWH
6	CCM	Rattawut Nanthaikuekul Department of International Organizations, Ministry of Foreign Affairs
7	CCM	Atitya Thongboon-MoJ
8	CCM	Pichaya, director of the MSDHS, Ministry of MSDHS
9	CCM	Phrakhu Samuhwichian Tayati (Tulung (Wichian))
10	CCM	Jiraporn P.O.M.E.
11	CCM	Yenjit Somphoh-TNAF
12	CCM	UNAIDS_Patchara Benjarattanaporn
13	CCM	Thitiyaun_DoI SISTERS (LGBTQ-alternate)
14	CCM	TB/HIV Research Foundation-Sarmwai (NGO-TB alternate)
15	CCM	Surakameth (MoPH alternate)
16	CCM	Sukhontha Kongsin (CCM Vice chair)
17	CCM	PAWAT BRO (TEA)
18	CCM	Nuntavarn (EDU)
19	CCM	Narumon dms (Narumon Medical Department) (MoPH-MDS)
20	CCM-ALTERNATE	Marie Ahmed# USAID/RDMA (BL-alternate)
21	CCM-ALTERNATE	Deyer_WHO Thailand (ML-alternate)
22	CCM-ALTERNATE	Ambassade de France Bangkok (Clarisse Veylon Hervet) (BL-Alternate)

Invitees

1	OC consultant	Petchsri Sirinirund (OC consultant on HIV program)
2	OC consultant	pasakorn sewi (OC consultant on TB program)
3	OC consultant	Chusak Prasittisuk (OC consultant on malaria program)
4	Observer	Ployrung_Yorth
5	Observer	MSDHS
6	GF	Peter Mok
7	GF	Nicholas Njoka
8	GF	Miriam Leal
9	GF	Deepanjali Sapkota
10	LFA	Chawee Paenghom
11	PR-DDC	Busaba Tantisak, Global Fund Project Management Office
12	PR-DDC	Thaweesap Sirapraphasiri, MD, Department of Disease Control
13	PR-DDC	Kesanee-PRDDC
14	PR-RTF	Wasurat Homsud
15	PR-RTF	Thongphit Pinyosinwat
16	PR-RTF	Panupan
17	PR-RTF	Panthatip Raks Thai Foundation (Pun)
18	PR-RTF	Nim_Nichada

19	PR-RTF	Jintapa Bannapradist
20	Interpreter	TH<>EN Interpreter_Orntima
21	CCM office	Dr. Phusit Prakongsai
22	CCM office	Phatradasorn Chuangcham
23	CCM office	Phatramon Yimyam
24	CCM office	Kanyapan Nuntawichai