Oversight Committee Meeting No.2/2022
June 9th, 2022 on 13.30-17.20 hrs.
The Meeting Room 4th Floor, Building 6, Division of Strategy and Planning
Ministry of Public Health, Nonthaburi, Simultaneous with online meeting

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OC members attending the meeting and online meeting

1)	Dr.Krongthong Timasarn	Malaria association of Thailand	OC Chair
2)	Dr.Patchara Benjarattanaporn	UNAIDS (Country Director for Thailand)	OC Vice chair (online)
3)	Dr.Deyer Gopinath	WHO Medical Officer in Malaria and Border Health	OC member (online)
4)	Prof.Srivicha Krudsood	Faculty of Tropical Medicine, Mahidol University	OC member (online)
5)	Dr.Petchsri Sirinirund	Consultant for HIV program	OC member
6)	Dr.Pasakorn Akarasewi	Consultant for TB program	OC member (online)
7)	Dr.Chusak Prasittisuk	Consultant for Malaria program	OC member
8)	Dr.Panus Rattakitvijun Na Nakorn	USAID (Project Management Specialist)	OC member (online)
9)	Ms.Sabrina Régent	Embassy of France	OC member
10)	Ms.Saranya Boonpheng	Thai Women Living With HIV Foundation	OC member (online)
11)	Dr.Phusit Prakongsai	CCM Executive Secretary	OC member and secretary

Participants

1)	Mrs.Bussaba Tantisak	PR-DDC (Program Specialist on AIDS and TB/HIV) (online)
2)	Mrs.Kasanee Sriruksa	PR-DDC (Program Specialist on TB) (online)
3)	Ms.Chutima Thianchow	PR-DDC (Financial Manager for TB/HIV program) (online)
4)	Ms.Kanittha Tantrajin	PR-DDC (Financial Manager for Malaria program) (online)
5)	Ms.Thongphit Pinyosinwat	PR-RTF (Director, Program Quality Department) (online)
6)	Ms.Chutarat Wongsuwon	PR-RTF (online)
7)	Mr.Chuvong Seangkong	PR-RTF (online)
8)	Ms.Chawee Paenghom	LFA (online)
9)	Dr.Pimpanitta Saenyakul	USAID (HIV Deputy Team Leader) (online)
10)	Ms.Niparueradee Pinyajeerapat	USAID (President's Malaria Initiative)
11)	Ms.Phatradasorn Chuangcham	CCM Secretariat Office
12)	Ms.Phatramon Yimyam	CCM Secretariat Office
13)	Ms.Kanyapan Nuntawichai	CCM Secretariat Office
14)	Ms.Oracha Thanakorn	RCM Secretariat Office

Attendance

- Oversight Committee (OC) members: 11 persons out of 14 persons in total
- Invited participants: 11 persons
- CCM secretariat support staff: 3 persons

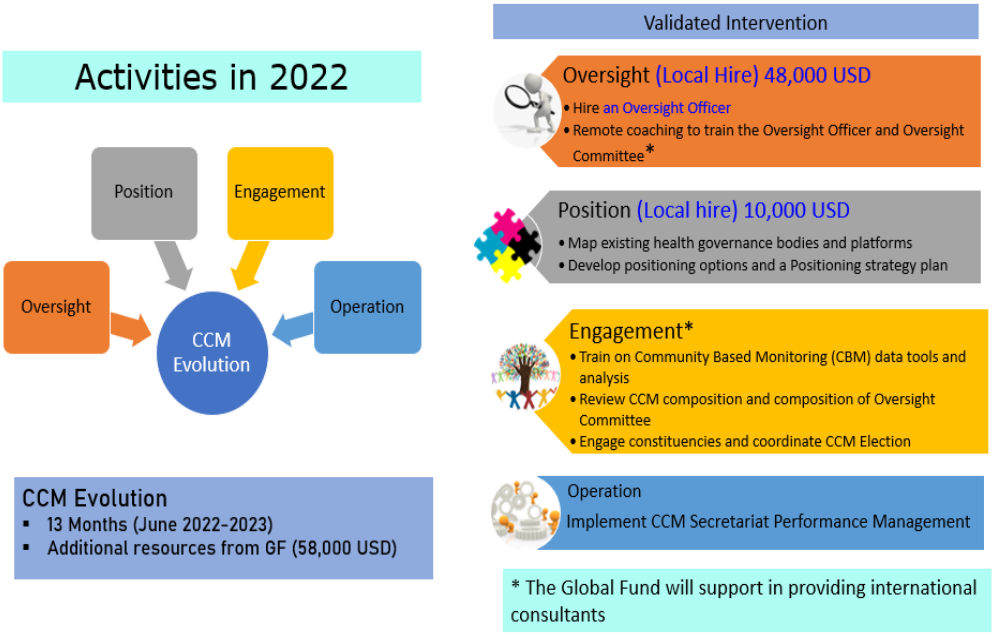
Dr. Krongthong Timasarn, the OC Chair, opened the meeting and proceeded according to the agenda as follows

Summary of the Meeting

Agenda # 1 Announcement from the Chairperson

1.1 The Global Fund support CCM Evolution project to strengthen CCM Oversight Function

Dr. Krongthong Timasarn, the OC Chair has opened the meeting and addressed that this was the second meeting of the OC members. CCM received funding from the Global Fund for the implementation of the CCM Evolution project to support 2 areas of work: Oversight and Positioning. Oversight area received a budget of 48,000 USD for employment oversight officer and Positioning received 10,000 USD for employment local expertise to develop positioning options and positioning strategy plans, details are as follows;



TOR: Oversight Officer

Roles and responsibilities of the position	1. Facilitate and support analytical data-driven discussions and decision-making. 2. Provide support to oversight planning and implementation. 3. Provide technical support to the CCM oversight Committee (OC).
Scope of Work	1. Operational Area 1: Support Oversight Planning and Implementation 2. Operational Area 2: Provide Technical Support to the CCM Oversight Committee (Work with the OC Consultants for the following tasks) 3. Operational Area 3: Facilitate and support analytical data-driven discussions and decisions
Key Performance Metrics	1. Revisited Oversight Plan (2022-2023) within 2 months after starting date. 2. Consolidated reports on progress of grant performance and follow-up actions taken as inputs in the OC meetings. 3. Timely submission of summary (focusing on action points) of OC meeting reports (seven working days after OC meetings). 4. Draft minutes of oversight committee's quarterly meetings with PRs and site visit reports to the OC chair. Fifteen working days after each meeting/visit at the latest is considered best practice. 5. Report (s) of technical/thematic reviews (minimum one report) assigned by OC. 6. Report of liaison function/facilitation on GF Funding request (2024-2026) development (one time)
Reporting and Communication Lines	The oversight officer reports to the **CCM chair** who serves as his/her supervisor. The oversight officer works in close collaboration with the **Oversight Committee (OC) chair/vice chair** and **OC consultants**, and **CCM executive secretary**. CCM secretariat provides administrative support to the oversight officer.
Period of Performance	The period of performance and expected duration of the contract is 13 months (June 2022 - 30 June 2023).
Remuneration/salary to be discussed	Total budget: 48,000 USD within 13 months

Progress of work: the terms of reference (TOR) was formulated to employ 1 Oversight officer but the qualified person cannot be met; therefore, the substance of TOR was revised by dividing the area of work into 2 diseases; TB-HIV and Malaria for employment 2 persons. However, the Global Fund did not approve and allow to employ only 1 Oversight officer responsible for 3 diseases. Now it is in the process of preparing announcement. For Engagement, the Global Fund will provide international consultant for training course on Community based Monitoring.

The meeting acknowledged

Agenda # 2 Approval of the minutes of the OC meeting no.1/2022

The OC Chair required the meeting was informed to consider a report of the 1st OC meeting, No.1/2022 on March 10th 2022 at the MOC Meeting Room, 1st Floor, Building 2, Office of Permanent

Secretary of Ministry of Public Health, Nonthaburi. Any suggestions can submit to CCM within June 17th, 2022. The matter of the meeting can be summarized 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.

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

1) Information Sessions on Pulse Checks

2) PUDR (Progress Update Disbursement Report)

3. 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.

4. 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

5. TB is 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 MDR in children under 18, the OC encourages discussions on a number of issues with the Pediatric Infectious Disease Association to find solutions together

6. 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.

7. 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.

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

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

10. The meeting acknowledge 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.

Discussion at the meeting

1. PR-DDC: No.5 MDR: misspelled; revised as latent TB patients under 18 years old.

2. 2 PRs informed the meeting: No.7 amends the Code of Product ATK was originally a product that was not listed at the WHO, but later it was approved by the Australia Authorities. The Code different depend on area in each region, so this product GF accepted and no refund required.

3. The OC chair said: if there is any part of the report of the OC meeting No. 1/2022 to be corrected can report to the CCM secretary team and today is the endorsement of the minutes of the OC meeting No. 1/2022, it not progresses at the meeting.

The meeting acknowledged

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

3.1 Progress update of GF programs in Thailand Year 2022 (Quarterly 5)

3.1.1 STAR3 program

- HIV component

Dr. Petchsri Sirinirund, OC-HIV consultant, presented performance in quarter 4 (Q4) compared with quarter 5 (Q5) of HIV program (STAR3). Overall summary in the quarter 5 when compared in the same population target the performance has improved. Then the OC-HIV mentioned about TRP recommendations on the part of HIV, summarized suggestions from previous CCM, CCM's recommendation implementation report and the discussion with the OC.

Performance

Quarter 5 (Jan-Mar 2022) % of Q5 targets

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

Quarter 4 (Oct -Dec 2021) % of Q4 targets

Services	PR	PWID	MSM	TGW	MSW	Migrant	Prisoner	PLHIV
Reached prev.package	RTF	92.1	39.4	17.8	11.2	80.3		
N&S distributed /1 reached	RTF	29						
PrEP	DDC		33.9	73.0				
HIV tested	RTF	51.2	58.2	18.8	18.3	48.2		
	DDC	22.8	58.0	14.9	25.5		33.42	
PLHIV screened for TB	DDC							0
TPT initiated	DDC							63

TRP recommendations on the part of HIV

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

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

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

PR-DDC:

(1) Expand the operating area by using the GF budget together with the NHSO budget. It is expected that it will develop an effective model of operation. that can be used in other areas of the plan as well

- Ozone implemented by using GF budget together with NHSO budget but not ready set up a system for assessing lessons learned from operations for utilization in other areas.

(2) Review goals for achieving at least 6 months of OST and expand OST service in the community.

- Health Administration Division (HAD), Princess Mother National Institute on drug Abuse Treatment

(3) Expanded use of oral self-screening tests in PWID group.

- Division of AIDS and STIs (DAS) cooperated with PR-RTF

PR-RTF:

(1) Expand the C-Free area and operate as a service not research. Now can't open 3 sites in Bangkok.

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

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

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

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

PR-DDC: IHRI implementation delayed by 1 year

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

PR-DDC: DAS expand operations and organize information for TB drug service for prevention (TPT)

summarized suggestions from previous CCM

PR-RTF with PR-DDC

- With support from academic agencies including UNODC, UNAIDS reviewed PWID operations and set up an assessment system for lessons learned from Ozone's operations for use in other areas. By using the results of the assessment PWID performance during the year 2018-2020 of DAS to accompany the review of the operation

-Review of operations in the TGW and MSW.

-Expanding the use of self-screening tests in all key population according to Thailand's recently completed screening guidelines.

PR-DDC

- DAS coordinate strategic planning for and participation with youth populations to operations.
- IHRI expedite operations for develop social contracting model and Community Think Tank
- DAS, DTB, HAD expedite operations for Accelerate TPT service

PR-RTF

Plan the capacity development of district offices to support the operations of SRs in the area, in addition to collecting data should provide academic support Coordinate with local government agencies and financial management.

CCM's recommendation implementation report

-The performance was improved except for the initiation of PrEP in MSM and HIV testing in prisoners.

-The number of TB screenings among people living with HIV and TPT began to increase from Q4 but can't tell the coverage, so should be review the information according to the algorithm described with the Global Fund in TRP review issue 5.

- The performance of the OST service unable to assess need to review the information.

The discussions with the OC

Due to a code of drug law has already been approved by the Parliament and there is an announcement of the Drug Addiction Treatment and Rehabilitation Committee on criteria, methods,

conditions, screening, treatment, drug addiction rehabilitation and evaluation of treatment and rehabilitation of drug addicts, B.E. 2022.

Recommendations should be considered from the situation assessment of HIV prevention interventions among injectable substance abuse populations. Under the project to end AIDS and Tuberculosis problems with the RRTTR service package, phase 2 (2018-2020) and the announcement of the Drug Addiction Treatment and Rehabilitation Committee. To prepare as a recommendation of CCM to propose to the National AIDS Committee (NAC) at the next meeting (in the end of year 2022).

Discussion at the meeting

1. Dr. Patchara Bencharatanaporn, UNAIDS Thailand, thanks Dr. Petchsri Sirinirund for summarized the performance of the 2 PRs and reporting on the situation assessment of HIV prevention for PWID including to prepare proposals from CCM to NAC meeting with issue: the barrier access to services and substance abusers. There are 2 issues that have been discussed for support Harm reduction;

1.1 Access to drug cylinder and syringe on the occasion of the change in the law. OZONE Foundation has proposed to the NHSO that the drug cylinders and syringes should be included in the NHSO service package. But the practice has not been implemented in the same time.

1.2 The new law addressed about community recovery center on harm reduction in terms of rules or criteria in rehabilitation drug user mind. This is an interesting issue in the collaboration of CCM and the Global Fund.

2. Dr. Petchsri Sirinirund requested 2 PRs to report on the current performance based on the recommendation from the previous CCM regarding review PWID operations and implement a system for assessing lessons learned from Ozone operations for use in other areas.

3. Ms.Chutarat Wongsuwan (PR-RTF) clarified that PR-RTF has never received any information supported from UNODC, UNAIDS on how effective OZONE's performance is. So that it hasn't been applied to work but PR-RTF has performed well because use the data based on a study from IBBS (Integrated biological and behavioral Surveillance) that tried to find the PWID network itself. Progress of RTF operations are as follows;

3.1. The effectiveness of each volunteer was studied and work with the suit strategies.

3.2. PR-RTF has academic advisors from abroad on rapid situation assessment, the past rounds have studied in all areas. But this round the responsible organization has changed. A new area has been opened, so we do rapid situation assessment again. It was further developed into an in-dept situation analysis. It was found that in 20 provinces, the need for substance abuse differed according to the population target group. Therefore, the way to work is to arrange the PWID service to suit the population in that area, called RSA ISA, which is very useful in setting the priority of work.

3.3. During the Covid Pandemic Work shifts to online. Drug users found in Youth, MSM, TG, sex workers included PWID and PWUD. However, the Global Fund's target now only states PWID, but PR-RTF is watching. Be aware of PWUD groups, what are the risk factors that drive substance abuse from PWUD to PWID, and adjust how they work to reduce harm in these groups. By trying to figure out how to keep PWUD as long as possible before switching to PWID.

3.3. During the Covid Pandemic, the working format mostly adjusted to online. Drug users found in Youth, MSM, TG, sex workers included PWID and PWUD. The Global Fund's target now only states PWID.

PR-RTF is watching PWUD groups to seek clarification what are the risk factors that drive substance abuse from PWUD to PWID and adjust the means of work to reduce harm in these groups. trying to figure out how to keep PWUD as long as possible before switching to PWID.

3.4. Organizing training for Village Health Volunteers (VHVs) who take care of the health of people in the community on harm reduction in order to understand people using drugs in the area and increase more work with VHVs, but some areas still have bias on stigma & discrimination with PWID, requiring further process adjustments

3.5. Currently working on the summary of lessons in the operation area because 20 provinces have different working characteristics. Lessons have been taken to promote and improve services.

3.6. Development of competency of the regional level by implemented competency training in topic: understanding the project, project management, understanding work issues. Whenever organized training for the partner, the regional officer will participate. The regional officer to be a consultant to open methadone service in the community and participate in RSA ISA in the area.

3.7 HIV testing in the time of COVID-19 for PWID has been directed to a mobile, community or private clinic. OCSC for screening by allowing nursing staff to give advice online This allows for increased PWID screening. For the use of self-test kits, the area has been prepared by training. which will detect itself immediately after receiving the test kit

4. Dr. Patchara Bencharatanaporn, UNAIDS Thailand, would like to suggest 2 issues that will improve work performance;

4.1 From previous OC visit at the office PR-RTF, The OC team was proposed to use the Social Network method and applies the methodology called Respondent Driving Sampling (RDS) means the use of one person referring friends unlimitedly. The IBBS method was proven to be able to recruit new friends. Dr. Patchara Bencharatanaporn agreed this method that worked with the rapid technology as suggested by the German consultant. This technique has been proved to work for several years in Thailand, with Family Health International (FHI) being run by the networks of MSM, TG with E-cascades, it has proved to be effective if it can be linked to the technical support provided by UNAIDS. More on the technical and experience of social networking to use PWID more efficiently and having a monitoring system.

4.2 Clarify to Ms.Jutharat Wongsuwan (PR-RTF); UNAIDS or IHRI mentioned about OZONE in terms of integrating HIV with Hep C and PrEP. PR-RTF should explore how to implement these approaches in the growing area under management of PR-RTF.

5. Dr. Petchsri Sirinirund asked both PRs to answer the questions according to the template that sent to them via email. PRs said they had sent the information back already.

6. Mrs. Busaba Tantisak (PR-DDC) clarified that PR-DDC has worked with OZONE Foundation in 3 provinces (Kalasin, Samut Sakhon and Ratchaburi provinces). OZONE Foundation share cost working with National Health Security Office (NHSO) and focusing on having drop-in centers in 3 Provinces that completed in the 5th quarter on January 2022.

7. OC chair asked Dr. Petchsri Sirinirund to summarize the progress of the 2 PR's performance according to the recommendation of the previous CCM in order to the OC committee and then present it to the next CCM meeting on June 23rd, 2022

8. The Executive Secretariat of CCM asked about the process and time frame of the proposal to the NAC.

9. Dr. Petchsri Sirinirund replied that the main task that CCM committee must make recommendations to NAC and connect with the agencies working at the Drug Policy level. Dr. Petchsri Sirinirund and Dr. Patchara Bencharatanaporn will jointly draft a proposal on harm reduction combined with 2 issues (Needle & syringe and community led service drop-in center). Once the proposal has been drafted, it will be circulated to the OC member for consideration and bring to the CCM Meeting No. 3/2022 on September 22nd, 2022. After CCM considerated it will be presented to the NAC meeting (scheduled to be held in November 2022).

10. Mrs. Busaba Tantisak (PR-DDC) added more information on harm reduction: the STAR project has been transferred mission to the Health Administration and Princess Mother National Institute on drug Abuse Treatment work with the Narcotics Control Management Center, Ministry of Public Health. Present DAS no person has responsibility on harm reduction. For OZONE's performance documents PR-DDC will be notified via email within today.

The meeting acknowledged

- TB component

Dr. Pasakorn Akarasewi, OC-TB consultant, assigned Ms. Kesinee Sriraksa (PR-DDC) to present the performance in 4th and 5th quarters, which are reported due to the impact of COVID-19 lead to most TB low performance, the results shown in the table below. Later present TB Challenges and Mitigation Plan.

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(M)	% 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(M)	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(M)	Number of cases with **RR-TB and/or MDR-TB** that began 2nd -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 2nd -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(M)	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

TB Challenges and Mitigation Plan

Challenges: Low case TB notified especially among prisoner and migrant

- 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

Mitigation Plan

To increase the ACF in community with Mobile X-Ray according to catch up plan namely;

- 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)**

TB Challenges and Mitigation Plan

Challenges: Low people in contact with TB patients who began preventive therapy

- 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.

Mitigation Plan

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

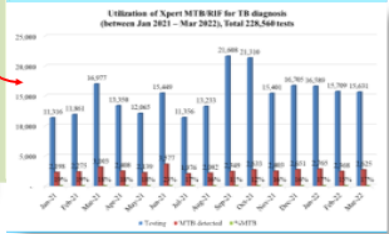
TB Challenges and Mitigation Plan

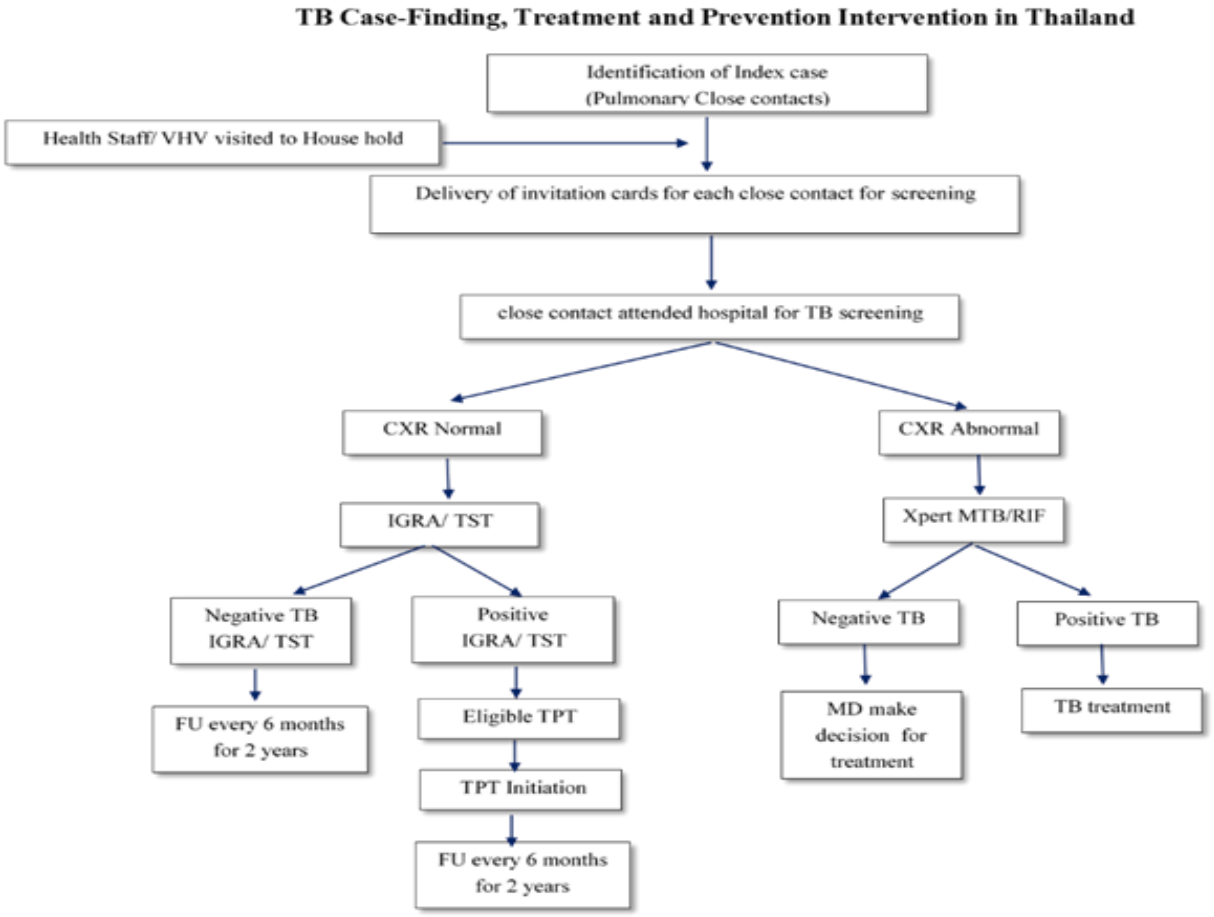
Low DST, RR,MDR-TB case notified and XDR-TB

- 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 lest 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 has 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.





Dr. Pasakorn Akarasewi, OC-TB consultant, presented the proposal to develop TB work as follows;

1. Should continue to follow LTBI work in terms of capacity staff, lab testing, management cases after identified cases.

2. On the flow chart "TB Case Finding, Treatment and prevention Intervention in Thailand", 2 PRs were requested to consider the whole process is correct or not. Some issues require a Technical Assistant (TA) from USAIDS about the skills set of case detection, contact tracing, contact investigation, basic skills.

3. Proposed to field visit for both PRs in the OC site visits simultaneously, focusing in Migrant, MDR-TB, as well as various matters according to the flow chart as;

-PR-DDC together with the DTB visit the site to see the overall performance

-Migrant, MDR-TB consider the performance is in line with the flow chart

Discussion at the meeting

1. Dr. Petchsri Sirinirund, OC-HIV consultant, suggested that the OC should attention to the proposal that defined budget for PWID program 50% and 50% for provided service TB in Migrant and work connection with the regional grant. The TRP also asked to provided service for TB in children under 18 years old. Request TB team review implementation proceed as written in the proposal or not.

2. Dr. Chusak Prasittisuk, OC-Malaria consultant, said that from Migrant's reviewed data, TB situations are found in several are also in urban and rural, want to know currently TB control has been focused on which groups and the goals for work?

3. Dr. Phasakorn Akkarasavee, OC-TB Consultant, said TB program review and external review must doing, for TB Program review was carried out at the early last month but full report not finish.

4. Ms. Kesenee Sriraksa (PR-DDC) propose 2 issues to discuss

-Results of TB Program review if specified in the schedule in next OC meeting and invite representatives from DTB to provide information.

-Regional grant project, DTB also asked how the regional grant is implemented in the country, especially IOM that is Co-PR, currently not coordinated with DTB.

5. The OC chair asked Dr. Passakorn Akkarasavee, report TB Program review to the next OC meeting.

6.Mr. Sabrina Régent inform now the budget is more than 5%. It should be named Initiative. For the TA support budget from USAID, CCM discussed with the stakeholders in the morning. The framework and guideline can see more details at the website which will be communicated via email.

The meeting acknowledged

3.1.2 C19RM program

-Dr. Krongthong Thimasarn, OC Chair present C19RM Project Expense Report Q1-Q5 (January 2021 to March 2022) the absorption rate of PR-DDC is 69% and PR-RTF is 88%, details are in the table below;

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%

Cost grouping PR-RTF

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%**

Cost grouping PR-DDC

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%**

Discussion at the meeting

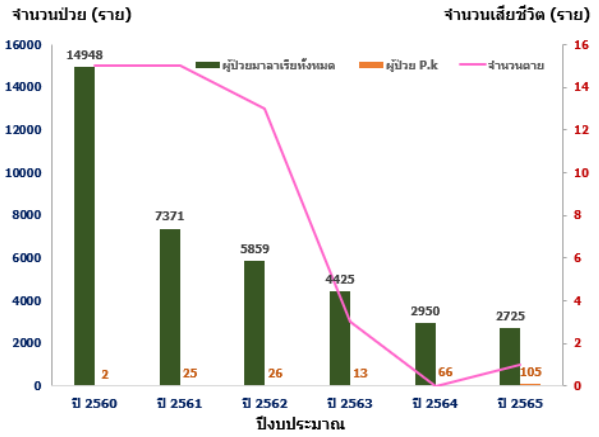
1. Dr. Krongthong Timasarn required both PRs to spend up to 95 percent of their budget.
2. CCM Executive Secretary asked if the current COVID-19 situation has begun to relieve. How will the 2 PRs consider adjusting the budget or workplan so that it can reach 95%
3. Ms. Tongphit Pinyosinwat (PR-RTF) replied that the Absorption rate is now 88% from the 95% target. Due to COVID-19 situation has relieved. At present, there is a calm causing the price of the product to be cheaper but getting the same amounts of products. It is now requesting a new authorization from the Global Fund for some items like a ATK will request to buy increments to revise the amount without having to re-program.
4. Mrs. Kesinee Sriraksa (PR-DDC) replied that the savings were large due to PMS through WAMBO system the price of products cheap. Therefore, more money remaining as saving and low absorption rate. As for the purchases in 2023, the situation must be re-evaluated. The remaining savings plan may be used to monitor areas that distribution goods & supplies and to carry out mitigation plans, which were not specified in the original plan.
5. OC chair asked the CCM secretary team to summary what the remaining savings of the 2 PRs planned to do and to propose into the CCM meeting on June 23rd, 2022.

The meeting acknowledged

3.1.3 RAI3E program

- Dr. Chusak Prasittisuk, OC - Malaria consultant, presented the current malaria performance progress report finds outbreak of Malaria *P.k.* and Malaria deaths in 2022 were significantly higher than the previous year, especially 6 months of the year, details as follows;

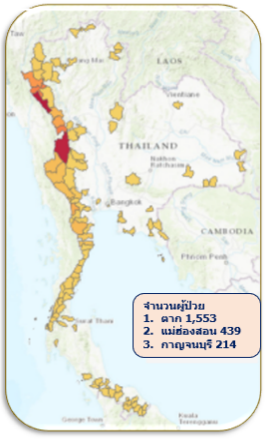
Number of malaria cases and deaths, fiscal year 2017-2022



ปี	จำนวนผู้ป่วยทั้งหมด (จำนวน P.k)	จำนวนเสียชีวิต	จังหวัดที่พบผู้ป่วยเสียชีวิต
2560	14,948 (2)	15	เชียงราย (2) ตาก (2) ศรีสะเกษ (2) ราชบุรี ชลบุรี ระยอง สระแก้ว กาฬสินธุ์ อุดรธานี นครราชสีมา มุกดาหาร ปัตตานี
2561	7,371 (25)	15	ตาก (7) เพชรบูรณ์ เพชรบุรี ชลบุรี ปราจีนบุรี ร้อยเอ็ด นครศรีธรรมราช ปัตตานี ยะลา
2562	5,859 (26)	13	ปัตตานี (3) กรุงเทพมหานคร เชียงราย แม่ฮ่องสอน ลำพูน ตาก ราชบุรี ประจวบคีรีขันธ์ ศรีสะเกษ ยะลา นราธิวาส
2563	4,425 (13)	3	เชียงราย หนองคาย ชุมพร
2564	2,950 (66)	0	-
2565	2,725 (105)	1 (*P.k*)	สงขลา

Malaria Epidemiological Data, Fiscal Year 2022

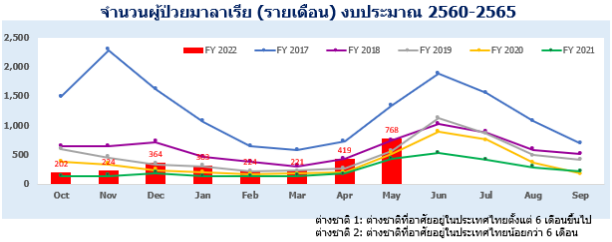
ข้อมูลระบาดวิทยาโรคไข้มาลาเรีย ปีงบประมาณ 2565



ข้อมูล ณ วันที่ 29 พฤษภาคม 2565

- ผู้ป่วย 2,725 ราย เพิ่มขึ้นร้อยละ 83 อัตราป่วย 0.04 ต่อพันประชากร
- เชื้อไวแวกซ์ ร้อยละ 92 (2,502 ราย) เชื้อฟัลซิปารัม ร้อยละ 3 (74 ราย) เชื้อไนไซ ร้อยละ 4 (105 ราย)
- คนไทย ร้อยละ 50 (ต่างชาติ 1 ร้อยละ 22 ต่างชาติ 2 ร้อยละ 28)
- เพศชายร้อยละ 69
- อายุมากกว่า 15 ปี ร้อยละ 70
- เด็ก/นักเรียน ร้อยละ31
- เสียชีวิต 1 ราย (*P.k*)

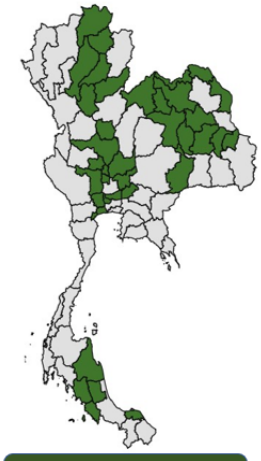
จำนวนผู้ป่วยมาลาเรีย (รายเดือน) งบประมาณ 2560-2565



ต่างชาติ 1: ต่างชาติที่อาศัยอยู่ในประเทศไทยตั้งแต่ 6 เดือนขึ้นไป
ต่างชาติ 2: ต่างชาติที่อาศัยอยู่ในประเทศไทยน้อยกว่า 6 เดือน

Malaria-free province, Thailand

จังหวัดปลอดโรคไข้มาลาเรีย ประเทศไทย



41 จังหวัดปลอดไข้มาลาเรีย ปี 2565

: ปี 2561-2565 มีการประเมิน 48 จังหวัด และผ่านเกณฑ์ฯ 46 จังหวัด โดยเพชรบูรณ์และชลบุรี ไม่ผ่านการประเมิน

: มีจังหวัดกลับมาแพร่เชื้อใหม่ 5 แห่ง คือ ภูเก็ต ชัยภูมิ ลำพูน พิษณุโลก กำแพงเพชร

กรุงเทพ	ชัยนาท	เลย	นครพนม	*เพชรบูรณ์
นนทบุรี	พิจิตร	ร้อยเอ็ด	บึงกาฬ	เชียงราย
ปทุมธานี	มหาสารคาม	อำนาจเจริญ	ชัยภูมิ	บุรีรัมย์
อ่างทอง	ภูเก็ต	สระบุรี	ตรัง	ลำปาง
อยุทธยา	ปัตตานี	ลพบุรี	พัทลุง	กาฬสินธุ์
สิงห์บุรี	อุดรธานี	สุพรรณบุรี	อุตรดิตถ์	ยโสธร
นครปฐม	ขอนแก่น	นครนายก	พิษณุโลก	นครศรีธรรมราช
สมุทรสาคร	พะเยา	ลำพูน	แพร่	*ชลบุรี
สมุทรสงคราม	หนองคาย	สุโขทัย	กำแพงเพชร	
สมุทรปราการ	หนองบัวลำภู	นครสวรรค์	สตูล	

Malaria situation in border province

สถานการณ์โรคไข้มาลาเรียจังหวัดชายแดน

ข้อมูล ณ วันที่ 29 พฤษภาคม 2565

	ตาก	แม่ฮ่องสอน	กาญจนบุรี
จำนวนผู้ป่วย	1,553 ราย เพิ่มขึ้น 3.6 เท่า เมื่อเทียบกับปี 2564 (427 ราย)	439 ราย เพิ่มขึ้น 2.5 เท่า เมื่อเทียบกับปี 2564 (173 ราย)	214 ราย เพิ่มขึ้น 3 % เมื่อเทียบกับปี 2564 (207 ราย)
ประเภทบุคคล	คนไทย ร้อยละ 37 ต.1 ร้อยละ 28 ต.2 ร้อยละ 35	คนไทย ร้อยละ 55 ต.1 ร้อยละ 8 ต.2 ร้อยละ 37	คนไทย ร้อยละ 55 ต.1 ร้อยละ 40 ต.2 ร้อยละ 5
อายุ	มากกว่า 15 ปี ร้อยละ 66 และ 5-14 ปี ร้อยละ 29 ต่ำกว่า 5 ปี ร้อยละ 5	มากกว่า 15 ปี ร้อยละ 66 และ 5-14 ปี ร้อยละ 24 ต่ำกว่า 5 ปี ร้อยละ 10	มากกว่า 15 ปี ร้อยละ 81.5 และ 5-14 ปี ร้อยละ 18 ต่ำกว่า 5 ปี ร้อยละ 0.5
ชนิดเชื้อ	ไวแวกซ์ ร้อยละ 97 (1,509 ราย) ฟัลซิปารัม ร้อยละ 1 (19 ราย)	ไวแวกซ์ ร้อยละ 98 (429 ราย) ฟัลซิปารัม ร้อยละ 2 (10 ราย)	ไวแวกซ์ ร้อยละ 96 (206 ราย) ฟัลซิปารัม ร้อยละ 4 (8 ราย)
พื้นที่แพร่เชื้อ	125 กลุ่มบ้าน เพิ่มขึ้น 46 กลุ่มบ้าน จากปี 2563 (79 กลุ่มบ้าน)	68 กลุ่มบ้าน ลดลง 5 กลุ่มบ้าน จากปี 2563 (73 กลุ่มบ้าน)	48 กลุ่มบ้าน ลดลง 20 กลุ่มบ้าน จากปี 2563 (68 กลุ่มบ้าน)

Performance& Coverage Indicators, Jan.-Mar. 2022

	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 investigated and classified	95%	99% (615/622)	A2	
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-!9

Key issues/Constraints

Key issues/Constraints	Propose
1. The Malaria situation has been reported to increase as a whole of the country in 2022 and last year. In addition, there are more reports in GF areas, including re-emergence in at least 5 provinces increased in border provinces.	DVBD should study the growing problem of Malaria, review report and evaluating the use of measures 1-3-7 to act quickly and cooperate with the provinces in surveillance and rigorously implementing measures 1-3-7. should consider reviewing and coordinating the malaria elimination responsibilities of local and provincial authorities.
2. From the situation report of Vivax Malaria, 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.	DVBD and Department of Disease Control (DDC) should reviewed/ and accelerated measures that can eliminate Malaria including coordinating the acceleration of drug studies A new type of Malaria virus

Key issues/Constraints	Propose
3. There have been reports of cases of Malaria in monkeys, Plasmodium knowlesi but found 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 the cause of death from this genus. Found in people in Thailand, there are about at least 4 species. In addition to *P.* knowlesi, there are also *P.* cynomalgi, *P.* inui, *P* fieldi).	DDC should be improved and organize the diagnosis and report into the reporting system. If there are many patients of this type it could be implications for the country's assessment of Malaria eradication.
4. The First Line drug reporting system that has to report GF has been a chronic problem all along. Because this report must be obtained from hospitals and health care facilities. Dispensing drugs from the hospital will not meet the guidelines. Make coverage below the threshold all the time.	DVBD tried to solve the problem by training responsible persons in 10 provinces and proposed additional training in problematic provinces and report progress in Quarterly report
5.Currently, the 3 -month Quarterly Performance & Coverage Indicators report is a customized report based on GF requirements. This indicator is reduced to only 5 indicators. This report may not be complete progress	should be a review the source of the indicators and coordinate adjustments to appropriate indicators that can be used to assess effective progress.

Discussion at the meeting

1. Dr. Krongthong Timasarn said that the all performance was great shown A1, A2 level, except delay to distribution of insecticidal nets due to impact of COVID-19. As for first-line drug exposure the performance is B1 level better than the past, indicating that the hospital and reporting systems were improved. The particular concern about Malaria deaths and new infections that increase and disease in animals of unknown severity, it could affect the goal of eliminating malaria by 2024 *(P.f.* must be eliminated from Thailand). But now found 74 *P.f* Malaria cases have been reported in the first 6 months of this year.

2. Ms. Niparudee Pinyajeerapat, USAID Malaria worker, said that USAID normally support insecticidal nets and distribute to many areas by partners. Now USAID set plan for site visit at Kanchanaburi province were found high Malaria case and set up a pilot project to elimination Malaria and prevent the re-infection. This current situation USAID trying to contact private sector (Rotary Kanchanaburi) to work with. The cause of war in border Myanmar effect to Malaria eliminated so USAID more support insecticidal nets and distribution by DVBD in next year. Another issue that Mr. David's visit to the RSC meeting in Hanoi, about the elimination Malaria focus on *P.f*, but *P.k* will also be discussed whether it will be included in the Malaria elimination indicator or not.

3. Dr. Chusak Prasittisuk said that the issue of Malaria in monkeys WHO discussed in the Global Anniversary group that Inventionary must take *P.* knowlesi into consideration because there were high cases in Malaysia. It is an advantage that USAID has supporting the insecticidal nets and work with Local civil society support such as Rotary, Lion, etc.

4. Dr. Deyer Gopinath said that the Malaria situation in the Thai-Myanmar border area is quite worrisome. Due to the unrest in Myanmar especially Tak, Mae Hong Son, Kanchanaburi provinces found 2-3 percent more cases at the beginning of this year. The point is to check the border area in Myanmar. For *P.k* Malaria, there is no need to worry, as the WHO considers *P.k* to be Malaria found only in monkeys, not human Malaria, therefore not counted as an indicator of Malaria.

5. The OC chair said that Thailand, if viewed in terms of public health is quite concerned. But if think about the goal of eliminating Malaria completely so don't worry too much. However, must watching the situation in the second half of the year.

The meeting acknowledged

3.1.4 TEAM2 program

- Regional TB program

Dr. Petchsri Sirinirund, RCM executive secretary, said the project had just started in January. Initially, the first OC meeting was scheduled on June 21st 2022. When got progressed from the meeting, it will inform the OC next time.

According from Mrs. Kesene Sriraksa (PR-DDC) asking about the cooperation with Thailand, Dr. Petchsri Sirinirund will inform PR-IOM to coordinate with the TB Division.

The meeting acknowledged

Agenda # 4 Matters proposed to the meeting for consideration

4.1 Issues to Request Technical Advisory Support for C19RM Activities Under the Global Fund Program from USAID

Dr. Phusit Prakongsai, CCM Executive Secretary, present issues to request for academic advisory support for the C19RM activities under the Global Fund program from USAID, which Thailand has received a total budget about 500,000 USD. 2 PRs have proposed activities for support. The details are as follows;

Proposed GF TA Activities under PR-DDC

Priority Area for TA	ACTIVITY DESCRIPTION	Budget
1. Mitigation TB Program Technical Assistant (TA) for TB Management of information for action, MIFA	NTP (DTB) need technical assistant to capacity building staff on management of information for action on TB (gather required information inform local policy decisions and advise others), which is the TA will assistant in scope of areas of providing the capacity building on for TB Management of information for action such as gather required information inform local policy decisions and advise others etc.	

Proposed GF TA Activities under PR-RTF

Priority Area for TA	ACTIVITY DESCRIPTION	Budget
Surveillance	1. CBS: TA supports for community-based surveillance (CBS) and preparedness mechanism to response COVID-19 and other emerging diseases.	**$191,046**
HIV, TB and Malaria Mitigation	2. Strengthening staff capacity on Case management: TA supports for technical information and capacity of case manager and staff dealing with cases.	**$74,890**
Health Workforce	3. Support for health workforce on implementation: Psychological and mental health support for frontline staff working directly with communities.	**$46,023**
Coordination & Planning	4. Private sector involvement: TA supports for develop strategies to involve business sector and identify their influencers to collaborate and invest for health improvement among their staff and neighboring communities	**$42,412**
HIV, TB and Malaria Mitigation	5. Long COVID-19: Technical information, counselling training provided for staff to serve target populations both on-line and on-site.	**$38,400**

HIV, TB and Malaria Mitigation	6.On-line and virtual communication strategy: TA provides technical capacity for staff on on-line communication strategy and intervention plan.	**$19,105**
HIV, TB and Malaria Mitigation	7.Advocacy: TA provides guidance on disease mitigation measurement and advocacy for improve service quality by being involved of communities, especially KP.	**$30,567**
Coordination & Planning	8.Supply chain management: TA supports for Warehouse Management System (WMS) improvement and SOP development.	**$7,164**
	Total	**$ 449,608**

Discussion at the meeting

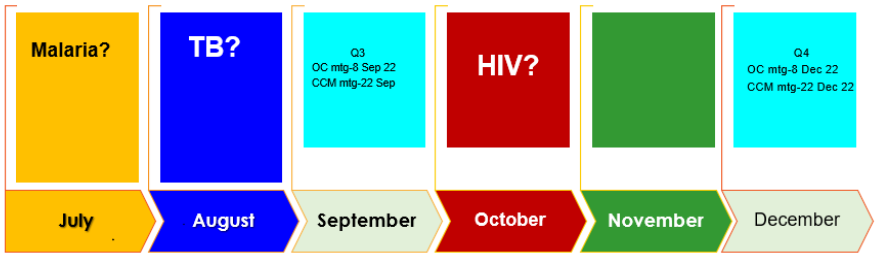
1. CCM's executive secretary said the budget utilization report of 2 PRs showed the absorption rate for both was less than 95% if the budget was approved, Will it be able to use within the specified period?
2. Dr. Petchsri Sirinirund suggested that the ideas of the 2 PRs be homogeneous in obtaining support before sending to the USAID.
3. Ms. Niparudee Pinyajeerapat, USAID said, the budget received this time will be allocated budget through partner USAID, not through 2 PRs. However, the activities not be a new activity it under C19RM framework. Concept note must write activity relates to C19RM and suggest PR-DDC write more detailed in concept note.
4. Dr. Chusak Prasittisuk suggested that the community should be able to cope with the current disease situation. If it can be set model in the community for sustainable, it will be good in the future.
5. Ms. Niparudee Pinyajeerapat USAID suggested that the cooperation in the area with the private sector was required, it would support the community to be sustainable. Concept note should be writing related on logistic and Sustainable Development Goals (SDG). It would be more interesting and got more attention. Including other topics such as surveillance, creating share value for fishermen, and if business involved it will make work more efficient.
6. Ms. Tongphit Pinyosinwat said, PR-RTF has already written content related community base and private sector in concept note.
7. OC chair concluded that 2 PRs were writing a concept note with clear in accordance with USAID criteria and submit within September 9th, 2022. The working group will consider the concept note again.

The meeting acknowledged

4.2 Draft schedule of GF program site visits (AIDS, TB and Malaria program)

OC Chair, presented the GF program site visit timeline 2022 (HIV, TB, Malaria) to consider from July-December 2022 and propose to avoid the date meetings during September-December due to other meetings that already been set., the timeline site visit has been outline as follows:

GF program Site Visit Timeline 2022



Decision:

Program Site Visit

Program	Date	Province
AIDS		
TB		
Malaria		

OC Chair requested 3 consultants to consult with the National Program to determine the area and date of the visit and notice to the OC again.

The meeting acknowledged

Agenda # 5 Other matters

5.1 The next OC meeting

CCM Secretariat office informs the schedule of the 3rd OC Meeting on September 8th, 2022 at 13.30 -16.30 hrs., Ministry of Public Health and remind everyone to accept the appointment and kindly attend in the meeting.

The meeting acknowledged

Closed meeting 17.00 Hr.