

**Minutes of OC Meeting No. 1/2022**  
**on 10th March 2022 at 13.30-16.30 hrs. at MOC Meeting Room, 1st Floor, Building 2, Office of**  
**Permanent Secretary of Ministry of Public Health, Nonthaburi. Along with online meeting**

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**Agenda # 1      Announcement from the Chairperson**

**1.1 The Chairman of the Oversight Committee (OC) opened the meeting and informed 2 matters as follows:**

1. OC chair welcomes, Dr. Clarisse Veylon-Hervet Regional Consultant for Global Health in Southeast Asia to be a new OC member on TB specialist.

The meeting acknowledges

2. The CCM Secretariat has notified the circulation of documents from the Global Fund.

- 1) Information Sessions on Pulse Checks
- 2) 2) PUDR (Progress Update Disbursement Report)

The meeting acknowledges

**Agenda # 2 Approval of the OC meeting minutes no.1/2021 on 18 November 2021**

Dr. Phusit Prakongsai, CCM executive secretary, summarized the key points of the minutes OC meeting No. 1/2021 dated 18 November 2021 as follows;

1. Dr. Krongthong Thimasarn welcomes the new OC (Oversight Committee) Committee
2. The meeting acknowledged and the OC chairman agreed with the Dr. Suriya Wongkongkathap (former OC Chair) recommendations.
3. All OC member are requested to submit their COI form and CV back to the secretary team by November 26, 2021.
4. The meeting acknowledged and the OC chairman asked the Task Force committee and related parties to analyze the assessment results of Thailand. Then summarize the proposals of the two priorities are in the CCM evolution activity propose to the next CCM meeting.
5. The meeting acknowledged the Roll out Supply Chain and Health Services spot check under the Global Fund C19RM project by Palladium International
6. The meeting agrees to appoint Dr. Petchsri Sirinirund, a consultant on AIDS, Dr. Passakorn Akasewi, a consultant on tuberculosis, and Dr. Chusak Prasittisuk, a consultant on malaria to serve as an advisor to the OC in 2022.
7. The meeting assigned to consider the action plan of the OC Committee for the year 2022 at the next OC meeting.
8. The meeting assigns the CCM secretariat team to coordinate and contact Dr. Clarisse Veylon-Hervet and Dr. Chawalit Natprathan to join the OC committee as additional experts of the TB Program

The OC Chair requested all members to read the full report of the OC Meeting No. 1/2021. If there is a suggestion, please feedback to CCM by Friday, March 18, 2022 and express thanks to Dr. Petchsri Sirinirund, AIDS consultant, Dr. Passakorn Akasewi, TB consultant, and Dr. Chusak Prasittisuk, malaria consultant who sacrifice their time and welcome to be an important strength that helps summarize and raise important issues for OC to be aware of and continue to solve problems.

The meeting approved the minutes of the meeting without amendments.

### **Agenda # 3      Oversight GF grants to Thailand**

3.1.1 TB/HIV program (STAR3) by Dr. Patchra Benjaratanaporn, presented instead of Dr. Petchsri Sirinirund, due to her other commitment.

#### **Oversight framework** performance considering

1. Indicators and target set in the work plan
2. The ratio of operating results to overall performance of the country
3. Qualitative indicators
4. Issues according to TRP recommendations

#### **Operating results Quarter 1-4 (Jan.-Dec. 2021)**

- indicators and goals set in the work plan
- The ratio of performance to the overall performance of the country
- Qualitative indicators

#### **Issues according to the recommendations of the TRP in the area of HIV**

Issue 1: Insufficient progress towards sustainable domestic financing of key population HIV programs and community-based organizations

PR-DDC: Develop the use of Social Contracting Model for budget from NHSO.

- IHRI has just begun operations, delayed by 1 year.

Issue 2: Insufficient ambition and articulation of interventions for people who inject drugs

PR-DDC:

(1) Expand operational areas by using the GF budget in cooperation with the NHSO budget. It is expected that this will be an effective operational model development. that can be utilized in other areas of the plan as well

- Ozone operates using the GF budget in conjunction with the NHSO budget, but has not put in place a system for evaluating lessons from operations for utilization in other areas.

(2) Review the goal of obtaining OST for at least 6 months and expand the OST service in the community. Health Administration Division (HAD) and Princess Mother National Institute on Drug Abuse Treatment (PMNIDAT)?

(3) Expand the use of oral self-screening test in the PWID group.

Division of AIDS and STI (DAS) with PR-RTF in operation?

#### **Issue 2: Insufficient ambition and articulation of interventions for people who inject drugs**

PR-RTF:

Expand the C-Free area and operate as a service. not research

Still unable to open 3 locations in Bangkok

(2) Advocate policies related to the protection of PWID rights.

?

#### **Issue 3: Lack of an HIV strategy to engage young key populations**

PR-RTF and PR-DDC: Make a clear strategic plan within 6 months.

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#### **Issue 4: Missed opportunity to address TB in the proposed Community Think Tank**

PR-DDC: IHRI just started, one year delayed

## **Issue 5: Insufficient details of the plan to find children with TB and to provide TB preventive therapy to this population**

PR-DDC: DAS expands operations and organize the information system for prophylactic tuberculosis (TPT) services

- in process but the performance of the first year still very low as before

### **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 Benjaratanaporn, Dr. Phusit Prakongsai, Dr. Petchsri Sirinirund, and Dr. Passakorn (virtual visit)

### **Important notices from the OC visit PRs office**

#### **PR-RTF**

- PR-RTF has a large number of SRs. In this regard, PR-RTF has established regional offices in 4 regions to support SRs. Therefore, the potential of the regional office is an important condition in supporting the SRs in each region.
- PR-RTF has conceptualized and expanded its operations to increase the reach of PWID groups through community leaders. Director of the village/LAO.

#### **PR-DDC**

- PR-DDC revised the plan and sought approval directly from the GF/Country Team without CCM's knowledge.
- The COVID-19 situation in prisons makes it impossible to test for HIV.
- The PrEP drug will expire in February 2023, fearing that it will not be used in time.
- The information system for tracking OST services cannot be individualized.

### **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

### Discussion at the meeting

Dr. Krongthong Thimasarn commented that the program implementation according to the TRP recommendations is relatively low, so PRs must consider the recommendations from the TRP and work more intensely. Particularly the performance that did not meet the targets in the prison group. For the PWID, the performance was better but there were still problems in performance. Therefore, if there is a meeting of 2 PRs, the OC would like to join in the discussion and provide feedback on PWID issues.

Dr. Patchara Bencharatanaporn urged 3 important issues for 2 PRs to consider as follows:

1. Increasing the coverage of access to PWID groups in the GF site and linking with the NHSO site.
2. Access to self-testing, which has a high price today (about 700 baht per set).
3. Youth planning for the GF project should be planned in accordance with the country in order to see the grant performance clearer.

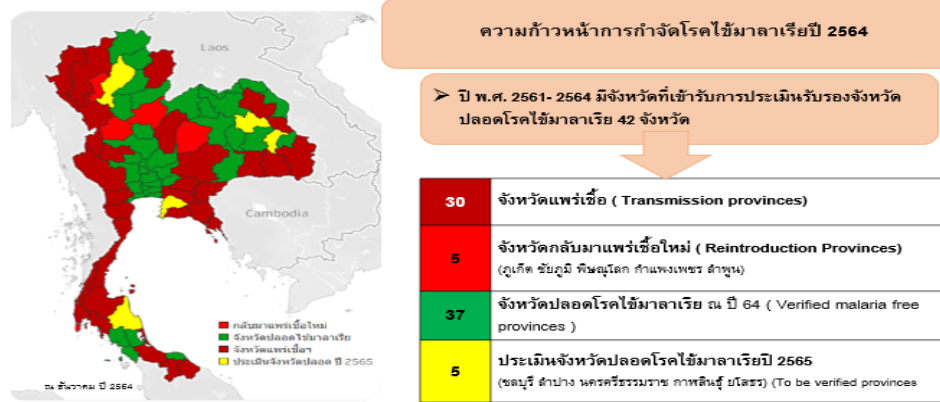
The meeting acknowledged the results of AIDS program and requested PR-DDC and PR-RTF to invite OC to a PR-SR quarterly meeting and/or a meeting on key issues that the two PRs have to meet every six months and there are additional suggestions:

- Ask PRs to consider TRP's recommendations for improving their performance.
- Should increase coverage in PWID groups, both GF and NHSO implementing areas.
- The issue of youth under the GF program should be considered in accordance with the country. in order to clearly visualize of youth's work.

### 3.1.2) Regional Malaria program (RAI3E)

Dr. Chusak Prasitthisuk has reported progress in malaria elimination in the year 2021 and important recommendations as follows:

#### Malaria situation



## Performance indicators and coverage during 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

## Performance indicators and coverage during July-Dec. 2021

	Target Jul-Dec21	PU Jul-Dec21	New rating	Remark
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 uncompleted 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%

### Key issues/Constraints

Key issues/Constraints	suggestion
1. The quarterly report Quarterly Performance & Coverage Indicators will be a report that clearly defines the framework	Since it is a Q report from the Global Fund, PR should continue as usual, but ask PR to coordinate reports that the agency has already reported in the

Key issues/Constraints	suggestion
according to the GF's needs, but does not show the progress of the country's disease status and the overall project performance.	agency's system. Which will not add work to the agency, but how? This report will be shipped separately with the Q Report, but is for OC use only, not to the Global Fund. The report covers the malaria situation in detail throughout the country. Report on the results of the activities according to the plan. will coordinate with agencies to set indicators that should be reported
2. First Line drug reporting system that must report GF has always been a chronic problem. Since this report must be received from the hospital and the public health facility, the dispensing of medicines from the hospital will not be in accordance with the criteria. This makes coverage below the threshold throughout.	DVBD has tried to fix it. by training responsible persons in 10 provinces, proposing additional training in problematic provinces and reporting progress in the Quarterly report
3. Measure 1-3-7 is an important measure of the RAI3E program, especially in areas where malaria is rapidly recovering. But not in the quarterly report (Q) of GF.	To do so in the reporting system provided by the Division of Insect-Borne Diseases. Report according to the form reported according to Clause 1
4. The malaria situation has been reported to increase in many GF areas and its reintroduction has been reported in at least 5 provinces.	The DVBD has reviewed 1-3-7 measures and cooperated with the provinces in surveillance. and strict in implementing the 1-3-7 measure
5. From the situation report of P.vivax malaria It will be a critical issue in the country's malaria eradication.	The DVBD and DDC should review and expedite measures to eradicate P.vivax malaria.

### Discussion at the meeting

Dr. Chusak Prasitthisuk said that malaria was high in 5 provinces if the information was obtained quickly. It will lead to cooperation with the province in implementing 1-3-7 measures and in accordance with the TRP proposal.

Dr. Krongthong Thimasarn agrees that most of the KPIs have improved, except for 2 issues: hospital utilization and mosquito net distribution which will be a problem every year. Purchasing was delayed during the outbreak of COVID-19. Regarding reintroduction provinces, it was found in 30 border provinces and 5 malaria-free provinces but returned to infect again. The problem now is Malaria eradication is likely to be behind schedule by 2024 as targeted. Looking at the situation, it should be about 2 years behind schedule. In addition, 50-60 more drug-resistant cases are found per year.

Dr. Chusak Prasittisuk suggested that what happened all the time was that before the province was verified that it was eliminated, preparations had to be made by the Department of Disease Control and the DVBD that each province to create understanding and lay a foundation for sustainability along with improving the Guideline to be in line with current events without the preparation it would be like Sri Lanka. North Korea, where malaria has reintroduction, is now difficult to control.

Dr. Krongthong Thimasarn concluded that the OC Committee must continue to follow up on the issues proposed by Dr. Chusak, knowing that the DVBD is currently developing the Guideline and is in the process of task shifting and knowledge to the province.

The meeting acknowledged the results of the malaria program. The results of most malaria programs are satisfactory, and PR is requested to consider improving its implementation in accordance with the recommendations of the OC, and PR is requested to coordinate the DVBD for further information on the malaria situation covering the country and report the results of the implementation of various activities planned and indicators that should be reported and requested PR-DDC to consider improving the implementation according to the recommendations of the OC Committee.

### 3.1.3) Regional TB program by Dr. Passakorn Akarsewi and Ms Kesanee Sriraksa

Dr. Passakorn Akasewi said that he was pleased to attend the meeting of the 2 PRs and was willing to visit the area to see the context of working with the complexity of tuberculosis. From fieldwork to search for TB in the community, it was found that the staff had skills problems, lack of experience resulting in poor program performance. Therefore, please focus on training new personnel.

The problem now encountered is systematic development problems that PR, SR, and DTB try to solve in order to end TB in many areas, such as reducing the stigma of TB and AIDS patients in the service unit, ending the problem of using TB and AIDS patients in the province, Establish mechanisms for TB and AIDS patients (ECN), tuberculosis information system (NTIP), resource mobilization and innovation. But stuck with the outbreak of COVID-19, therefore unable to work fully Therefore, we need to discuss how to work in the New normal situation efficiently.

What is the disadvantage? Monitoring of TB and AIDS patients in the community and review of operations and evaluation can be done less in a systematic way. Doesn't work fully, resulting in low rating only B2 and C.

The detection of drug-resistant tuberculosis is relatively stable. There are examinations, but a small number of patients are found. The advantage is that drug-resistant tuberculosis is reduced. causes influenza and other pathogens to decrease accordingly, including the use of Gene Expert is low

Performance of the End Tuberculosis Project Between 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 <sup>(M)</sup>	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 <sup>(M)</sup>	% 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 <sup>(M)</sup>	# TB cases with RR-TB and/or MDR-TB notified	1,962	683	34.8%	B2
MDR TB-3 <sup>(M)</sup>	# 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
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.	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.  Encourage/ convey the operational guidelines guideline to the operators.

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>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>
Tuberculosis search among prisoners. In particular, Screening by Mass X-Ray cannot be performed.	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
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>

#### 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.

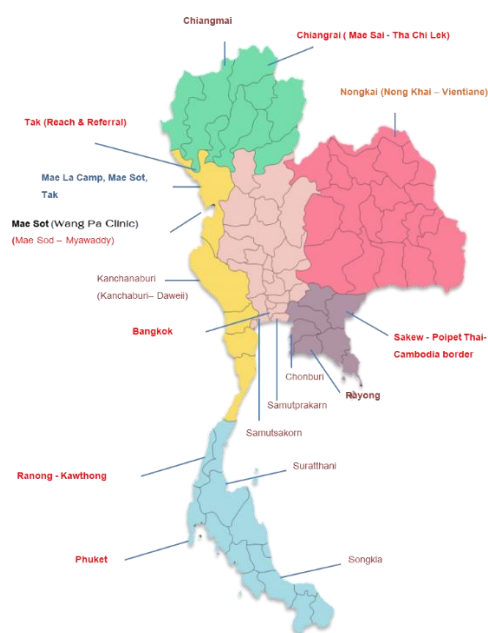
## Module: RSSH: HMIS and M&E

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"> <li>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</li> <li>Adjust the plan or carry over the budget if there is no operational budget for the next year.</li> </ul>

The meeting acknowledges the performance of TB program and noted that TB component quite severely impacted by COVID-19. The performance of many tuberculosis program is still below the target. The results are likely to improve and show in the first quarter of 2023. On latent tuberculosis in children under 18 years, the OC encourages discussions on a number of issues with the Pediatric Infectious Disease Association to find solutions together

### 3.1.3.1) Grant Closure (TEAM1)

Presented by Khun Kesanee Sriraksa reported that the TEAM1 project ended its operation on December 31, 2021. The annual report has been submitted to GF for complete closure of the project.



### Implementation Areas: 15 Provinces

#### Nongkai (Twin cities : Nong Khai – Vientiane)

ACF 15,000 cases, Notified Case (ACF) 50, 50, 50 cases  
Notified TB (PCF, ACF) = 7860, 9,840, 12,320 cases.  
Budget: Activities 184,006 USD, Health products 1,051,990 USD

**Mae La camp, Maesod, Tak:** ACF: 12,000 cases/Year, Notified: 100, 100, 50 cases. Budget: 751,835 USD

8 provinces: Chiangmai, Chonburi, Rayong, Samutsakorn, Samutprakarn, Kanchanaburi, Suratthani, and Songkla  
(Kanchaburi- Dawei): ACF = 400,800, 800 cases Yr1-3  
Notified TB = 69, 80, 80 cases, Budget: 472,936 USD

6 provinces Chiangrai, Tak, Bangkok, Renong, Phuket and Sakew, Twin cities (Ranong – Kawthong, Mae Sai – Tha Chi Lek, Sakew - Poi Pet) : ACF=300, 300, 300 cases, Notified TB = 70, 70, 70 cases. Budget: 293,407 USD

**Maesod (Wang Pa Clinic) District (Mae Sod – Myawaddy)**  
ACF&PCF=450, 520, 400 case  
Notified TB = 95,100, 80. Budget: 981,835 USD



## Treatment success rates all forms, new and relapse

### Target report Year 2021 = 90%

The treatment success rate of all forms of TB in 2021 is cohort evaluated of all forms of TB-bacteriologically confirmed plus clinically diagnosed, new and relapse cases between 1 Jan and 31 Dec 2020. There were 4,276 cases notified (all forms), among these 4,177 cases (97% of all case notified new and relapse) started on treatment with number of successes on treatment amount 3,358 cases or 80.4% of total.

The result of this indicator is behind the targeted 90%, so the success rate of this indicator is 89.3% compare with targeted 90%. However, the 80.4% of treatment success rate of all forms of TB in 2021 is higher than 77% of treatment success rate of all forms of TB in 2020.

### Grant closure Time line and Activities

Key Activities	Activities	Timeline	Responsibilities
Appointment of key staff for closure report & final audit and closure budget	To enable a smooth project transition of the grant as well as ensure all program activities are delivered and completed	by no later than 31 December 2021	Co-PRDDC and All SRs (Done)
Reporting	Annual Programmatic and Financial report submission to Co-PRDDC	by no later than 15 Jan 2021	All SRs (Done)
	Annual Programmatic and Financial report submission to UNOPs	by no later than 30 January 2021	Co-PRDDC (Done)
Asset Management	Submission proposed Asset Plan beyond 2020 for GF approval	17 October 2021	Co-PRDDC and All SRs (Done)
	Updated all Asset	by no later than 31 December 2021	Co-PRDDC and All SRs (Done)
Audit	External Audit	Jan – April 2022	Co-PRDDC (On process)

- All assets have been reported and approved to GF. For government agencies under PR-DDC, assets accrued will be transferred to all TB-HIV grants in 2021.

### Asset Management Proposed Asset Plan beyond 2020 and GF Approval

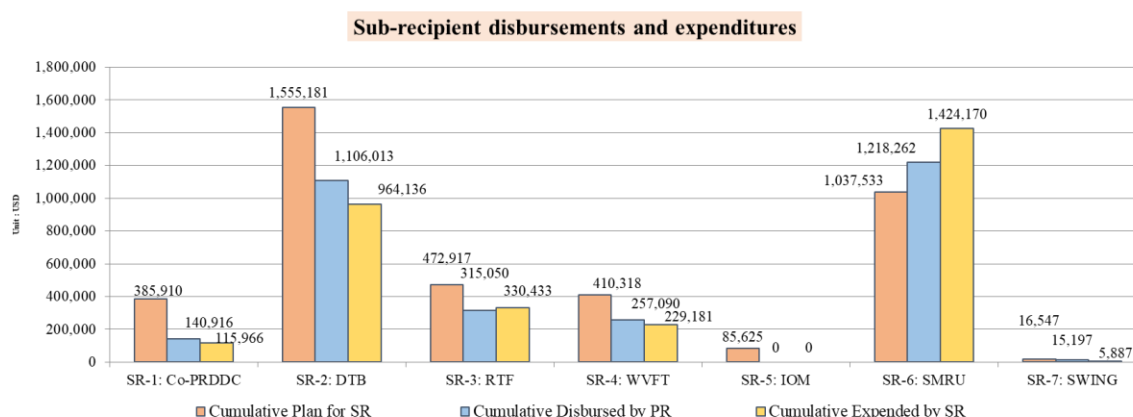
Organizations	Asset	Proposed Asset Plan beyond 2020
SR-DTB	GF has approved the proposal assets transferring Plan beyond 2020 and All SRs will update the assets that procured after October 2021 including inventory and related health product stocks under TEAM and submit to GF.	All assets will continue to use in TB/HIV Grant 2022-2023 under SR-DTB and for health care services under NTP.
SR-WVFT		All assets will transfer to regional TEAM Grant , 2022-2024 under SR-WVFT.
SR-SMRU		All assets will transfer to regional TEAM Grant, 2022-2024 under SR-SMRU.
SR-RTF		All assets will transfer to TB/HIV Grant 2022-2023 under PR-RTF
Co-PRDDC		All assets will continue to use in TB/HIV Grant 2022-2023 under PR-DDC

- For World vision and SMRU continuation grants in the TEAM2 project, all assets will be transferred to the continuation regional grant.

### The cumulative of absorption rate of TEAM grant between 2019-2021

Total budget plan of 3 years=3,964,032 USD, GF disbursed to Co-PRDDC=3,085,740 USD or 78% of total. The cumulative of absorption rate of 3 years was 3,069,773 USD or 99% compared with cumulative

Disbursement budget from GF amount 3,085,740 USD, while absorption rate of 3 years of total budget plan 3,964,032 USD is only 77%.



- For the next step, PR-DDC will be audited by an external audit within April 2022.

#### Discussion at the meeting

Dr. Krongthong Thimasarn, said coverage and KPI are worrisome due to a lot of C, B2 rating, operating in the second half of 2022, the result should be better and show in the first quarter of 2023 and asked OC helps look at MDR in children under 18 years of age.

Dr. Passakorn Akasewi., proposed that as a consultant to TB, he would visit the area to study details on how to solve problems, especially the C rating, which TB has been affected quite a lot by COVID-19. find a solution together and consulted with the president of the Pediatric Infectious Diseases Society found that Doctors do not pay attention to practical issues and poor communication. Therefore, having to discuss with the Pediatric Infectious Diseases Association, ask PR to make an appointment with Dr. Taweechot, Department of Medical Services to discuss this matter. (Discussions: Practice Guidelines, Acceptance, Policies and Leadership)

Ms. Kesane Sriraksa informed that the Tuberculosis Division had discussions with many agencies. There has been a policy push by making a letter from the Ministry of Public Health to the Public Health Department and hospitals across the country since January 2021, but there are problems during the outbreak of COVID-19, causing it to not work fully. and difficulty in implementing it in children aged 5-18 who require venipuncture. The problem is that the availability of hospitals of origin which is not 100% complete for the use of Gene Expert is relatively low. But now there is more use. The Tuberculosis Division has a monthly work follow-up in each province of each district. to speed up operations to increase.

The meeting acknowledged the results of the malaria project. and support discussions on various issues with the Association of Pediatric Infectious Diseases to find a solution together.

#### 3.1.3.2) Regional TB Program (TEAM2)

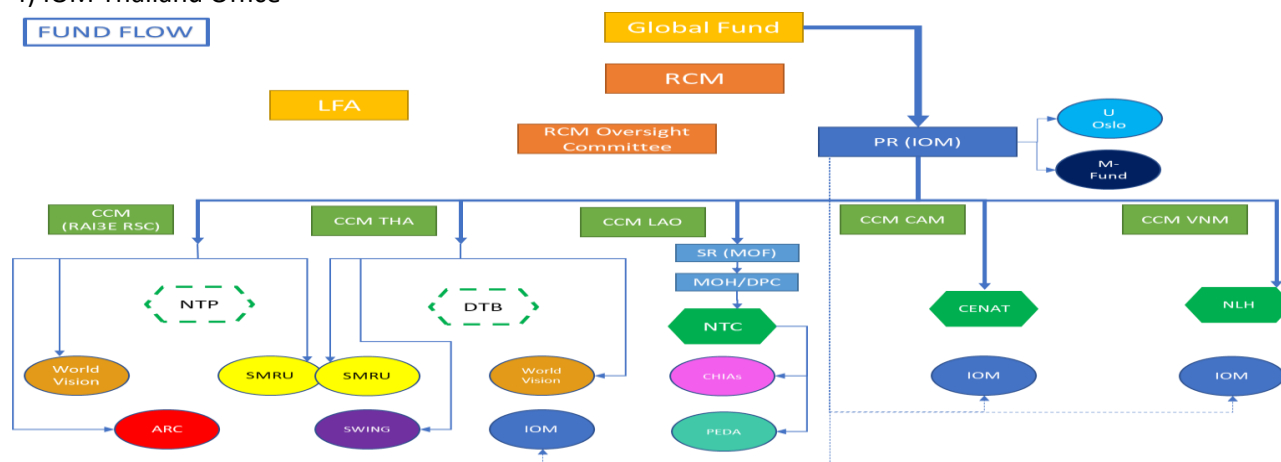
Dr. Phusit Prakongsai, Executive Secretary of CCM presented the progress of the TEAM2 project instead of Dr. Petchsri Sirinirund (RCM Executive Secretary) due to her stuck on a mission as follows;

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.

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

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:

- 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%
<b>TOTAL</b>	<b>8,586,736</b>	<b>100%</b>

The meeting acknowledged the progress of the TEAM2 program and, in order to connect with CCM, OC, RCM, the OC chair requested the RCM Executive Secretary to report to CCM, OC, and asked to coordinate the TB Division to participate in the Regional TB. and report to the OC meeting in the next meeting.

### 3.1.4) COVID-19 Response Mechanism program(C19RM)

Ms. Phatradasorn Chuangcham, CCM Secretariat Office reported an overview of the budget utilization of the recipients in the 2 PRs as follows:

#### 3.1.4.1 Expense report of both PRs between Jan. - Dec. 2021

PRs	งบประมาณ (USD)	ใช้จ่ายจริง (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%

### 3.1.4.2 Health Product Distribution Plan for C19RM: PR-DDC in 2021

#### 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 Phao)

Note: DPHEM (Division of Public Health Emergency, Office of the Permanent Secretary, Ministry of Public Health) and NIEMS (National Institute of Emergency Medicine) plan to start operations in the 6th quarter of 2022. Problems/barriers of procurement of medical supplies C19RM and TB-HIV.

PR-DDC: C19RM Problems/obstacles in the procurement of pharmaceutical materials

Local Procurement: There are delays in procurement/procurement issues. Most of which are in the process of purchasing.

Detail	USD	Baht
•Disinfectant	519,018.47	17,178,577.12
•COVID PPE Core	86,865.00	2,875,075.14
•COVID Tests	580,600.00	19,216,814.92
•Medical Equipment	140,304.10	4,643,813.16
•Other Health Equipment	44,912.17	1,486,511.99
• Waste Management for COVID-19	48,886.00	1,618,038.61
<b>Total</b>	<b>1,420,585.74</b>	<b>47,018,830.94</b>

PR-DDC: TB-HIV Problems/obstacles in procurement of pharmaceutical supplies

Delayed Purchasing Activities TB-HIV	USD	Baht
•GeneXpert machines 95 units	6,856.73	230,317.50
•Repair GeneXpert machine (Replace module) 95 units	28,669.25	963,000.00
•Purchase FL LPA reagent	168,800.24	5,670,000.00
•Maintenance LPA machine	13,824.95	464,380.00
•Procure Tuberculin reagent	14,676.98	493,000.00
•Procure Buprenorphine + naloxone	29,373.55	986,657.54
<b>Total</b>	<b>262,201.70</b>	<b>8,807,355.04</b>

Activities for which TB-HIV has not been purchased	USD	Baht
Lamp reagent	198,001.22	6,553,483.98
LTBI drug	140,894.00	4,663,337.79
Procuring LPA 10 set	275,979.11	9,134,411.78
<b>Total</b>	<b>614,874.33</b>	<b>20,351,233.55</b>

#### Discussion at the meeting

Both PRs encountered problems with procurement of COVID-19 pharmaceutical supplies that are not listed on WHO's recommendation list, causing the 2 PRs to be required to reimburse GF in this regard. Although the purchased products are outside the list recommended by the WHO, but due to the urgent need for medical supplies during the COVID-19 pandemic, the Company has considered purchasing products listed in the Thai FDA's list first. PR-RTF has translated the list of products listed in the FDA to submit to the World Fund for reconsideration. In early May 2022, there will be a discussion and negotiation with Mr. Philippe Creac'H on whether a refund is required for purchases of goods not listed by WHO.

The meeting acknowledged the progress of the C19RM program and asked PRs to report on the results of discussions regarding purchases of goods without the WHO-recommended list.

## 1.2 Catch up plan 2022 of PR-DDC and PR-RTF

Ms. Busaba Tantisak (PR-DDC) reported that there are plans to address the low indicators in 2 areas as the main problem. for other indicators Has made a support plan and sent it to GF for consideration since the beginning of 2021, details are as follows.

1) Among HIV inmates, only 37% of GF support the oral fluid test, which is insufficient. Therefore, the problem was solved by using the money that did not have to buy PrEP in the third year to buy an oral fluid test kit for the inmates. to bring the performance to B1

2) TPT for providing to people living with HIV was only 3% compared to the target set for both old and new HIV patients. 20,000 cases of latent tuberculosis must be tested, but only 100 cases can be administered. not finished yet making it unable to spread to the hospital Regarding the report on TB screening in HIV-infected people and treating latent TB in HIV-infected people, it has not yet been decided whether to enroll in the NTIP or NAP, which the Division of AIDS reports on the HIV TPT web page. about 300 cases compared to the target Currently waiting for clarification from the Division of AIDS and Division of Tuberculosis.

Ms. Thongphit Pinyosinwat (PR-RTF) said that the work was planned in the indicators that performed poorly as follows.

1) MSW will do higher reach and test by issuing mobile units more frequently and adjusting the work process to be online.

2) MSM will do higher reach and test in the core network and higher of partners.

3) TG is still less accessible. Process adjustments have been made in collaboration with Soji. in making a letter to the Ministry of Defense to ask for access to the process of educating the conscripted soldiers During April-December

4) Overall, MSM, MSW, TG have problems with NHSO budget targets being lower than GF targets, which requested that the working area meet the GF's target of 80%.

5) Migrant has good reach, but few tests due to the outbreak of COVID-19 (usually not less than 50%), making it impossible to receive services at the hospital. Solve the problem by issuing more mobile services, providing more OSTs in migrant groups, requesting budget from GF to test for COVID-19 before entering the hospital, for TB, doing more chest x-rays, expanding access to community isolation, yes Simultaneous TB and COVID-19 testing

6) PWID this quarter has performed better, achieving 60% as of January if the entire quarter is complete. The result is likely to be higher. It is done online.

Discussion at the meeting

Dr. Patchara Benjarattanaporn Suggest ways to work efficiently as follows:

- Thailand is challenged to solve the PWID problem in 3 years or not. Have you ever had a lesson on MSM working with Social Network (RDS program) to find out where new friends are? If implemented in a PWID group would be very helpful.

- Gender groups working with SISTERS can request help to the Ministry of Defense. E-Cascade data is included. For country overview, TG is not resolved. Preferences do not decrease even though MSM decreases. Problem is the complexity of TG subgroups with multiple groups. Need to analyze which groups



are at high risk in order to reach the right target group and find out which group is the real target audience of TG

The meeting acknowledged and requested the PRs to coordinate with relevant agencies to expedite the implementation in order to achieve the planned results.

### 1.3 Discuss ways to improve the efficiency of project operation supervision.

Dr. Krongthong Thimasarn, concluded that the OC had already done some field visits and discussions with 2 PRs towards the end of last year. Therefore, in order not to waste time, let's combine this topic with Section 4.1 to save time.

## Agenda # 4 Matters proposed for consideration

### 4.1 Matters proposed to the meeting for consideration

#### 4.1.1 OC activities for the CCM evolution program

Dr. Krongthong Thimasarn informed about the history of CCM evolution process leading to development. CCM's mission statement with details of objectives as follows

#### Background

#### CCM evolution

- CCM evolution is an initiative of GFATM.
- Aug 2021 – Launching CCM evolution in Thailand: dialogue with CCM chairs & vice-chairs
- Establishing CCM evolution Task Force in Sep 2021
- GF hired a consultant (Nicholas J. Njoka) to collect/analyze data and work with TF October 2021 till now.
- Threshold results were presented in Nov 2021.

#### CCM Evolution Objectives

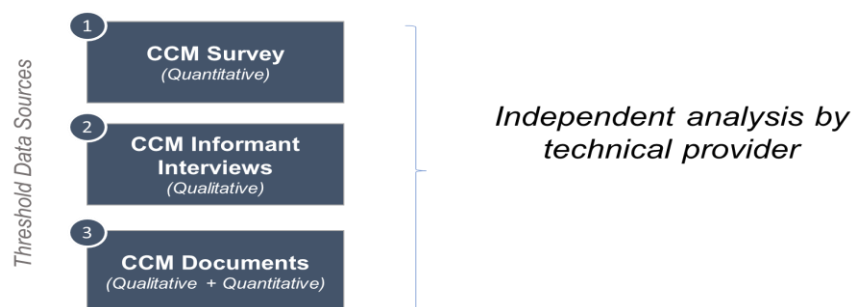
- To equip CCMs to facilitate **inclusive oversight** and **meaningful engagement** in alignment with **national structures for sustained health governance**.
- Involves increased focus on four core responsibilities:
  - 1) **Oversight**: Active oversight of existing and emerging investments
  - 2) **Engagement**: Meaningful, inclusive and active participation of key stakeholders
  - 3) **Positioning**: Working within national structures and existing emerging platforms to increase efficiency of health investments
  - 4) **Operations**: CCM Secretariats' core functions (including the code of conduct), enabling and sustaining health governance

#### List CCM Evolution task force, Sep 2021

No.	Salutation	Name	Family name	Gender	Constituency	Role in CCM	Postion	Org.
1	Dr.	Suriya	Wongkongkathep	Male	Health expert	Chair	Health Expert	CCM Thailand
2	Dr.	Krongthong	Thimasarn	Female	NGO-Malaria	Vice chair	Malaria Association of Thailand Advisor	Malaria Association of Thailand
3	Dr.	Sukhontha	Kongsin	Female	EDU	Vice chair	Head of Research Centre for Health Economics and Evaluation	Faculty of Public Health, Mahidol University
4	Dr.	Patchara	Benjarattanaporn	Female	BL/ML	Vice chair	Country Director	UNAIDS Thailand
5	Ms.	Wilawan	Phayanoi	Female	GOV	CCM member	Deputy Director-General	The Comptroller General's Department of Medical Welfare Division, Ministry of Finance
6	Mr.	Pongthorn	Chanlearn	Male	KAP-HIV	CCM member	Director	Mplus Foundation
7	Ms.	Oranuch	Lerdkulladilok	Female	KAP-TB	Alternate	For Oldy Founder	POP network
8	Ms.	Kingkaew	Chantip	Female	PLWD-Malaria	CCM member	President	Coordination Center for Indigenous Network in Chiang Mai Province
9	Ms.	Yenjit	Somphoh	Female	NGO-HIV	CCM member	Director	Thai National AIDS Foundation (TNAF)
10	Dr.	Phusit	Prakongsai	Male	CCM Secretariat	Executive secretary	Acting Senior Advisor on Health Promotion, Office of Permanent Secretary, Thai-MOPH	CCM Thailand
11	Ms.	Phatradasorn	Chuangcham	Female	CCM Secretariat	Coordinator	CCM coordinator	CCM Thailand



## Threshold results are based on analysis of 3 data sources



- TASK FORCE meeting to discuss and validate threshold results in Nov 2021.
- Rescoring of threshold in Dec. 2021 and discussion with Nick in Feb 2022.
- Selection of 2 priority areas to implement CCM evolution

### 1) Engagement

### 2) Oversight

- Next steps: CCM (TF) to propose 2 priority activities for each priority area and budgeting
- Request OC to propose 2 priority activities for OC element

## Prioritization by Task Force & proposed activities by GF

Priority Level	Area of Responsibility	Priority Activities	Comments
2	<b>Oversight</b> (Objective: To strengthen CCM's oversight function to become more strategic)	<b>Hire an Oversight officer</b> <b>Remote coaching to train the oversight officer and oversight committee</b>	<ul style="list-style-type: none"> <li>• 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, <u>rather than focusing on M&amp;E</u> which is the remit of the PRs).</li> <li>• Coaching to cover strategic oversight and alignment with the current grants' focus (IDU, migrants) and national strategic priorities.</li> </ul>
1	<b>Engagement</b> (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 Train on Community Based Monitoring (CBM) data tools and analysis Engage constituencies and coordinate CCM Election	<ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> </ul>
3	<b>Positioning</b>	Map existing health governance bodies and platforms (Locally-sourced consultant) Develop positioning options and a Positioning strategy plan (Locally-sourced consultant)	
4	<b>Operations</b>	Implement CCM Secretariat Performance Management	

Some ideas from Dr Petchsri/Dr Suriya/Dr Krongthong (*Prepared for financial support of 5%FI*)

## Activities

1. **Identifying the gap**: Gathering information on program and grant implementation through use of routine reports, progress updates of the PRs and re-packaging of available data, **OC site visits** and **participation in joint PR-SR performance review meetings**; and identify implementation issues, challenges and bottlenecks.

2. **Conducting desk review:** Do the technical review of specific issues identified from the assessment of implementation situation as well as challenges issues identified in the previous grant implementation and the issues defined in the TRP's recommendations at the time of submission of the Funding Request.

A preliminary list of issues to be considered for TB/HIV grant include interventions for people who inject drugs, young key populations, TB/HIV integration and children TB, mobile migrant population who are at high risk of malaria

3. Whenever possible, OC and PC members should actively engage in all external program evaluation organized by WHO or the national programs.

4. Building PC capacity and engagement: Facilitate the PC to oversee the grant implementation with perspectives of community.

5. Leveraging strategic dialogues: Among the CCM, OC, PRs and national programs, biannual high-level dialogues will be organized for better alignment of the Global Fund grants with the national programs, addressing strategic challenges, aiming at maximum use of Global Fund grants contributing to the country goals as well as preparedness of the country to sustain the programs.

6. Maximizing impact: Propose key recommendations for PRs to solve the identified challenges and improve their performances.

7. Ensuring governance: Provide guidance and recommendations for CCM actions, e.g., request exceptional CCM meeting in the case of urgent problems, adjust CCM plenary sessions to understand issues, determine appropriate actions and monitor the implementation status of recommended action and interventions

- Dr. Phusit Prakongsai discusses the role of OC officers should be to close the gap, which the Oversight committee has knowledge of, depending on the problem. Not much time because there are quite a lot of missions.

- Dr. Chusak Prasitthisuk said that the problem now is communication that is Communication Gap is more than Lack of communication sent to executives and operators. It is proposed to adjust the work in 3 matters as follows:

- Systematic Retreat: How do OC, PR, CCM directors keep the information in the system up to date?

- Review of the past: after recommendation, how do you plan to implement it?

- Participation between OC/ Consultant and National Program activities: how much focus is there, meeting date is set, financial plan, work plan, hiring plan, ongoing training plan

- Dr. Patchara Benjaratanaporn proposed that OC officers must have a duty to prepare information in a systematic way. Digest the information and pass it on to the consultant, resulting in Quality Output, which 80% depends on the review of the information, and 20% is the decision. The person who will perform this duty must work full time, stick fast and think quickly.

- Dr. Krongthong Timasarn adds that the OC officer does not only come to work on monitoring and evaluation work. Must be a more capable person Work at a higher level. The problem is that it is still unknown where to find such people.

The meeting acknowledged the CCM Evolution project and asked the OC member to consider the selection of qualified persons to serve as Oversight Officer.

#### 4.1.2 DRAFTED CCM THAILAND'S ANNUAL OVERSIGHT WORKPLAN in 2022

Ms. Phatradasorn Chuangcham presented the draft annual corporate governance plan of CCM Thailand in 2022 and asked for suggestions. Including additional activity schedule from 2 PRs

CCM THAILAND'S ANNUAL OVERSIGHT WORKPLAN 2022 (Jan-Dec2022)						
Key activities	Detailed activities	Quarter 1 (Jan-Mar 2022)	Quarter 2 (Apr-Jun 2022)	Quarter 3 (Jul-Sep 2022)	Quarter 4 (Oct-Dec 2022)	Notes
1. CCM MEETING		24-Mar-2022	23-Jun-2022	22-Sep-2022	22-Dec-2022	
2. OVERSIGHT COMMITTEE MEETING	The PR finalizes the summary report based on previous quarter's PU or PUDR to the CCM Secretariat for distributing to Oversight Committee OC meeting 4 weeks prior to OC meeting	10-Mar-2022	9-Jun-2022	8-Sep-2022	8-Dec-2022	All PRs are invited to clarify their reports. National program managers are invited for the purpose of national integration.
3. DOCUMENTATION & FOLLOW-UP LETTER TO PRs, CCM MEMBERS & OTHER STAKEHOLDER	(1) Follow-up letter sent to PRs identifying issues and suggestion to resolve bottlenecks (2) Minutes of the OC, Review of PR performance (individual PR)	17-Mar-2022	16-Jun-2022	15-Sep-2022	15-Dec-2022	OC meeting minutes will be shared to stakeholder including PLWD and KAP
4. OC PRESENTING PR PERFORMANCE AT THE CCM MEETING	CCM minute documents and CCM discussion and decisions. CCM meeting minute shared with stakeholder including PLWD & KAP	24-Mar-2022	23-Jun-2022	22-Sep-2022	22-Dec-2022	Using CCM dashboard
5. PR SR COORDINATION MEETING	1-2 OC Member attend PR-SR Coordination meeting as observers (attend at least one coordination meeting each quarter)	3 Feb 2022 (DDC) 22&25 Feb 2022 (RTF)	5 May 2022 (DDC) 24&27 May 2022 (RTF)	4 Aug 2022 (DDC) 23&26 Aug 2022 (RTF)	3 Nov 2022 (DDC) 22&25 Nov 2022 (RTF)	Share finding with all OC members and CCM Secretariat Dates will be coordinated with PRs
6. DEBRIEF MEETING OF LFA WITH PRs	1-2 OC Member attend quarterly debrief meeting of LFA with PRs (1) HIV-TB program (2) Malaria program					Dates will be coordinated with LFA.
7. OVERSIGHT SITE VISIT	Select sites and performs oversight site visit (follow site visit protocol); 2 times / PR / year (1) PRs (2) HIV program (3) TB program (4) Malaria program (5) Cross cutting issues (C19RM)		Apr-22	Jun-22	Oct-22	Share site visit report with all OC members and CCM Secretariat. Secretariat share these reports with all CCM members and in-country stakeholders;
8. Enhanced Constituency Engagement & TA support (NGOs, PLWD and KAP)	Oversight Committee members interact with constituencies (NGO, PLWD and KAP), Partnership Committee meeting	17-Mar-2022	16-Jun-2022	15-Sep-2022	15-Dec-2022	Enhanced constituency engagement outcome -- share GF implementation issues, learn CSO concerns.

The meeting acknowledges the CCM THAILAND'S ANNUAL OVERSIGHT WORKPLAN 2022 (Jan-Dec2022) and request both PRs send the schedule of the 6-month meeting between the 2 PRs to the CCM Office for update in the CCM work plan.

Agenda # 5      Other matters

The next OC meeting is on 9th June 2022 at 13.30-16.30 hrs.

Meeting was adjourned at 17.20 hr.

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Reported by

CCM Secretariat

**List of participants of Oversight Committee meeting no.1-2022 on 10th March 2022 at 13.30-16.30 hrs.**

<b>Name in zoom</b>
Jindapa Suphachalat
Pui, PR-DDC
Chusak Prasittisuk, OC consultant on malaria program
Interpreter- Nan (Nontharos Kiatwisanchai)
Kesanee Sriraksa-PRDDC
Surasak Saepueng
Praphaphon PR-DDC
Netnapit PRDDC
Busaba Tantisak, PR-DDC
Suthasinee Panya
Fongbeer PRDDC
Ambassade de France Bangkok
Chutima, PR-DDC
Saranya Boonpeng, OC-PLWH
Wasurat Homsud, PR-RTF
Jariya, PRDDC
Chutarat W, PR-RTF
Hanan Beema PR-DDC (Hanan Beema (PR-DDC Thailand))
Kanyawee M. Co-PR-DDC (Kanyawee M. Co-PR-DDC TH)
Dr.Pasakorn Akasewi, OC consultant on TB program
Dr.Deyer Gopinath, OC-Malaria
Thongphit Pinyosinwat, PR-RTF
Netnapit, PRDDC
Phusit Prakongsai, CCM executive secretary
D.Srivicha Krudsood, OC-Malaria
Sansanee Rojanapanus, PR-DDC
Praphaphon PR-DDC