

CCM Meeting No.2/2022
June 23, 2022 on 13.30-17.20
MOC Meeting Room 1st Floor, Building 2, Office of Permanent Secretary
Ministry of Public Health, Nonthaburi, Simultaneous Tele Conference by ZOOM Meeting

OC members attending the meeting and online meeting

1) Dr.Suriya Wongkongkathep	Health Expert	CCM Chair
2) Dr.Krongthong Timasarn	Malaria association of Thailand	CCM Vice chair
3) Dr.Sukhontha kongsin	Faculty of Public Health, Mahidol University	CCM Vice chair (online)
4) Dr.Patchara Benjarattanaporn	UNAIDS (Country Director for Thailand)	CCM Vice chair (online)
5) Dr.Pongsatorn Pokpermddee	Senior advisor of Ministry of Public Health	CCM member
6) Dr. Thanasunthorn Swangsalee	Ministry of Social Development and Human Security	CCM member (online)
7) Dr.Pongthorn Chanlearn	Mplus Foundation (Director)	CCM member (online)
8) Ms.Yenjit Somphoh	Thailand NGO Coalition on AIDS (Director)	CCM member
9) Ms.Saranya Boonpheng	Thai Women Living With HIV Foundation	CCM member (online)
10) Mr.Nikorn Chimkong	Bangkok Rainbow (Director)	CCM member (online)
11) Mrs.Somchit Funghotsatham	Representative of elderly group	CCM member (online)
12) Dr.Jintana Ngamvithayapong	Yanai TB/HIV Research Foundation (President)	CCM member (online)
13) Ms.Sandra Bird	USAID (Deputy Director Office of Health)	CCM member (online)

Participants

1) Dr.Petchsri Sirinirund	Consultant for HIV program	
2) Dr.Pasakorn Akarasewi	Consultant for TB program	(online)
3) Dr.Chusak Prasittisuk	Consultant for Malaria program	
4) Dr.Phusit Prakongsai	CCM Executive Secretary	(online)
5) Dr.Nicolas Salvadori	Napneung Project Manager	(online)
6) Dr.Sawitree Chairahaeng	PHPT Chaing Mai (Co with Napneung Project)	(online)
7) Ms.Nuttana Pookitsana	(online)	
8) Ms.Chalisa Saencharoen	(online)	
9) Mrs.Bussaba Tantisak	PR-DDC (Program Specialist on AIDS and TB/HIV)	(online)
10) Mrs.Kasanee Sriruksa	PR-DDC (Program Specialist on TB)	
11) Ms.Sunsanee Rojanapanus	PR -DDC (Program Specialist on Malaria)	
12) Ms.Thongphit Pinyosinwat	PR-RTF (Director, Program Quality Department)	(online)
13) Ms.Chutarat Wongsuwon	PR-RTF	(online)
14) Mr.Wasurat Homsod	PR-RTF	(online)
15) Dr.Clarisse Veylon	Embassy of France	(online)
16) Ms.Chawee Paenghom	LFA	(online)
17) Ms.Sirin Piyarad	Chiang Mai University	(online)
18) Ms.Phatradasorn Chuangcham	CCM Secretariat Office	
19) Ms.Phatramon Yimyam	CCM Secretariat Office	
20) Ms.Kanyapan Nuntawichai	CCM Secretariat Office	
21) Ms.Orntima Kulab	Interpreter	(online)

Meeting starts at 13.30 hr.

Dr. Suriya Wongkongkathep, Chairman of the CCM opened the meeting and proceeded according to the agenda as follows

Agenda # 1 Announcement from the Chairperson

1.1 Changes of CCM member from

New CCM member

- Representative of Ministry of Education
Mr.Wira Khaengkasikarn, Deputy Permanent Secretary, Ministry of Education
- Representative of Ministry of Education
Mr.Thanasunthorn Swangsalee, Deputy Permanent Secretary, Ministry of Social Development and Human Security (MSDHS)
- Representative of the Elderly Empowerment Network
Mrs.Somchit Funghotsatham, Elderly group of Sai Ngam Community in Songkhla Province

The meeting acknowledge

1.2 Appointment CCM Thailand representatives to serve as the Regional Strategic Committee member for RAI3E program

CCM secretariat report to the meeting that the CCM executive committee meeting on 23 May 2022 had a resolution to nominate "Representatives" to serve as the Regional Steering Committee (RSC) term 2022-2025 as follows;

A. Voting member

- 1) RSC member: Dr. Phusit Prakongsai (M.D., Ph.D.)
- 2) Alternate member: Dr. Anupong Sujariyakul (M.D., Ph.D.)

B. Non-voting member

- 1) National Malaria Program : Dr. Prayuth Sudathip, (Dr.P.H.)

The meeting acknowledge

1.3 News from Fund Portfolio Manager

CCM secretariat inform the meeting that On June 17, 2022, Dr. Philippe Creac'H, Fund Portfolio Manager in Thailand have informed that the Global Fund encourage countries to considered-deploying C19RM resources to help address Monkeypox control needs, as appropriate to the country context

- C19RM financing can be reinvested such as:
 - Laboratory investments, such as genomic surveillance
 - National reference labs testing capacity strengthening. For example, training, biosafety (as sample handling will require use of Class II Biosafety Cabinets) and waste management;
 - Strengthening sample handling, referral and reporting systems (sample transport and laboratory information systems);

The meeting acknowledge

1.4 Resolution of the 19th RSC Meeting and OR Meeting on 7-9 June 2022 in Hanoi, Viet Nam

Ms. Sunsanee Rojanapanus, Public Health Technical Officer, PR-DDC report the meeting as following:

GMS Epidemiological and TES Update (WHO GMP/WHO MME)

- Overview of epidemiological trends and issues
- Overview of antimalarial drug efficacy
 - GMS targets for Pf elimination by 2023 and malaria elimination by 2030.
 - Significant increase of cases in Thailand comparing to Jan-Apr 2022, 2021 with intense transmission in 3 provinces on the western border.
 - TES; 4 current ACTs are efficacious in Myanmar, 2 in Thailand, 3 in Cambodia Loa PDR and Viet Nam.

RAI3E implementation bottlenecks at regional and country level identified by WHO and UNOPS

- Thailand highlighted the need for additional resources to address needs emerging form increases in malaria cases on the western border. GF/CSOs will explore how to support the needs.
- Challenges to serving people have across the borders without permission.
- Example of successful LAO PDR-Thailand collaboration during C19.
- GMS malaria cases in dense forest and returning across the border during C19.
- Myanmar malaria cases along the border.
- RSC IMP review the situation at the border areas for both immediate adjustments to RAI3E and planning RAI4E.
- Challenges in *Pv*radical cure

Innovative tools to achieve elimination

- Status of innovative approaches for malaria elimination, challenges, and plans.
- Implementation and measurement of last mile/accelerator activities
 - Accelerator strategy/last miles activities in Lao PDR, Cambodia; structural plan for evaluation.

- Drug in Loa PDR, Cambodia.
- TDA/IPTf implementation in Lao PDR, Myanmar
- Thailand is currently reviewing results from a trial of reactive MDA. Consultation is ongoing with National Drug Committee on prospective CQ MDA with support from WHO.

***P. faciparum* and *P. vivax* malaria drug treatment**

Viet Nam uses Artesunate-Pyronaridine for *Pf* and to phase out DHA-PIP in Q4 Y2022.

Viet Nam-RDT can miss many cases of *Pv* with low parasitemia.

Integration of services at community level

- Are malaria volunteers providing additional services?.
- Are there adjustments to screening activities in elimination setting?
 - Different approaches to integrating in GMS countries.
 - Thailand has comprehensive primary healthcare, into which malaria services are integrated. Village volunteers are funded by government. VHV can support in the care of DM, HT, VC, DOT and others.
- **Update from Regional CSO Platform**
 - Key achievements
 - Report cross-border consultation on Feb 2022.
 - Detailed work in each country
 - Challenges facing CSOs in GMS
 - Call for support in training for the use of the regional Malaria Elimination Database.

➤ **RAI4E Preparation**

Priority areas;

- Innovative accelerated interventions towards elimination
- Case-based surveillance and prevention of re-establishment
- Leveraging community health workers to enhance basic health services
- Radical cure of *Pv*
- A data-driven regional approach
- Strengthening CSOs' contribution to the health system.
- Strengthening pandemic preparedness and response.

Timeline

- By Sep 2022-Secure 'writing team' support through initiative 5%
- By Oct 2022-NMCPs and partners begin preparing technical documents and Key Annexes for the funding request.
- Sep 2022-Jan2023-Writing team support in-country consultation with NMCPs and partners to develop draft
- Nov 2022-GF allocation letter outlines allocations for RAI3E.
- 22-23 Nov 2022-20th RAI RSC meeting discusses progress on Funding Request and any support needed.
- Jan2023-Country Dialogues take place as end of inclusive consultative process to endorse Funding Request.
- Feb2023- RSC Retreat takes place to discuss overall package including Regional component and endorse full funding request.
- Mar2023-Funding Request submission deadline.
- Apr2023-onwards-Grant making.

After those steps Funding Request will be subject to TRP review and GAC endorsement before GF Board approval and ultimate grant signing before the end of 2023.

➤ **RAI RCM Evolution Update** (Global Fund Consultation)

- GF consultant conducted a desk review, survey and interview to establish threshold scores for the RAI RSC in the areas of oversight, engagement, positioning and operations.
- In all 4 areas, scores of 2 were given, indicate that the RSC is "implementing all functions with some opportunities to enhance".
- The priority areas for actions were Positioning and Oversight

- The next steps are for the consultant to share threshold and induction results with the GF for validation.

➤ **Next meeting**

- The 20th RSC meeting is scheduled for 22-23 November 2022, Thailand will be invited to host the meeting in Bangkok.

The meeting acknowledge and provide comments in the meeting as follows;

1. Dr. Petchsri Sirinirund, OC consultant on HIV program, said that the lessons learned from HIV are community led service by volunteers. But what is unfair is that volunteers are not paid for their work. I want everyone to pay attention to this matter as well.
2. Dr. Phusit Prakongsai, CCM Secretariat, inquired about as Thailand will be co-host the November 2022 RSC meeting in Bangkok, how is the DVBD planning?
3. Ms. Sansanee Rojanaphanat (PR-DDC) answer that the additional budget in RAI3E is accelerating the work as soon as possible, while the RAI4E project will occur after the malaria program review (MPR). Information may be obtained approximately two weeks prior the 20th RSC meeting. With regard to MPR, the operator is DVBD together with WHO Thailand, which WHO will provide an external expert to evaluate the program.
4. CCM Chair concluded as follows:
 - As currently, Dr. Phusit Prakongsai, Executive Secretary of CCM, has been selected as the RSC Committee for the term 2023-2025, which will include a period of evaluation. Therefore, CCM secretariat is requested to participate in the malaria review both plans and achievement.
 - The mission of the RAI4E program, in 2022-2025 must be clearer than the previous round. The core work is program review which each country has to do by October 2022. PR-DDC and DVBD must prepare documents for presentation in the next round and should work and coordinate with Dr. Phusit Prakhongsai, who will also be in the RSC member in the next round.

Agenda 2: Approval of the minutes of the CCM meeting no. 1/2022

CCM Meeting on 24 March 2022 at 13.30-16.30 hrs. at MOC Meeting Room, Office of Permanent Secretary of Ministry of Public Health, Nonthaburi. Along with online meeting (CCM secretariat office will circulate to CCM for approval by email)

The meeting acknowledge

Agenda 3: Matters of Report

3.1.1 Progress on the COVID-19 Program (C19RM)

Dr. Krongthong Thimasarn, OC Chair, reported the meeting that the expenditure of the C19RM project during Q1-5 (January 2021 to March 2022) as the detail in the following table.

PRs	Budget (USD)	Expenditure (USD)	% Absorption rate
PR-DDC	7,718,920.36	5,353,973.39	69%
PR-RTF	1,485,268.73	1,310,078.08	88%

The expenditure of PR-RTF are divided into the following categories:

Summary C19RM Q1-Q5 : Finance absorption rate : Cost grouping			
Cost grouping	Budget (USD)	Actual(USD)	% Absorption rate
1.0 Human Resources (HR)	370,035.35	294,184.34	80.00%
2.0 Travel related costs (TRC)	161,533.01	126,840.00	79.00%
3.0 External Professional services (EPS)	31,280.31	29,367.61	94.00%
4.0 Health Products - Pharmaceutical Products (HPPP)	-	-	-
5.0 Health Products - Non-Pharmaceuticals (HPNP)	539,915.55	539,915.55	100.00%
6.0 Health Products - Equipment (HPE)	29,279.26	29,279.26	100.00%
7.0 Procurement and Supply-Chain Management costs (PSM)	8,541.33	12,202.76	143.00%
8.0 Infrastructure (INF)	-	-	-
9.0 Non-health equipment (NHP)	54,588.29	54,588.29	100.00%
10.0 Communication Material and Publications (CMP)	86,160.00	50,518.57	59.00%
11.0 Programme Administration costs (PA)	38,441.63	34,181.69	89.00%
12.0 Living support to client/ target population (LSCTP)	165,493.70	139,000.01	84.00%
13.0 Payment for results	-	-	-
Total expenditure	1,485,268.73	1,310,078.08	88%

The expenditure of PR-DDC are divided into the following categories:

COPCAM 2021-23	Q1 - Q5 USD			
Cost Grouping	Budget	Expenditure	Variance	Absorption Rate
1.0 Human Resources (HR)	88,161.49	8,774.67	79,386.82	10.0%
2.0 Travel related costs (TRC)	109,700.41	547.70	109,152.71	0.5%
3.0 External Professional services (EPS)	23,076.52	3,201.68	19,874.84	13.9%
4.0 Health Products - Pharmaceutical Products	0.00	0.00	0.00	
5.0 Health Products - Non-Pharmaceuticals	6,910,029.05	4,911,200.01	1,998,829.04	71.1%
6.0 Health Products - Equipment (HPE)	460,365.00	329,666.77	130,698.23	71.6%
7.0 Procurement and Supply-Chain Management	100,683.33	93,097.86	7,585.47	92.5%
8.0 Infrastructure (INF)	0.00	0.00	0.00	
9.0 Non-health equipment (NHP)	10,790.26	6,918.34	3,871.91	64.1%
10.0 Communication Material and Publications	646.12	0.00	646.12	0.0%
11.0 Indirect and Overhead Costs	0.00	0.00	0.00	
11.0 Programme Administration costs (PA)	10,202.29	147.45	10,054.83	1.4%
12.0 Living support to client/ target population	3,812.12	418.91	3,393.21	11.0%
13.0 Payment for results	1,453.78	0.00	1,453.78	0.0%
Total Budget and Expenditure	7,718,920.36	5,353,973.39	2,364,946.97	69.4%

Procurement and Supply Management report

PR-DDC will be purchased through 2 systems as follows;

- Purchasing from abroad through WAMBO (The Global Fund's online procurement platform)
 - Xpert express SARs-Cov 2 delivered in May 2022
 - All items are expected to be imported in Q6, which PR-DDC will coordinate to notify the SRs periodically when the goods arrive.
 - Accelerate the granting agency (SR) in managing the allocation and distribution plans. before the medical supplies come in
- Local Procurement
 - Accelerate the SR agency procurement through the domestic procurement system in the first year to complete in Q6.
 - Purchasing in the 2nd year can proceed according to the specified plan.

Remark

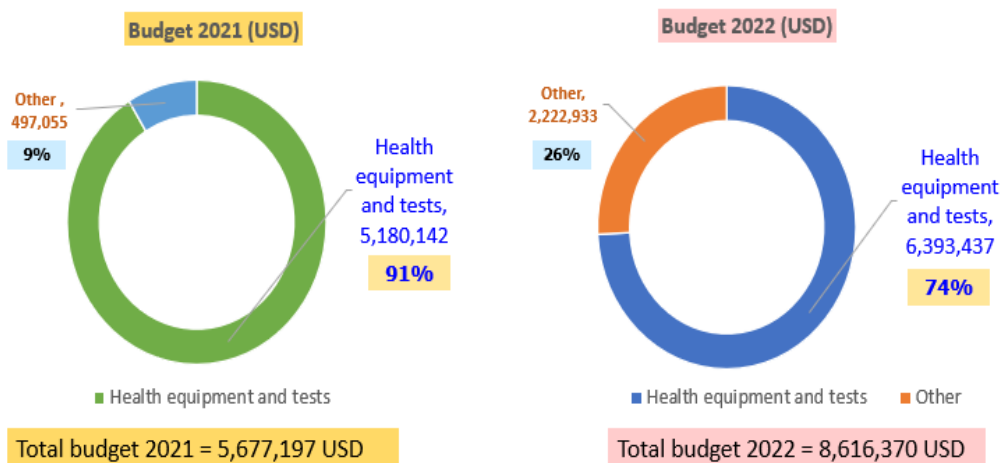
1. The procurement of medical supplies and health products will be complete within the Q7 (September 2022).
2. Procurement of laboratory reagents such as ATK test kits are based on the List “Global Fund’s quality assurance” in order to meet the requirements of GF.

PR-DDC's Budget and Procurement Plans for COVID-19 between 2021 and 2023 total \$15,194,808, with most 91% of the budget for 2021 going to purchase supplies and supplies and 9% was carrying out other activities. In 2022, 74% of budget used to purchase materials and medical supplies and 26% of budget was carry out other activities as follows.

Objectives	Budget 2021	Budget 2022	Budget 2023	Total Budget	%
1. Control and contain COVID-19 outbreak	5,581,325	5,668,675	718,762	11,968,762	78.8%
2. Mitigation (TB& HIV program)	30,820	2,676,820	45,114	2,752,754	18.1%
3. Enhancing Capacity	26,288	132,809	32,308	191,406	1.3%
4. Community Strengthening	38,763	138,066	105,057	281,887	1.9%
Total Budget	5,677,197	8,616,370	901,242	15,194,808	100.0%

COVID-19 through provision of PPE, health equipment and tests	Expenditure of procurement year 1 (2021)	Procurement plan Year 2 (2022)
1. Personal Protective Equipment (PPE)	2,289,403.96	3,002,353.32
2. Xpert Xpress SARS-CoV-2	1,434,276.90	316,800.00
3. Panbio COVID-19 Rapid Test Device	619,088.63	88,309.44
4. Medical Oxygen and Supply such as Nasal high flow 20 units, Oxygen Concentrators 218 units and Pulse Oximeter	388,162.40	73,200.00
5. GeneXpert 10-Color 30 units, Cartridge Xpert MTB/XDR and Digital Portable X-ray 16 units	-	2,613,714.77
6. Other Health Products	449,210.22	299,059.10
Total cost	5,180,142.11	6,393,436.63

PR-DDC : COVID-19 Prevention and Care Accessibility to Most At-Risk Populations



Measures to be taken to control COVID-19

Health and community system strengthening: Community-led monitoring for improving services.

Org.	Target gr.	Activities	Goal	Operation
IHRI	<ol style="list-style-type: none"> 1. Service provider <ol style="list-style-type: none"> a. government services b. Community Service Units 2. Client 	Develop an online survey tool for monitoring operations and developing services for community leaders in HIV, TB, COVID-19 in the GF project area	Established a service system and receive better services, including HIV, TB, COVID-19	In the process of finalizing the questionnaire

COVID-19 Control and Containment: Risk Communication

Org.	Target gr.	Activities	Goal	Operation
OZONE	PWUD & Couple	Publicize the media about the COVID-19 vaccine. through various channels regularly and used an online survey between PWUD and couples to assess vaccination coverage and prompt a second vaccination.	Samut Sakhon, Ratchaburi and Kalasin	Can be perform 40 people out of 100.

Org.	Target gr.	Media type and amount	Topics highlighted in the media	province	quantity
Thailand Research Institute for Empowerment of Persons with Disabilities Foundation (TRIP)	<ol style="list-style-type: none"> 1. Visually impaired 2. hearing impaired 3. People with intellectual disabilities and autism 	<ol style="list-style-type: none"> 1. 4 audiobook clips 2. 5 sign language video clips 3. Easy Read COVID-19 (produced in Thai and sign language) 	<ol style="list-style-type: none"> 1. General information about the virus How to prevent infection with COVID-19 disease control wearing a mask 1. Know COVID-19 Preventing Covid-19 Getting infected with Covid-19 and how to do it. Know the vaccine. Problems that people with disabilities encounter when encountering Covid-19. 	Bangkok Metropolitan Region	2,000 people
The Planned Parenthood Association of Thailand (PPAT)	visually impaired	15 audio clips to provide necessary and up-to-date knowledge (produced in Thai)	<ol style="list-style-type: none"> 1. Chapter 1 Thai society, we don't leave each other 2. Episode 2 Covid-19 knows as much as it knows. It's not dangerous. 3. Episode 3 Covid-19: Know a lot, less risky 4. Episode 4 Covid-19 is far away. Worrying. Be careful but not wary. 5. Episode 5 Covid-19 Vaccines are the Final Answer 6. Episode 6, Covid-19, know fast, heal quickly, safe for life. 7. 	Bangkok Pathum Thani Nonthaburi Samut Prakan	2,024 people

Org.	Target gr.	Media type and amount	Topics highlighted in the media	province	quantity
SWING	hearing impaired (LGBT deaf)	Video clip (produced in Thai and sign language)	1. Symptoms of COVID-19 infection 2. How to act if you are in close contact with an infected person or are at risk?	Bangkok	

PR-DDC: Acceleration plan to utilize saving of C19RM fund approximately 1,256,824 USD (approximately 43,988,840 baht) to carry out in two activities as follows:

1. Purchase Antigen Test Kits for Covid-19 (Panbio Covid-9 rapid test) for frontline staff.
2. Revise budget for on-site visit to:
 - Monitor and evaluate the distribution and utilization a large amount of health product PPE and equipment's for COVID-19
 - Ensure that the products and equipment were used effectively as per the maximum benefit of the project goals.

However, PR DDC further clarified that the absorption rate of PR DDC was only 69% due to partly from the budget spent on purchasing medical supplies. which has a much lower price than when planned in 2021.

The meeting acknowledge and provide comments in the meeting as follows;

1. Dr. Petchsri Sirinirund, OC consultant on HIV program said that when develop the C19 proposal we have been working with the Ministry of Social Development and Human Security (MSDHS) to write activities for people with disabilities the underprivileged in the community which now we have seen the progress of the action in the community. I think that in the future, it should continue to work together and have to write a plan to cover all 3 diseases. Now, there is a representative of the MSDHS as a member of the CCM as well.
3. CCM chair said that next funding request shall start in later this year. This budget can be written for various activities. This budget can be written for different activities for the health care of all groups of people including the underprivileged in the community. In this regard, I would like to inform the Deputy Permanent Secretary of the MSDHS, if there is a representative from the MSDHS to join the writing team in the next round, then this budget can be used to carry out activities as Sub recipient. For example, the Department of Corrections uses the budget for prisoners.
4. Mr. Thanasoonthorn Sawangsalee, Deputy Permanent Secretary of MSDHS, said that he was happy to work with everyone in the next round of funding request.
5. Mrs. Busaba Tantisak (PR-DDC) would like to corrected the information about C19RM that Division of AIDS and STI is now request for a new auction for disinfectant, gel, new alcohol because there is no company to bid. Therefor PR-DDC have to request the Global fund to get approval of the extend the use of money from Q4-Q6 to Q7 due to quite a lot of money in the purchase of 3 items, about 7 million baht.
 - For a savings of approximately \$900,000, a mitigation plan for HIV will be requested for the purchase of a syphilis test kit due to the high syphilis epidemic during this period in 30 provinces by 2022. The requested budget is approximately \$300,000 for almost 150,000 tests will be obtained, representing 50 percent of the target syphilis patients in the youth age group 15-24 years.
 - There was an email informing the GF that the Palladium PSM spot check led by Dr. Kanokkwan and her team found that in the GF area there were 18 of Health promoting hospitals are not enough PPE, but this is an area outside the GF that needs further discussion.

The meeting acknowledges

3.1.2 Progression of the STAR3 program (TB/HIV component)

Progression of HIV component: Quarter 5 (Jan-Mar 2022) % of Q5 targets

Dr. Petchsri Sirinirund, OC consultant on HIV program pointed out that another interesting suggestion is that the M-Fund, an SR of RTF, proposed an evaluation at the beginning of June 2022 in which volunteers came to work on migrants with the Raks Thai Foundation working in an integrated manner.

A. Grant performance

Services	PR	PWID	MSM	TGW	MSW	Migrant	Prisoner	PLHIV
Reached prev.package	RTF	81.9	116.5	55.0	70.7	116.5		
N&S distributed / 1 reached	RTF	37						
PrEP	DDC		30.6	82.5				
HIV tested	RTF	159.8	297.1	100.1	166.7	87.9		
	DDC	68.3	37.9	101.1	160.8		53.8	
PLHIV screened for TB	DDC							6,828
TPT initiated	DDC							407

Remark

- 1) The performance compared to the target of the Q3 was much better than the Q4, except
 - Low initiation of PrEP in the MSM group. PR-DDC said that Department of Disease Control said that it may be a matter of reporting from the database of NHSO, which is in the process of changing responsible persons.
 - Low HIV testing in prisoners. PR-DDC said that this is because it is currently investigating potentially duplicate data from reports of individual projects carried out in prisons and from the situation of the COVID-19 outbreak in prisons, which in the future will also use oral fluid screening test.
- 2) The number of TB screenings among HIV-positive people and TPT began to increase from Q4, but coverage was not available. Must review the information according to the algorithm that has been explained with the Global Fund.
- 3) The performance of long-term opioid replacement therapy (OST) cannot be assessed. Data review is required.

B. Implementation of recommendations from the previous CCM meeting

- 1) Review of operations in the TGW and MSW groups
- 2) Reviewed and drafted a proposal for a Social contracting model to support the budget from the National Health Security Office (NHSO) for civil society organizations in the provision of HIV services and held a meeting on June 22, 2022, titled (1) Components of services and quantitative and qualitative indicators (2) Qualifications of supported civil society organizations (3) Budget support model (4) Determination National, district, provincial overview goals and (5) selection of sponsored organizations.
- 3) PR-Raks Thai Foundation plans to develop the capacity of regional offices. In order to support the implementation of SRs in the area, in addition to collecting data, technical support it also should be provided coordinate with local government agencies and financial management

C. Important resolutions from the meeting of National Aids Committee (NAC) on 15 June 2022

- 1) The driving on HIV self-test
 - Agreed that HIV self-test as a tool to encourage people to know the status of HIV rapidly and be able to access prevention systems such as PrEP and antiretroviral therapy. It is also an important tool in promoting the normalization of HIV and leading to the reduction of stigma and discrimination in society
 - Agree on the principle that all people have access to self-testing for HIV. Voluntary, confidential, convenient, fast, free of cost or at a price that people can buy for themselves.
 - Approved the principle of taking measures with participation from all sectors by applying social marketing strategies or another approach to facilitate the price of the test kit to be reduced promote wide and fast access.
 - Assign the Department of Disease Control to appoint a working group to drive access to HIV test kits at the national level, with components from various agencies in order to raise awareness and expedite support to have a variety of test kits that are standardized and cheap.

2) A budgeted action plan to reduce stigma and discrimination on the basis of HIV and all forms of gender on project cooperation. "Thailand Empowers: To eliminate HIV related stigma and discrimination" 2022-2026

- Agree on plan as proposed.
- Assign the secretary of the NAC to deliver the action plan to the relevant agencies for plan implementation and continually support the budget in order to put the plan into action.
- Assign government agencies to work as prototype according to the National Guidelines on AIDS Prevention and Management in the Workplace under the concept of "Care, Concern, Pay Attention to AIDS Prevention in the Workplace"
- Assigning government agencies, the private sector, and civil society to adopt the principles Undetectable is not transmission U=U (Undetectable = Untransmutable) is an important measure used to drive the implementation plan and accelerate communication to raise awareness and correct understanding of the U=U principle.

Recommendations

The issues from the previous recommendation are as follows:

- Both PRs with supported from technical agencies, UNODC, UNAIDS review operations on the people who injection drug (PWID) and establish a system for assessing lessons learned from Ozone's operations to: use in other areas by using the results of the assessment of the PWID group's performance during the year 2018-2020 of the AIDS Division to review the operation.
- PR-DDC should coordinates strategy planning that engagement of the youth key population in operation.
- PR-DDC should accelerates the Community Think Tank operations.
- PR-DDC should accelerates the provision of TPT services.

Additional suggestions are as follows:

- To ensure that the proposals for the development of supporting for civil society organizations in the provision of HIV services can be implemented in fiscal year 2023. PR-DDC is requested to expedite the organization's assessment and registration as indication in Section 3 of the NHSO Fund.
- According to a resolution of the National Committee on AIDS resolutions dated June 15, 2022, the 2 PRs are encouraged to use resources from the Global Fund to:
 - Coordinate the expedition to expand the use of HIV self-test
 - Coordinate the implementation of the action plan to reduce stigma and discrimination
- According to new edition of a drug law code in year 2022. The CCM-OC has been assigning to consider the recommendations from the assessment of HIV prevention interventions among people who inject drug under the program to end AIDS and tuberculosis with the RRTTR service package, phase 2 (2018-2020) and the announcement of the Drug Addiction Treatment and Rehabilitation Committee, and prepared as a recommendation of CCM to propose to the NAC and the Narcotics Control and Prevention Center Ministry of Public Health.

Discussion at the meeting

1. Dr. Petchsri Sirinirund, OC consultant on HIV program further informed the meeting that at the Dreamlopment Foundation's M Fund Assessment Meeting on June 13, 2022, it was noted that Community liaison officers provide information to migrants specific to health insurance. While the migrant health workers working on HIV and TB don't know about health insurance at all. At the meeting, it was concluded that will integrate the work of community liaison officers and migrant health workers.
2. Mrs. Bussaba Tantisak (PR-DDC HIV officer) reported that Dr. Taweesub Sirapraphasiri, Director of PR-DDC request to adjust the plan by using saving to carry out HIV self-test of key population. The Division of AIDS and STI (DAS) is working on requesting the budget in this section, the activities that will be done are creation media in various channels, provide OFT test to the key population via Boots shop or through DAS website. For the HIV program review, DAS is the focal point that will work with the UN, FHI, USAID, TUC, 2 PRs to draft a proposal to request TA support from French Initiative or UNAIDS wish program review will be finished within this Nov. 2022

Resolution

- CCM chair asks all 3 programs (tuberculosis, HIV and malaria) to do the midterm review and catch-up plan that will end in 2023 and propose for consideration that what operations need to be adjusted in the next CCM meeting.

Progression on TB component

Mrs. Kesenee Sriraksa (PR-DDC TB officer) presented the progress of the TB component from the past performance of TB component will be at A2, but due to the impact of COVID-19 outbreak. Therefore, most of the results are at B1, the details shown in the following table.

Module	Standard Indicator	1 Jan-30 Sep 2021		% achievement	Rating	1 Oct 2021-31 Mar 2022		% achievement	Rating
		Target N# Target D# (%)	Result N# Result D# (%)			Target N# Target D# (%)	Result N# Result D# (%)		
TB/HIV-5	% of registered new and relapse TB with HIV status	64,638/68,040 (95.0%)	45,966/68,040 (67.6%)	71.1%	B1	42,230/ 44,452 (95.0%)	25,244/ 44,452 (56.8%)	59.8%	B1
TB/HIV-6 ^(0A)	% of HIV-positive new and relapse TB patients on ART during TB treatment	6140/6463 (42.3%)	3509/6,464 (54.3%)	57%	B2	4,011/ 4,223 (95.0%)	1,926/ 4,223 (45.6%)	48.0%	B2
MDR TB-2 ^(0A)	Number of TB cases with RR-TB and/or MDR-TB notified	1,472	520	35.3%	B2	962	331	34.4%	B2
MDR TB-3 ^(0A)	Number of cases with RR-TB and/or MDR-TB that began 2 nd -line treatment	839	507	60.5%	B1	593	323	54.5%	B2
MDR TB-6	% of TB patients with DST result for at least Rifampicin among the total notified cases	48,708/69,582 (70.0%)	24,582/69,582 (35.3%)	50.5%	B2	32,936/ 45,460 (72.4%)	15,513/ 45,460 (34.1%)	47.1%	B2
MDR TB-7.1	% of confirmed RR/MDR-TB cases tested for resistance to 2 nd -line drugs	1,251/1,471 (85.0%)	393/1,471.5 (26.7%)	31.4%	B2	841/ 961 (87.5%)	260/ 961 (27.0%)	30.9%	B2
MDR TB-8	Number of cases of XDR TB enrolled on treatment	32	5	15.5%	C	21	8	38.1%	B2
TCP-1 ^(0A)	Number of notified TB cases (all forms)	68,040	50,253	73.9%	B1	44,453	31,483	70.8%	B1
TCP-6a	Number of TB cases among prisoners	1543	1,150	72%	B1	1,925	1,036	53.8%	B2
TCP-6b	Number of TB cases among migrant	4,876	1,976	40.5%	B2	3,186	1,260	39.6%	B2
TCP-5.1	Number of people in contact with TB who began TPT	6,439	1,017	15.8%	C	4,468	407	9.1%	C

Tuberculosis Challenges and Mitigation Plan in 2022

Challenges and Obstacles	Mitigation Plan
<p>Low case TB notified especially among prisoner and migrant</p> <ul style="list-style-type: none"> We faced COVID-19 outbreak and the travel restrictions and lockdown measures affected to activities implementation related case finding and detection including specimen transportation. COVID-19 outbreak in many prisons with entry restrictions to prison consequence difficult do mass screening implementation 	<p>To increase the ACF in community with Mobile X-Ray according to catch up plan namely;</p> <ul style="list-style-type: none"> Providing AI mobile CXR to expedite TB screening in high-risk group both Thai and migrants such as 1). Vaccination Center 2) Drug treatment center, 3) Welfare, an elderly house, 4) Crowded community 20 areas, 5) 5 schools (white school, free tuberculosis), 6) Prison in Bangkok, 3 areas. TB Screening among psychiatric patients in Psychiatric hospitals. Target areas of ODPC 1,6,9,10,12 in 2021. Adjusted a TB screening strategy by collected sputum in presumptive TB in prisoner by verbal screening with sending to specimen to testing at pooled lab of ODPC. DTB will Establish TB working group network between Gov and CSOs to improve operation of TB case notified and care (PR-RTF, PRDDC and DTB)

<p>Low people in contact with TB patients who began preventive therapy</p> <ul style="list-style-type: none"> ○ The health staffs are not familiar with this new IPC & TPT strategy, couple with Thailand have faced to COVID-19 outbreak since beginning of launch project until now. ○ COVID19 disruption to comprehensive LTBI training especially related key activities to support key indicators such as VHV training, pediatrician and pharmacists including laboratory in regional and general hospitals. ○ During COVID outbreak, the difficult of blood collections that need to transport from hospital at provincial level to region offices (ODPC) for IGRA testing where established only 6 sites, which is needed 1 day transportation for QC. Some close contact could not visit hospital for their IGRA testing in case of hospital far from their home. 	<ol style="list-style-type: none"> 1. Accelerate activities related training on LTBI for health staffs of each level as catch-up plan. 2. Increase the number of IGRA testing unit at ODPCs for solve the problem of limitation of patient access to testing and expand to some large hospitals by increasing from 6 sites to be 10 sites. 3. Expedite a investigation and case finding for LTBI in areas of high case HH close contact. 4. Regularly analyze data of TPT and plan to filed visit the provincial and hospital where could not implementation
<p>Low DST, RR, MDR-TB case notified and XDR-TB</p>	<ul style="list-style-type: none"> • DTB will emphasize and improve the DST, which is the new algorithm for Case Finding of RR, MDR-TB/ Pre-XDR and XDR-TB is new TB case notified (all forms) who have not been tested by molecular, those cases need to test by GeneXpert MTB / RIF. • Encourage hospital to improve DST especially in retreatment patients of B+ at least 90% as national targeted. • In term of low case XDR TB case notified, the currently SL-LPA method for SLD which is technically difficult. It is complicated skills and take times, so we have purchased Xpert 10 colors for 30 machines and Xpert Cartridge for MTB/XDR and will accelerate to installation ASAP. • DTB will closely monitor utilize rate of GeneXpert machines in each hospital and feedback to hospital who is low performance by weekly and monthly basis. • More drive the policy and do continuous capacity building of physicians to diagnose and treat MDR/XDR-TB through regional MDR/XDR-TB committee for more encourage them for improve DST.

Then, Dr. Passakorn Akkasewi, OC consultant on TB program summarize the 5 main points as follows:

1. The outbreak of COVID-19 affects the work in carrying out activities related to case finding and screening of TB cases in many groups, including migrant populations, border areas, prisoners, urban areas, TB- HIV, rifampicin-resistant tuberculosis (RR-TB/MDR-TB), latent infection, and lab utilization have been unresolved issues.

2. The TB Division is trying to improve measures in the past and hope that when COVID-19 is over, it will work better.
3. The TB latent infection test by measuring the Interferon-gamma release assay (IGRA) is also difficulty in practice, requiring further technical/technical revision.
4. Suggested that in the work, PRs must follow up the previous work in cooperation with the considerations of the External review team because there are many opinions that need to accelerate, especially in the community area.
5. It is time to do an oversight visit to see if there are any problems in practice that are causing the low performance.

The meeting acknowledge

3.2 Regional Grant

3.2.1 Progression of RAI3E program

Dr. Chusak Prasittisuk, OC consultant on malaria program, summarize the overview of RAI3E program that RAI3E program in Thailand operates in 40 provinces.

- National targets:
2024: Thailand is free from malaria
2023: Pf Elimination
- Malaria epidemiological data in 2022 during the first half of the year found malaria 2,725 cases, an increase of 83%, morbidity rate of 0.04 per thousand population
- 1 death from P.K. virus.
- 5 provinces to be declared malaria-free in 2022, are Chon Buri, Lampang, Nakhon Si Thammarat, Kalasin, and Yasothon.
- Over 2018-2021, 42 provinces have been assessed to qualify for certification of malaria-free province.
- Provinces that have passed the assessment process certified as “Malaria-Free Provinces” have stopped malaria transmission for at least three consecutive years from 2018 to 2022, with 48 provinces. Assessed all 48 provinces passed the criteria in 46 provinces (Phetchabun and Chonburi. not passed the assessment). As of 2022, there are 41 malaria-free provinces. There are 5 provinces that have relapsed-infected, that is Phuket, Chaiyaphum, Phitsanulok, Kamphaeng Phet, Lamphun.
- As for the malaria situation in the border provinces, three provinces were concerned that there were cases of viral infection. The malaria situation is more than 96% (found in Tak, Mae Hong Son and Kanchanaburi), so the malaria situation is now quite worrisome. Hopefully, Thailand will have a strategy to deal with the P. vivax in the future.

Performance& Coverage Indicators, Jan.-Mar. 2022

Indicators	Target	PU	New rating	
VC3 (M) Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	12,500	9039 (75%)	B1	Distribution of LLIN could not be made due to villages shut down because of Covid-19
CM-Other-1 (M) Number of suspected malaria cases that receive parasitological test in all sectors	97,747	113943 (117%)	A1	
CM-Other-2 Proportion of confirmed malaria cases that received first-line antimalarial treatment in all sectors	100%	85% (541/634)	B1	
CM-5(M) Percentage of confirmed cases fully	95%	99% (615/622)	A2	

Indicators	Target	PU	New rating	
investigated and classified				
CM- Other-3 Percentage of confirmed active foci investigated and classified in which an appropriate response was initiated within 7 days	90%	87% (97/108)	B1	Response could not be carried out due to shut down of the villages because of Covid-19

Major issues and recommendation from OC consultant as follow:

key issues	Suggestion
1. The malaria situation has been reported to increase as a whole of the country in 2022 and last year. There have also been reports of increases in many areas of the Global Fund program including reports of re-emergence in at least five provinces and an increase in malaria problems in border provinces.	1. The DVBD should study the problem of increasing malaria, review report and evaluating the use of measures 1-3-7 to quick response and cooperating with the province in surveillance and intensive implementation of measures 1-3-7. Should coordinating the malaria elimination responsibility of local authorities and provinces.
2. The goal of eliminating Pf. malaria by 2023 and eliminating all malaria by 2024 is definitely not achieved as planned.	2. Should be reviewed and consider improving the strategy. It may be necessary to provide a program evaluation by an independent panel of experts.
3. According to the situation report of P.vivax more than 92% of cases reported. It will be a critical problem in the country's eradication of malaria. In addition, the study of the new drug was further delayed.	3.DVBD and PR-DDC should review and expedite measures to be able to eliminate this type of malaria including coordinating the acceleration of drug studies a new type of malaria virus
4. There have been reports of cases of malaria in monkeys, Plasmodium knowlesi, but in humans. There is an increase in reports every year and found scattered in many provinces especially in the south and one case has been reported as a cause of death from this genus (reported malaria originating from monkeys). Found in people in Thailand, there are about at least 4 species. In addition to <i>P. knowlesi</i> , there are also research reports that have found <i>P. cynomalgi</i> , <i>P. inui</i> and <i>P. fieldi</i> .	4. Although there are currently no plans to be used as an index in the Global Fund Program. However, the DDC should improve and organize the system of diagnosis and reporting to be in the reporting system. If there are many patients of this type, it could have implications for the country's assessment of malaria eradication.
5. The First Line drug reporting system that has to report to the Global Fund has always been a chronic problem. Because this report must be obtained from hospitals and public health facilities. Dispensing drugs from the hospital will not follow the guidelines. Causing coverage below the threshold all the time.	5. DVBD has tried to resolve by training responsible persons, 10 provinces have proposed additional training in problematic provinces and report progression in quarterly basis.
6. Quarterly Performance & Coverage Indicators are reports based on the needs of the Global Fund. This indicator has been reduced to only five, this report may not be able to express complete progress.	6. It should be reviewed and consulted on the source of the indicators and coordinate to modify the appropriate indicators that can be used to assess effective progress.

The meeting acknowledges

3.1.4 Progression of TEAM2 program

Dr. Petchsri Sirinirund, RCM executive secretary, reported progress to the meeting that the TEAM2 project was implemented in five countries: Cambodia, Lao PDR, Myanmar, Thailand and Vietnam.

Goals and Objectives: 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;

S1. Increase migrant sensitivity of health service provision of TB services and specifically to increase migrants' access to those services.

S2. Improve monitoring and evaluation of TB in migrants

S3. Develop policies and legal frameworks aimed at improved TB control in migrants.

S4. Develop, set up, and maintain partnerships, networks and multi-country frameworks

This grant is different from the previous round, there is no National Co-PR and the TB Division is not funded this time. The challenge is how to work together.

The implementing area in Thailand

Location	Target Group
Thai-Myanmar border – Tak province	<ul style="list-style-type: none"> Registered and unregistered refugees living in refugee camps in Thailand Documented and undocumented migrant workers in SEZs and in border areas
Thai-Cambodia border – Sakeo province	Documented and undocumented migrant workers in SEZs and in border areas
Bangkok	Documented and undocumented migrant workers
High migrant areas of Thailand – Bangkok, Pattaya, Kanchanaburi, Sakeo, Samut Sakorn and Songkla	Migrant Sex Workers including FSW, MSW, TGSW

The target in this round is the migrant group in the Mekong Sub-region only. In the future, there may be expansion to the other group.

PR-IOM Asia-Pacific Office with SR in each country as shown in the table below.

Country	SR
Regional	M-Fund, UoO, IOM
Cambodia	CENAT, IOM
Lao PDR	MOH/NTC, PEDA, CHIAS
Myanmar	ARC, WViM, SMRU
Thailand	SMRU, WViT, IOM, SWING
Viet Nam	NLH, IOM

Common Challenges

1. Delays in government approvals (all 5 countries)
2. Limited budgets – several SRs require co-financing, some which still looking
3. Transportation cost increased (inflation, fuel prices)
4. Fighting / security in Southern Myanmar – affecting achievements, monitoring, patient movements
5. Reduction in health care seeking d/t COVID (and in Myanmar security situation) – need to adapt to more community outreach
6. Migration only starting to restart, still some limitations
7. Need additional support for patient living support, particular for migrants as consequence of COVID economic downturns

The RCM executive secretary informed the meeting that discussions with the Division of TB have been held. There will be more cooperation in terms of regional database, referral database,

international policy, domestic service. RCM and DTB determined to have a regular meeting which the in-country collaboration has a good tendency.

The meeting acknowledges

3.3 Presentation the project: “Napneung: Implementation of users friendly HIV testing and counselling services in Thailand provinces”

Ms. Sirinthip Piyarad representative from PHPT presented the project: “Napneung: Implementation of users friendly HIV testing and counselling services in Thailand provinces” which financed by L’Initiative and implemented by Chiang Mai University to the meeting in brief.

Project objectives:

- Develop the HIV testing process to be easily accessible in terms of service and price.

Project service service

- Chiang Mai – Service Center of the Faculty of Medical Technology
- Chiang Mai – STI Clinic at OPDC1
- Chiang Mai – Foundation for Health and Learning for Ethnic Workers
- Chiang Rai - Obstetrician Clinic
- Phayao – Hospital of Phayao University

Service model under this project

1. IT system
 - Make an appointment online through the website.
 - Napneung application allows self-testing of the blood of the patient under the supervision of the staff. It is convenient, fast and private.
2. Test kit
 - Multiplex rapid test can detect multiple diseases in a single test kit including HIV, hepatitis B and C.
 - Check for syphilis
3. Client: perform various procedures via tablet
 - Consent to a blood test
 - Answering Pre- test questionnaires to assess the risks
 - Draw blood by yourself by looking at the method from the step-by-step demonstration VDO
 - while waiting for blood results for 15 minutes
 - Listen to VDO to educate about HIV and STDs, prevention and treatment.
 - Answering Post self-testing questions and assessing satisfaction with the service
 - After 15 minutes
 - Use a tablet to take pictures of the results Press to send photos to staff for review.
 - Read the test results yourself and will be checked for accuracy by the staff

Service provider

- Notify the results of the examination to the service recipient
- Consult
 - In the case of service recipients who are at risk
 - recommended protection
 - Refer to receive PrEP, PEP.
 - Make an appointment for repeat checks if necessary.
 - In the case of service recipients with blood results HIV, syphilis, hepatitis B or C positive
 - Take a blood test to verify the results.
 - Recommend and refer to treatment
 - Call for follow-up treatment for 1 day and 6 months.

Public relations to reach most at risk population: Online (Google Ads, Facebook) and Offline (QR code)

Project results

- Providing more than 12,000 examinations and consultations
- Get very high satisfaction
- People who are at high risk of contracting HIV more than 30% come for repeat HIV testing.
- Prevalence of new HIV-infected people: 1.7%
- Rapid referral to treatment: 95% received treatment within a few days.
- The median CD4 was 370 cells/mm³.

- 64% had never been tested for HIV before
 - Recency tests: 7% incidence among men who have sex with men.
- High efficiency of testing and treatment due to rapid diagnosis thus limiting the spread of infection to others.

Future Plans

- Focus on integrating this service form into a variety of health care service, including hospitals or government agencies.
- Self-testing at home (using IT and telecommunication: reducing the burden on the health care system)
- HIV testing and syphilis should be provided together for both diseases.

Discussion in the meeting

1. Dr. Petchsri Sirinirun, thanked K.Sirinthip for presenting a good project to the meeting. This project has been done for about 7 years. New infections have been detected. The Epidemiology Division is trying to find new cases as Sabrina was absent from the meeting. Therefore, we do not know which projects the 5% Initiative provides in Thailand. will let us know what this is how much in action

2. Dr. Patchara Bencharatanaporn, UNAIDS, said: Thank you Nicolas and the research team for providing the knowledge on HIV. I am very excited to be able to test all three diseases in a combo setting for only 160 baht. The usual HIV testing (oral fluid test) price is around 500-700 baht. This research is knowledge that can be integrated into current work. At present, syphilis is a very high prevalence among youth and syphilis in the ANC. Next step, what do we do next?

3. CCM Chair said that he asked the research team to share a full report to CCM based on the NAC policy PR-DDC and DAS can be driven in the policy level. All partners have to well prepare in this regard.

The meeting acknowledges

Agenda # 4 Matters for Consideration

4.1 Recommendations from the Partnership Committee (PC)

Dr. Pongthorn Chanluen, Chairman of the PC, presented to the meeting that it is the conclusion from the workshop. "Exchange of knowledge among PC, PLWD and KAP networks during 1-2 June 2022 at Buddy Oriental Riverside Hotel, Pak Kret. Nonthaburi Province. There were 46 participants in the meeting for the purpose of understand the role of the Partnership Committee and summarize the lessons and results of the work of civil society network partners under the program supported by the Global Fund and participate in the analysis of problems / obstacles / gaps / opportunities of the three diseases (AIDS, tuberculosis and malaria) in order to prepare the process of country proposal development and future directions.

Conclusions from the workshop are as follows:

HIV-TB component

Issues	Proposal/Details	Related agencies
1. Integrated working of various departments to link work towards common goals from multiple sources both foreign and domestic sources	<ul style="list-style-type: none"> • There should be a consolidated plan. • There should have enough fund according to the PR's plan • Involving collaboration between governments and NGOs 	CCM NAC National program: 3 diseases
	There should be a forum to summarize the performance between NGO workers and the government sector to exchange roles / performance / gaps / challenges / obstacles of working together. By focusing on the government sector to listen to information from the civil society (NGO, CSO, Key pop)	CCM PR
2. The communication of health rights from the	Should increase communication channels for the community to be aware of the services of 3	CCM PRs

Issues	Proposal/Details	Related agencies
national policy level is not comprehensive and difficult to access. As a result, people in each population group lack information about their own rights.	diseases that CCM, PR, civil society, and government sectors have to offer, both in terms of <ul style="list-style-type: none"> • normal budget • budget from special projects 	National program: 3 diseases
3. - Monitoring and evaluation of projects under the GF focuses mainly on quantitative monitoring. - Report form is used large amount of data storage But its use is few.	Should focus on qualitative monitoring and evaluation methods. Data should be analyzed and utilized more efficiently. TA should increase the support of SRs's work according to the constraints of each organization/population group/area context, enable partner organizations to operate at full efficiency TA should increase knowledge and understanding of the relevant work and can support partner organizations in a timely manner.	PRs

Malaria situations and proposal from ethnic minority group

Current situation:

1. Resources are not yet covered in all areas and the resources is not enough to address the border area problem.
2. Limitations on access to government services and travel/language/cultural restrictions including the rights of the people
3. There is no distribution of roles to volunteers or provide tools for the community to manage themselves when faced with an incident.
4. There is a problem of unrest in neighboring border areas, making it difficult to control the disease.

Proposals form ethnic minority group to the CCM:

1. Develop skills and abilities of ethnic volunteers.
2. Develop a community information system through the People's Coordination Center at the local level. (Reduce resource access restrictions/data duplication/disease management processes in remote areas)
3. Develop a cooperative strategy that facilitates disease management in border areas, emphasizing the participation of ethnic minority areas in parallel with state-to-state mechanisms.

Discussion at the meeting

1. Dr. Patchara Bencharatanaporn, UNAIDS Thailand, said that in the past Thailand has made efforts to build networks to build cooperation which emphasize the community as the leader such as the Stigma Index (SI) Survey that we wanted to connect PCs to HIV and NGO networks working with HIV in key populations and invited Dr. Pongthorn to be chair the process at that time. For the second effort, Thailand has been selected as 1 of the 6 in the world that drives Stigma & Discrimination and provide additional funds to create cooperation in the network of who work for reduce stigma and discrimination, promoting Human right, Gender Equality, where the community will be a mainstay for further promotion and strengthening. UNAIDS is funded by USCDC, PEPFAR to support and drive this cooperation. PC mechanics will be able to support this effort.
2. Mrs. Kesenee Sriraksa (PR-DDC) inform that PR-DDC have a systematic need assessment form, for both HIV-TB, there is an assessment of the service quality of the service unit, while Malaria early diagnosis, in which volunteers will be able to draw blood for those who receive services, must be under the supervision of Doctor/PHO only.

3. Ms. Sansanee Rojanaphanat (PR-DDC) added that blood testing for malaria patients must be legal. Must have a professional license or must work under the supervision of a licensed official such as a doctor, nurse, medical technician.
4. Dr. Krongthong Timasarn, the Malaria Association of Thailand, said that the volunteers were probably referring to only those in the border groups, not all of the Migrant groups. must be considered as the area to which in the past other areas. There is already a supervisory officer at work.
5. Dr. Pongthorn Chanluen, Chairman of the PC, said that the Stigma Index (SI) mechanism that allows civil society participation and is supported by UNAIDS, the PC will find a way to work linking SI to develop together as a policy. PC's work in open spaces and are increasingly connected to other mechanisms, primarily community workers, taking lessons and developing community skills. This is a good opportunity to expand the work and set the direction of the PC, which I will convey this suggestion father to all PC member
6. Dr. Petchsri Sirinirund appreciates the PC's work and provide some comments are as follows:
 - PR must act more as a consultant to the community.
 - Learning to work during disease can strengthen the Global Fund's work.
 - TB-HIV already has a common process, but the malaria part hasn't explored there.
7. Dr. Suriya Wongkongkathep, Chairperson of CCM, thank you PC for organizing workshops that create valued and impact information. I agree with Dr. Patchara Benjaratanaporn's proposal and suggestion that we should use the CCM Evolution project to support CCM and PC in national role.
8. Dr. Krongthong Timasarn, OC Chair, said that at the PC group meeting, the issue was raised about Can the village health volunteer draw blood? This has been discussed for a long time. In the past, VHV was able to draw blood for malaria. But now the malaria is greatly reduced, so this role of VHV's and VHV's in areas where malaria is abundant, VHV's have been trained and converted to Malaria Post, so they can draw blood to treat malaria under the supervision of PHO, but there may be some areas where communities, especially some foreigners on the border, do not have access to this service because there is no hospital. Therefore, it must be considered as the area by area. But it must be concerned that RDT quality control is also required.

4.2 Application for USAID support for TA to Global Fund C19RM activities

By Dr. Krongthong Thimasarn, OC Chair

Dr. Krongthong Thimasarn, OC Chair, presented to the meeting on the background and progress of the application of technical support from USAID to support the implementation of that CCM had set up a working group to draft a request for TA support and had first round consideration on June 17, 2022. The Working Group gave comments to both PRs for improve the request. Currently, CCM has received 2nd draft with requested TA to support for 8 activities totaling 594,210 USD. Next step is requesting the CCM consideration and approve in principle before CCM Secretariat have to submit the application to USAID for approval.

Details of TA request are as the following table.

No.	Title	Priority Area for TA	Description of TA	Est. Budget
1	Technical Assistance (TA) for TB Management of information for action, MIFA	Strategic information	TA requested: One international consultant, 30 workdays Cost of training workshops	36,000 USD
2	Technical Assistance (TA) for documentation on lessons learned on COVID-19 response in Samut Sakhon province.	Surveillance Operational and management support	Documentation of lessons learned TA requested: One national consultant for 30 workdays	15,000 USD
3	Community-based	Surveillance	Establishing/strengthening/empowering	151,245

No.	Title	Priority Area for TA	Description of TA	Est. Budget
	surveillance (CBS)		communities in surveillance and preparedness in responding to C19 and any other emerging diseases. Targeting CSO CBO working on key pop and in border areas. Area: 8 provinces TA requested: International consultant National consultant	USD
4	Supply chain management (SCM)	Coordination & planning	Warehouse management system and SOP development TA requested: One national consultant with experience in PSCM (30 man-days) Local consultants	20,379 USD
5	Private sector involvement (PSI)	Coordination & planning	Development of strategy to involve business sector aiming for continuing collaboration. Training of RTF key staff, SRs. Development of tools/packages Targeting 50 private sector representative/program staff. TA requested: International consultant (20 man-days) National consultant (20 man-days)	72,120 USD
6	Virtual communication promotion (VCP)	HIV, TB and Malaria Mitigation	Improving staff capacity on on-line communication strategy and intervention plan in 14 sites. Target pop; 2 program staff of SR TNF, and 2 program staff of 13 sites of 12 SSRs working for key pop (MSM, SW, migrants, etc) TA requested: National consultant (7 man-days) 15 influencers for 3 times.	79,380 USD
7	Improve health literacy (IHL)	HIV, TB and Malaria Mitigation	Educating program staff with new/update information of C19, HIV, TB and malaria (focusing on long-covid, case management and vaccination) Target pop: 104 case managers and staff of 70 program sites TA requested: 3 national consultants (X 25 man-days) Cost of 4 three-days training workshops for 52 persons.	153,706 USD
8	Policy and Advocacy for Health (PAH)	HIV, TB and Malaria Mitigation	Assessment of effectiveness of community support services on HIV/TB/Malaria affected by C19. Advocacy paper for policy makers to be developed. Target: 33 organizations (1PR, 20 SRs and 12 SSRs) TA requested: International consultant (20 man-days) National consultant (20 man-days)	63,380 USD

The meeting agreed in principle and assigned the CCM Secretariat to coordinate the relevant agencies before submission.

Agenda 5: Other matters

5.1. Financial Management of the CCM Secretariat

5.1.1. Budget to support the CCM function in 2022 and CCM Secretariat expenditure report Q1-Q2 (Jan - June 2022)

Dr. Phusit Prakongsai, CCM Executive Secretary presented the Global Fund support to the CCM function in 2022 and CCM Secretariat expenditure in Q1-Q2 (Jan - June 2022) as shown in table below.

Source of Fund	Approved Budget (Baht)	Expenditure (Baht)	Absorption Rate (%)
CCM Funding	3,152,660.06	1,027,368.58	33%
C19RM	499,332.50	153,300.00	31%
CCM Evolution	1,987,740.00	0	0
Total	5,283,788.53	1,180,668.58	22%

CCM secretariat said that it is only 22% of the CCM funding were spent due to the CCM Evolution budget had not been used. This will be the cost of hiring an Oversight officer and Positioning consultant.

The meeting acknowledged

5.2. Raks Foundation invites to attend the Forum on World Drug Day 2022 on 29 – 30 June 2022

The CCM secretariat informed the meeting that Raks Thai Foundation would like to publicize and invite the CCM, OC committees to join the Forum on World Drug Day 2022 during 29 - 30 June 2022 at the Vayupak Auditorium, 6th Floor, Centra by Centara Government Complex and Convention Center, Chaeng Watthana Road, Lak Si, Bangkok

The meeting acknowledged

5.3 The next CCM meeting no.2/2022 will be on 22 September 2022 at 13.30-16.30 hrs.

Dr. Suriya Wongkongkathap, CCM Chair, suggested that the next meeting should be an onsite meeting as much as possible, as the current COVID-19 situation has eased.

The meeting acknowledged

The meeting adjourned at 5:30 p.m.
