

Minutes of CCM Meeting No.3/2022


Date (dd.mm.yy)	September 22, 2022
Venue of the meeting	FOCUS Meeting Room 1st Floor, Building 2, Office of Permanent Secretary Ministry of Public Health, Nonthaburi, Simultaneous Tele Conference via ZOOM Meeting
The meeting started	13.30 hrs.
Meeting adjourned	17.20 hrs.
Meeting facilitated by	Dr. Krongthong Thimasarn, CCM Vice Chair
Total number of participants	46 persons (meeting room 5 persons, zoom 41 persons)
Does quorum attained meeting?	Yes, CCM members: 19 out of 28 persons (meeting room 2 persons, zoom 17 persons)
Meeting attendance	<input checked="" type="checkbox"/> CCM Member 19 persons <input checked="" type="checkbox"/> Oversight consultant: 3 persons <input checked="" type="checkbox"/> GF consultant: 2 persons <input checked="" type="checkbox"/> LFA: 1 person <input checked="" type="checkbox"/> CCM Secretariat: 5 persons <input checked="" type="checkbox"/> Principal Recipients: 9 persons <input checked="" type="checkbox"/> National AIDS Program: 1 person <input checked="" type="checkbox"/> Observer: 5 persons <input checked="" type="checkbox"/> Interpreter: 1 person
Attendance list	Yes
Another supporting document	Yes



Agenda

Agenda # 1	Announcement from the Chairperson
	1.1 Inroduction of Dr. Somchai Peerapakorn, The Oversight Officer supported by CCM evolution program By Dr.Krongthong Thimasarn, CCM Vice chair & OC Chair 1.2 Introduction of international consultant form the Global Fund to support CCM Composition Review and CCM Oversight Remote Coaching By Dr.Phusit Prakongsai, CCM executive secretary 1.3 Summary of 6th Biannual SRCMF Meeting on 12 September 2022, in New Delhi, India By Dr.Krongthong Thimasarn, OC Chair 1.4 GF updated application materials for the 2023-2025 funding cycle By Dr.Phusit Prakongsai, CCM executive secretary
Agenda # 2	Approval of the minutes of the CCM meeting no. 2/2022
	CCM Meeting on 23 June 2022 at 13.30-16.30 hrs. at MOC Meeting Room, 1st Floor, Building 2, Office of Permanent Secretary of Ministry of Public Health, Nonthaburi. Along with online meeting
Agenda # 3	Oversight of the implementation of the GF grants to Thailand
	3.1 Oversight of the implementation of the GF grants to Thailand 3.1.1 Introduction of Dr. Sirinapha Jittimanee, new consultant of oversight committee for TB program By Dr.Krongthong Thimasarn, OC Chair 3.1.2 Progress on the COVID-19 Program (C19RM) By Dr. Krongthong Thimasarn, OC Chair 3.1.3 Progress of STAR3 program (TB/HIV component) HIV component

	<p>by Dr. Petchsri Sirinirund, Consultant to the OC Committee on HIV program TB component</p> <p>by Dr. Sirinapha Jittimanee, Consultant to the OC on Tuberculosis program</p> <p>3.2 Oversight of the GF regional grants to Thailand</p> <p>3.2.1 Progression of of the Regional Malaria program (RAI3E)</p> <p>3.2.3 Progression of the Regional TB program (TEAM2)</p> <p>By Dr.Petchsri Sirinirund , RCM secretariat</p>
Agenda # 4	Oversight of the GF regional grants to Thailand
	<p>4.1 OC Malaria Site Visit Report during 22 - 24 August 2022 in Phetchaburi Province</p> <p>By Dr. Chusak Prasittisuk, Consultant to the OC on Malaria program</p> <p>4.2 RAI4E development process and timeline</p> <p>By Dr.Phusit Prakongsai, CCM executive secretary</p> <p>4.3 CCM Evolution » - Implementation Calendar for CCM Thailand</p> <p>By Dr.Phusit Prakongsai, CCM executive secretary</p>
Agenda # 5	Other matters
	<p>5.1. CCM Secretariat expenditure report during January – August 2022</p> <p>5.2 Tentative schedule of OC-HIV and OC-TB site visit</p> <p>5.3 The next CCM meeting no.3/2022 will be on 22 December 2022 at 13.30-16.30. hrs.</p> <p>By Dr.Phusit Prakongsai, CCM executive secretary</p>

Minutes on each agenda item

Agenda Item # 1	Announcement from the Chairperson
Agenda Item # 1	1.1 Introduction of Dr. Somchai Peerapakorn, The Oversight Officer supported by CCM evolution program
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
<p>Dr.Krongthong Thimasarn, OC Chair informed the background of CCM evolution and introduce the new colleague of the CCM Thailand is Dr. Somchai Peerapakorn, who will be in charge of the Oversight officer.</p> <p>Brief profile of Dr. Somchai Peerapakorn, B.Sc., M.D., M.P.H.</p>	
<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>Agenda # 1.1 Introduction the Oversight Officer supported by CCM Evolution program</p> <p>Work experience :</p> <ul style="list-style-type: none"> <input type="checkbox"/> 15 years of full-time government service as a leprosy doctor and a medical field epidemiologist, MoPH. <input type="checkbox"/> 16 years of a National Professional Officer in the World Health Organization for Thailand, he took early retirement and has become an independent public health practitioner since 2012. <input type="checkbox"/> After leaving WHO, he has been appointed as technical advisor for DDC and also a technical advisor to the National Vaccine Institute, the National Health Commission Office, and the Health Region 13 Office, MOPH, Thailand. </div> <div style="flex: 1; text-align: center;">  <p>นายแพทย์สมชาย พิระปกรณ์ Somchai Peerapakorn, B.Sc., M.D., M.P.H.</p> </div> </div>	
Constituency / Sector	Write content of contribution below
Decision(s)	The meeting acknowledged Dr. Somchai Peerapakorn to be in charge of the Oversight officer for CCM Thailand onward

Agenda Item # 1	1.2. Introduction of international consultant form the Global Fund
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
<p>1.2.1 Consultant to support CCM Composition Review and CCM Oversight Remote Coaching</p> <p>Dr. Phusit Prakongsai , CCM executive secretary informed the meeting that further the CCM Evolution activities, the Global Fund will provide the international consultant to support CCM Thailand. The first consultant is Dr. Juliann Moodley who was a wealth of experience in Public Health and she has worked with GF in multiple interventions throughout the Evolution Project support in Cambodia, Indonesia, and Namibia.</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 10px; width: 45%;"> <p>Under the CCM Evolution activity the Global Fund will provide the international consultant to support CCM Thailand for two assignments:</p> <ol style="list-style-type: none"> 1) CCM Composition Review 2) CCM Oversight Remote Coaching </div> <div style="text-align: center;">  <div style="border: 1px solid black; padding: 5px; margin-top: 5px; background-color: #fce4ec;">Dr. Juliann Moodley</div> </div> </div> <p>1.2.2 Consultant for CCM Election/Selection process</p> <p>The second international consultant to support for CCM Election/Selection process is Ms. Mangala Namasivayam, she has over 18 years of diverse work experience in the fields of community development, humanitarian response, women's rights, Sexual and reproductive health and rights (SRHR) and public health. Currently she is the Program Manager for Information and Communication at Asia Pacific Research and Resource Centre for Women (ARROW) which now attached to APCASO and based in Bangkok.</p> <div style="text-align: center; margin-top: 20px;">  <div style="border: 1px solid black; padding: 5px; margin-top: 10px; background-color: #fff9c4;">Ms. Mangala Namasivayam</div> </div>	
Constituency / Sector	Write content of contribution below

Decision(s)	The meeting acknowledged and all consultants have to work closely with CCM membership (CCM , OC and PC) in the next 3 months																
Agenda Item # 1	1.3 Summary of 6th Biannual SRCMF Meeting on 12 September 2022, in New Delhi, India																
Conflict of interest	Not applicable																
Summary of presentation and issues to be discussed and discussion																	
<p>Dr.Krongthong Thimasarn informed to the meeting that CCM Chair has been assigned myself and Dr.Phusit Prakongsai, CCM executive secretary to be the CCM Thailand representatives to attend SRCMF. The SRCMF stands for the South East Asia Regional Coordination Mechanism Forum that including 11 CCM country in South East Asia region.</p> <p>Objectives of the 6th SRCMF is to be review SRCMF's workplan and works that have been done. Special topic that has been discussed in this meeting is border malaria situation. Malaria situation in SEA region was gradually reduction, particularly Sri Lanka and Maldives has been certified malaria-free by WHO. But the problem of malaria is still found in the border area of India which neighboring countries are Nepal Bhutan and Bangladesh. And another fact that encounters problems as well is the Thai-Myanmar border area that we had reported in the SRCMF meeting about the impact of COVID-19 and the unrest situation in Myanmar causing an increase in malaria cases in Thailand. In addition, the border area between Indonesia and East Timor still come across the same problem. After listening to the situation of each country, the meeting will continue to discuss the preparation of malaria elimination proposal for regional funding requests. The second topic that has been discussed is about an idea to change the SRCMF office which is currently located in India to Bhutan for flexibility in financial management.</p>																	
Decision(s)	The meeting acknowledged the key points from the 6th Biannual SRCMF Meeting.																
Agenda Item # 1	1.4 GF updated application materials for the 2023-2025 funding cycle																
Conflict of interest	Not applicable																
Summary of presentation and issues to be discussed and discussion																	
<p>Dr. Phusit Prakongsai, CCM executive secretary informed about the GF updated application materials for the 2023-2025 funding cycle to the meeting that the Global Fund sent an email to provide key updates on application materials for the 2023-2025 funding cycle on 29 July 2022 and will support applicants and partners, a series of webinars will take place on new materials and expectations for the next Global Fund funding cycle as following date;</p> <table border="1"> <thead> <tr> <th>Session</th><th>Date</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Applying for Funding in 2023-2025: What has changed (for those who are experienced with the Global Fund)</td><td>23 September 2022</td></tr> <tr> <td><input type="checkbox"/> Country Dialogue Expectations, including Program Split</td><td>5 October 2022</td></tr> <tr> <td><input type="checkbox"/> High Impact and Core Portfolios: Applying with Full Review and Program Continuation Application Approaches*</td><td>25 October 2022</td></tr> <tr> <td><input type="checkbox"/> Focused Portfolios: Applying with the Tailored for Focused and Transition Application Approaches*</td><td>2 November 2022</td></tr> <tr> <td><input type="checkbox"/> Applying with Tailored for National Strategic Plan Application Approach*</td><td>9 November 2022</td></tr> <tr> <td><input type="checkbox"/> Program Essentials and Updates to Information Notes</td><td>23 November 2022</td></tr> <tr> <td><input type="checkbox"/> STC, Innovative Finance and Payment for Results</td><td>30 November 2022</td></tr> </tbody> </table>		Session	Date	<input type="checkbox"/> Applying for Funding in 2023-2025: What has changed (for those who are experienced with the Global Fund)	23 September 2022	<input type="checkbox"/> Country Dialogue Expectations, including Program Split	5 October 2022	<input type="checkbox"/> High Impact and Core Portfolios: Applying with Full Review and Program Continuation Application Approaches*	25 October 2022	<input type="checkbox"/> Focused Portfolios: Applying with the Tailored for Focused and Transition Application Approaches*	2 November 2022	<input type="checkbox"/> Applying with Tailored for National Strategic Plan Application Approach*	9 November 2022	<input type="checkbox"/> Program Essentials and Updates to Information Notes	23 November 2022	<input type="checkbox"/> STC, Innovative Finance and Payment for Results	30 November 2022
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<input type="checkbox"/> Allocations: Overall outcome	7 December 2022
<input type="checkbox"/> Matching Funds	13 December 2022

Dr. Philippe Creac'H (Fund Portfolio Manager, Thailand) informed that the Allocation letter for the next cycle will be sent to each country CCM around DECEMBER 2022.

The CCMs are the national committees that submit funding applications to the Global Fund and oversee grants on behalf of their countries. Therefore, the CCM core functions and eligibility requirements to transparently and inclusively responsible for Funding Request are as follows;

- ☐ Coordinates the development of the national request for funding
- ☐ Nominates the Principal Recipient
- ☐ Oversees the implementation of approved grants
- ☐ Approves any reprogramming requests
- ☐ Ensures linkages and consistency between Global Fund grants and other national health and development programs

Decision(s)	The meeting acknowledged this matter
Agenda Item # 2	Approval of the minutes of the CCM meeting no. 3/2021
Conflict of interest	Not applicable

Summary of presentation and issues to be discussed and discussion

CCM Meeting on 23 June 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
Chair of the meeting asked CCM members to read and feedback by to CCM secretariat by October 1, 2022.

Agenda Item # 3	Oversight of the implementation of the GF grants to Thailand
	3.1. Introduction of Dr. Sirinapha Jittimanee, new consultant of oversight committee for TB program
Conflict of interest	Not applicable

Summary of presentation and issues to be discussed and discussion

Dr. Krongthong Thimasarn, OC Chair introduced a new OC consultant on TB program to the meeting



Dr. SIRINAPHA JITTIMANEE, PhD, RN

Present : A lecturer Faculty of Nursing, Chulalongkorn University, Thailand

Work experience:

- 20 years as a public health officer at Division of Tuberculosis, DDC, MOPH Thailand
- 2 years as a monitoring and evaluation officer in HIV, Health and Development Unit at UNDP, Asia Pacific Regional Hub

Constituency / Sector	Write content of contribution below
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Decision(s)	The meeting acknowledged and welcome Dr. Sirinapha Jittimanee to work with the OC.
Agenda Item # 3	3.2 Progress on the COVID-19 Program (C19RM)
Conflict of interest	Not applicable

Summary of presentation and issues to be discussed and discussion

Dr. Krongthong Thimasam, OC Chair informed the progress on the COVID-19 Program (C19RM) as follows; The Main points of the C19 Re-investment that the GF has a policy that allows each country to review and adjust plans under the C19RM program under the framework set by the GF are as follows;

☐ **C19 Re-investment process is PR led**

☐ **In case of new interventions requested:**

(a) CCM chair & CSO representative have to endorse the reinvestment plan

(b) National C19 response have to endorse for C19 control and containment intervention only

☐ **Scope of three C19 Re-investment areas:**

1) COVID-19 control and containment interventions

Investing in both new COVID-19 responses, including novel therapeutics and self-testing, as well as existing interventions such as decentralized COVID-19 testing within the broad scope of C19RM.

2) COVID-19-related risk mitigation measures for programs to fight HIV, TB and malaria

Including additional freight, warehousing and distribution costs of getting health products to people.

3) Expanded reinforcement of key aspects of health systems

For the performance of 2 PRs, the expenditures of the C19RM of Q1-Q5 (January 2021 to March 2022) of PR-DDC was 43% and PR-RTF was 66% respectively. For detailed performance, representatives of each PRs are presenters.

PRs	Budget (USD)	Expenditure (USD)	% Absorption rate
PR-DDC	12,940,504.91	5,511,243.50	43%
PR-RTF	2,758,464.86	1,807,239.48	66%

1) C19RM reprograms re-investment under PR-DDC

Ms. Kesanee Sriraksa (Program Specialist on TB, GF program) has reported the cost of the C19RM project from Q1-6 according to the module and expense items can be summarized in the following table.

Module	Intervention	Budget	Expenditure	Variance	Absorption
COVID-19	Infection prevention and control and protection of the health workforce	5,543,635.00	2,270,924.60	3,272,710.40	41%
COVID-19	Health products and waste management systems	1,080,914.01	523,835.13	557,078.88	48%
COVID-19	COVID Diagnostics and testing	2,627,732.65	2,220,998.85	406,733.80	85%
COVID-19	Case management, clinical operations and therapeutics	763,302.45	397,449.96	365,852.50	52%
COVID-19	Mitigation for HIV programs	53,353.62	22,757.49	30,596.13	43%
COVID-19	Mitigation for TB programs	2,623,146.15	-	2,623,146.15	0%
COVID-19	COVID-19 CSS: Community-led monitoring	124,493.00	11,820.16	112,672.84	9%
COVID-19	Surveillance: Epidemiological investigation and contact tracing	67,093.43	-	67,093.43	0%
COVID-19	Risk communication	969.18	-	969.18	0%
Program management	Grant management	55,865.41	63,457.30	(7,591.89)	114%
Total		12,940,504.91	5,511,243.50	7,429,261.42	43%

Note: If including the Q7 commitment estimates, the absorption rate will be 78%.

Performance of pharmaceutical materials (C19-2022)

WAMBO Procurement

- PR-DDC has completed all purchases through WAMBO (total of 13 Price Quotes), most of which have been imported. But there are still some items that are in the process of being imported from abroad. And it is expected that all imports will be completed in the Q7.
- Accelerate the SR in managing the allocation plan and the distribution plan before the product arrives.

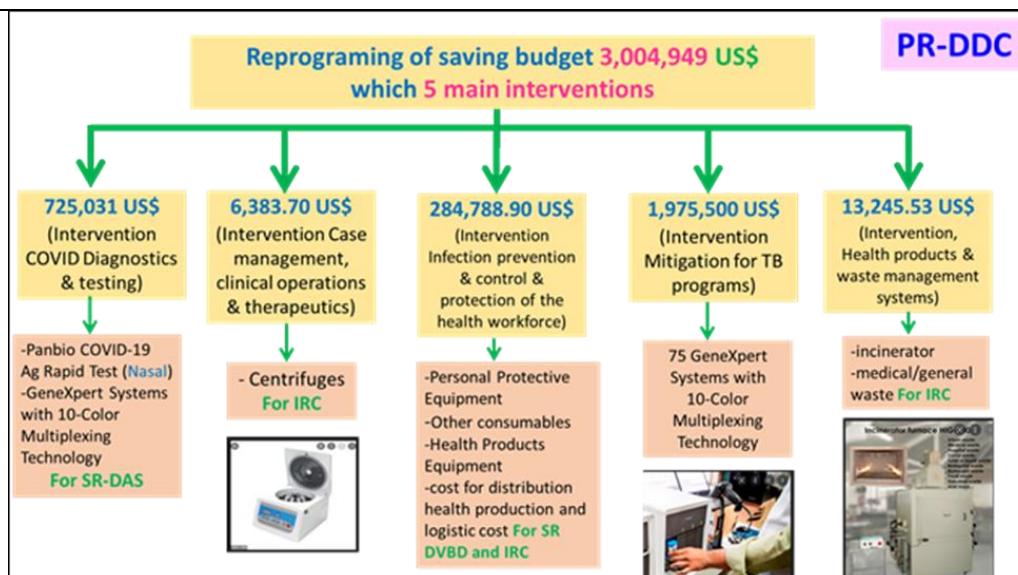
Local Procurement

- Accelerate the SR to complete the purchase of the 1st year's products within the Q6 and for the 2nd year's procurement plan, please accelerate the purchase according to the plan.

C19RM Re-investment



PR-DDC, received a budget of \$15,194,808 for the implementation of the C19RM project. Currently, there is a saving of \$3,004,949 to be re-programmed in 5 interventions and approved by Dr. Philippe Creac'H (Senior Fund). Portfolio Manager) on August 30, 2022, details as shown in the diagram below.



2) C19RM reprograms re-investment under PR-RTF

Ms. Thongphit Pinyosinwat Project Quality Director of Raks Thai Foundation presented the C19RM project performance in the TB-HIV & C19RM budget category compared to the module-adjusted budget from quarter 1-6, details are summarized in the following table.

TB HIV+C19		Consolidate			TB-HIV			C19		
By Module	ตามโมดูล	งบประมาณ Q1 - Q6 Reprogram 10 Mar 22, 20 Mar 22	ค่าใช้จ่ายจริง Q1 - Q6 Actual Expenditures +Commitments	% of Spending	งบประมาณ Q1 - Q6 Reprogram 10 Mar 22	ค่าใช้จ่ายจริง Q1 - Q6 Actual Expenditures +Commitments	% of Spending	งบประมาณ Q1 - Q6 Reprogram 20 Mar 22	ค่าใช้จ่ายจริง Q1 - Q6 Actual Expenditures +Commitments	% of Spending
Program management	การจัดการโครงการ	2,030,021.93	1,824,384.20	90%	2,002,573.40	1,804,106.36	90%	27,448.52	20,277.84	74%
RSSH: Community systems strengthening	ระบบสุขภาพที่ีดีดทุนและยั่งยืน : การเสริมสร้างระบบชุมชน	785,758.66	576,124.14	73%	785,758.66	576,124.14	73%	-	-	-
Prevention	การป้องกัน	4,825,941.05	4,136,385.00	86%	4,825,941.05	4,136,385.00	86%	-	-	-
TB/HIV	วัณโรค/เอชไอวี	2,662,109.59	2,459,299.64	92%	2,662,109.59	2,459,299.64	92%	-	-	-
Reducing human rights-related barriers to HIV/TB services	การลดอุปสรรคที่เกี่ยวข้องกับสิทธิมนุษยชนในการบริการ เอชไอวี/วัณโรค	1,400,846.00	1,340,963.48	96%	1,400,846.00	1,340,963.48	96%	-	-	-
Treatment, care and support	การรักษา การดูแล และการสนับสนุน	1,699,954.58	955,959.25	56%	1,699,954.58	955,959.25	56%	-	-	-
TB care and prevention	การดูแลและป้องกันวัณโรค	832,395.26	617,960.80	74%	832,395.26	617,960.80	74%	-	-	-
Differentiated HIV Testing Services	บริการตรวจหาเชื้อ เอชไอวีที่แตกต่าง	583,847.41	529,572.70	91%	583,847.41	529,572.70	91%	-	-	-
RSSH: Health management information systems and M&E	ระบบสุขภาพที่ีดีดทุนและยั่งยืน : ระบบสารสนเทศด้านสุขภาพและการติดตามและประเมินผล	84,581.53	78,614.31	93%	84,581.53	78,614.31	93%	-	-	-
RSSH: Human resources for health, including community health workers	ระบบสุขภาพที่ีดีดทุนและยั่งยืน : ทรัพยากรบุคคลเพื่อสุขภาพ รวมถึงเจ้าหน้าที่ส่งเสริมสุขภาพชุมชน	156,054.31	90,127.52	58%	156,054.31	90,127.52	58%	-	-	-
Payment for results	การชำระเงินสำหรับผลงาน	-	-	-	-	-	-	-	-	-
COVID-19	โควิด 2019	2,731,016.34	1,786,961.64	65%	-	-	-	2,731,016.34	1,786,961.64	65%
TOTAL	รวม	17,792,526.65	14,396,352.67	81%	15,034,061.79	12,589,113.20	84%	2,758,464.86	1,807,239.48	66%

C19RM Performance: Product Management

- have delivered survival bags in June, the amount of 4,500 sets was delivered to 45 areas, 26 enterprises, the new lot will be implemented in the 9th quarter.
- Prepare PPE, ATK to be delivered in the 7th quarter (September) delivered to 61 areas.

Challenges in C19RM & TB-HIV Implementation

1. The distribution of survival bags is insufficient to meet the needs of target groups in some areas.

- Organized a survey of demand for new batches of survival bags in September. to prepare for delivery to the area in the 8th quarter

2. Insufficient equipment, especially the ATK Self-test

- PR-RTF surveys demand for C19 quarterly. Currently, the remaining amount is 973 boxes = 19,460 tests.
- PR-RTF orders Panbio COVID ATK via WAMBO in Q7.

3. Health product is out of date in some areas.

- SRs notify the number and expired lots to the central Rak Thai, the PSM staff informs the management guidelines as follows;

Items	Org.	amount	Expire date	Remark
1. Needle 27", syringe 1 mm. removable head	Central stock (transfer from PR-DDC)	42,600 pieces	May 2022	Destroy
2. Needle 27", syringe 1 mm. removable head	Central stock (transfer from PR-DDC)	262,570 pieces	Feb 2022	Destroy
3. Needle 25" Syringe 1 mm.	Central stock (transfer from PR-DDC)	27,600 pieces	May 2022	Destroy
4. Needle 25" Syringe 1 mm.	Association To Promote Access to Health and Social Support APASS (transfer from PR-DDC)	12,590 pieces	May 2022	Destroy
5. Needle 27", syringe 1 mm. removable head	APASS (transfer from PR-DDC)	5,050 pieces	Feb 2022	Destroy
6. Needle 25" Syringe 1 mm.	APASS (transfer from PR-DDC)	680 pieces	Aug 2022	Destroy
7. OFT	World Vision Foundation of Thailand	20 tests	Jun 2022	Destroy
8. OFT	Care Team Songkhla	63 tests	Jun 2022	Destroy
9. Viral Load	SISTERS Rayong	9 tests	Jul 2022	Destroy

4. Management of unexpired products (Overstock product type)

- 800,000 pieces of condoms, size 49 mm., pending exchange with other agencies.
- Alcohol gel, size 30 ml., 134,320 pieces, requiring the SR agency to request alcohol gel instead of alcohol spray.
- 262,024 tourniquet straps, expected to 232,060 pieces.

5. Warehouse Management System: WMS)

- In process, expected to start in the next quarter.

Re-investment C19RM

Raks Thai Foundation received a budget for the operation of the C19RM project in the amount of \$ 5,461,854. Currently, there are savings for the Q1-6 in the amount of 1,567,304.36 USD and the savings in the Q7-12 in the amount of 248,209.53 USD, total savings in the amount of 1,815,513.90 USD.

Re-investments under PR-RTF including with:

- Q1-Q6 budget adjusted to actual expenses and the remaining US\$ 1,004,881.66 will be used for activities Q7-Q12.
- PR-RTF has a remaining budget from the purchase of goods in the 1st year, resulting in a remaining budget of 930,644.49 at the end of Q6.
- SR-FAR withdrawn from the project as a result, there is a remaining budget of US\$ 52,427.
- SR-SMRU participated, with GF approval, received a budget of US\$ 1,303,503.
- Purchase extra Self-test ATK US\$ 400,010.021 (purchase in the country 2,200 baht/box)
- Patients Under Investigation delivery to the hospital and surveillance rarely use budget program

Intervention	TOTAL revised	Initial budget	Initial %	Savings	Reprogramming	Revised %
Case management, clinical operations and therapeutics	354,686	224,235	4%	(31,428.06)	161,878.90	6%
Country-level coordination and planning	118,650	61,679	1%	(3,690.29)	60,661.45	2%
COVID Diagnostics and testing	1,196,245	146,513	3%	(74,308.55)	1,124,040.16	22%
COVID-19 CSS: Community-based organizations institutional capacity building	26,865	46,427	1%	(22,134.72)	2,572.85	0%
COVID-19 CSS: Community-led advocacy and research	7,850	95,739	2%	(19,994.54)	(67,894.87)	0%
COVID-19 CSS: Community-led monitoring	74,594	105,185	2%	(24,636.91)	(5,954.02)	1%
COVID-19 CSS: Social mobilization	618,180	592,446	11%	(131,313.59)	157,047.59	11%
Health products and waste management systems	716,664	1,406,746	26%	(518,108.23)	(171,973.53)	13%
Infection prevention and control and protection of the health workforce	781,065	1,930,178	35%	(765,832.21)	(383,280.45)	14%
Laboratory systems	90,307	0	0%	-	90,306.59	2%
Mitigation for HIV programs	742,569	539,664	10%	(125,051.84)	327,956.86	14%
Mitigation for TB programs	18,230	0	0%	-	18,229.84	0%
Respond to human rights and gender related barriers to services	310,680	185,041	3%	(50,512.27)	176,150.99	6%
Risk communication	223,177	75,503	1%	(17,476.04)	165,150.69	4%
Surveillance systems	46,160	16,153	0%	(16,153.08)	46,160.20	1%
Surveillance: Epidemiological investigation and contact tracing	9,759	16,961	0%	(7,201.94)	-	0%
Grant management	126,173	19,384	0%	(7,671.62)	114,460.66	2%
Total	5,461,854	5,461,854	100%	(1,815,513.90)	1,815,513.90	100%

Constituency / Sector	Write content of contribution below
Decision(s)	The meeting acknowledged the progression of C19RM program and emphasized the problem of managing expired equipment causing a large number of destructions. CCM requested the 2 PRs to come up with a risk management approach and prevent this kind of problem to happen again.
Agenda Item # 3	3.3 Progress of programs in Thailand supported by the Global Fund
	3.1.3 Progress of STAR3 program (TB/HIV component) HIV component by Dr. Petchsri Sirinirund, Consultant to the OC Committee on HIV program TB component by Dr. Sirinapha Jittimanee, Consultant to the OC on Tuberculosis program

Conflict of interest

Not applicable

Summary of presentation and issues to be discussed and discussion

Dr. Petchsri Sirinirund, OC-HIV consultant reported the meeting that the regulatory framework considers operations from

1. Indicators and goals set in the work plan

2. The ratio of performance to the overall performance of the country

3. Qualitative indicators

4. Issues as suggested by the Technical Review Panel (TRP) during the grant application period

Global Fund Performance Rating Scale

Performance Rating	Percentage of results comparing to targets
A: Excellent	>=100 %
B: Good	90 – 99 %
C: Moderate	60 – 89 %
D: Poor	30 – 59 %
E: Very poor	< 30 %

Grant Performance

Quarter 6 (Apr-Jun 2022) % of Q6 targets

Services	PR	PWID	MSM	TGW	MSW	Migrant	Prisoner	PLHIV
Reached prev.package	RTF	92.3	81.0	67.6	118.8	122.0		
N&S distributed / 1 reached	RTF	44						
PrEP	DDC		71.0	72.0				
HIV tested	RTF	78.6	147.7	124.0	230.3	87.2		
	DDC	67.7	216.7	85.8	160.3		70.2	
PLHIV screened for TB	DDC							100.0 (6,828)
TPT initiated	DDC							1.0 (110)

Cumulative results Quarter 4-6 (Oct 2021 -Jun 2022) % of Yr2 targets – should be more than 75%

Services	PR	PWID	MSM	TGW	MSW	Migrant	Prisoner	PLHIV
Reached prev. package	RTF	71.4	60.1	34.5	46.7	71.8		
N&S distributed /1 reached	RTF	39						
PrEP	DDC		32.1	40.7				
HIV tested	RTF	88.7	147.7	63.2	108.4	53.7		
	DDC	39.4	134.7	50.7	86.6		38.5	
PLHIV screened for TB	DDC							74.9 (20,328)
TPT initiated	DDC							1.5 (601)

Cumulative results Quarter 4-6 (Oct 2021 -Jun 2022) % of Country performance

Services		PWID	MSM	TGW	MSW	Migrant	Prisoner	PLHIV
Reached prev. package	Country							
	GF	15,956	14,224	1,307	349	33,404		
N&S distributed /1 reached	Country (GF)	39						
PrEP	Country							
	GF		8,898	1,098				
HIV tested	Country	9,912	133,310	7,172	5,961			
	GF	7,144 (72.1%)	17,467 (13.1%)	1,220 (17.0%)	413 (6.9%)	9,839	118,562	
PLHIV screened for TB	Country							20,32
TPT initiated	Country							601

Note: All data have to be reviewed

Issue 1: Sustainable Development Progress in Supporting Community Organizations with Domestic Budget

The Department of Disease Control developed the use of the Social Contracting Model for the budget from the NHSO. It is in the process of preparing a proposal to the NHSO for use in managing the 2023 budget for a study on the cost of HIV services in key population groups.

To make proposals to develop support for civil society organizations in the provision of HIV services. It can be implemented in the fiscal year 2023. Please expedite the assessment activities and register the organization to be a joint service unit under Section 3 of the NHSO Fund (PR-DDC). Raks Thai Foundation reported that There are 16 civil society organizations certified for providing HIV services, three receiving Global Fund grants.

Issue 2: Operations among injecting drug users

2.1 Expansion of operational areas using the GF budget together with the NHSO budget, with the expectation that it will develop an effective operational model. that can be utilized in other areas of

the plan as well will be presented as part of the meeting that UNODC coordinates the meeting at the end of October 2022

2.2 Review of goals for obtaining OST (opioid substitution therapy: OST) at least 6 months and expanding OST services in the community. of the Department of Disease Control. Raks Thai Foundation reports that it has opened OST services in 2 communities (Chiang Rai, Songkhla).

2.3 Expanding the use of oral self-screening test among injecting drug users (PWID) Raks Thai Foundation reported the use of oral fluid screening test in Q1-3, 543 cases were examined (7 reactive, H-infected). 2 HIV), Q4-5 632 tests (9 reactive, no HIV positive), 757 Q6 tests (25 reactive, no HIV infection) It is important to follow up on the reactive group for HIV confirmation.

2.4 Expansion of Hepatitis C Free Treatment Center (C-Free) and operating as a service not research Raks Thai Foundation reported that it has expanded 9 C-Free centers, will open 2 new ones by September 2022, while there are 15 targets set and still being researched. Because the Department of Disease Control has not yet established standards for operations.

2.5 Advocacy for policies related to the protection of PWID rights will be proposed as part of the UNODC-coordinated meeting at the end of October 2022.

Issue 3: Developing an engagement strategy for key youth populations

Making a clear strategic plan within 6 months The Department of Disease Control reports that it is in the process of developing an accelerated action plan to end the AIDS problem. which will also have this issue Raks Thai Foundation reported that it would use an online approach in working with young people.

Issue 4: Inclusion of TB in Community Think Tank Operations

The Department of Disease Control reports that IHRI is in the process of being implemented. and established tuberculosis screening and treatment of latent tuberculosis Be part of the development of the Thailand Community Think Tank.

Issue 5: Medication for tuberculosis prevention

Department of Disease Control reports that it is in the process of expanding operations. and organize the information system for preventive TB services (TPT).

Recommendations from the CCM Meeting 23 Jun. 2022 as follows

1) Using resources from the Global Fund coordinate the acceleration of the expansion of the use of HIV self-testing in accordance with the resolution of the National AIDS Committee on June 15, 2022 (PR-DDC) and coordinate the implementation of the action plan to reduce stigma and discrimination.

2) GF grant utilization

- Coordinate the acceleration of the expansion of the use of HIV self-test according to the resolution of the NAC on June 15, 2022 (PR-DDC).
- Coordinate the implementation of the Action Plan to Reduce Stigma and Discrimination (PR-RTF and PR-DDC).

2) Due to the recommendations from the Situation Assessment of HIV Prevention among the injecting drug user population under the Program to Stop AIDS and Tuberculosis with the service package RRTTR Phase 2 (2018-2020) and the Announcement of the Committee on Treatment and Rehabilitation of Drug Addicts, CCM-OC should prepared as a recommendation of the CCM to be presented to the NAC.

3) The Chair of the CCM requests all TB, HIV and Malaria programs to conduct midterm review the for GF grant which will be ended in 2023 in order to determine what adjustments they need and propose to the next CCM meeting.

Recommendations of OC to be presented to the CCM Meeting

1. Answer the questions according to the management letter of GF.
2. Review the answers according to the TRP recommendations that have already been answered by the GF.
3. Review TB/HIV operations and information systems for both the TB service and the HIV service.
4. Review the OST information system as information provided by PR-DDC needs to be verified and discussed again.

TB component

Dr. Sirinapha Jittimanee, Advisor to the OC Committee on Tuberculosis, considered NTP's answers to TRP questions on issues 5-8 according to TB's recommendation and made additional recommendations as follows:

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

suggestion

1. Questions focusing on children, the outlined description should focus on the children rather than the overall audience. (Close contacts or people infected with HIV)
2. "Comprehensive training especially related key activities to support key indicators from such as VHV training, pediatrician and pharmacists including laboratory in regional and general hospitals on LTBI training." should specify
 - 2.1 Flow of continuing care, referring children from community hospitals to provincial hospitals and returning to take medicines at the Health Promoting Hospital.
 - 2.2 Specify the roles and responsibilities of doctors, nurses, public health academics and volunteers.

3. Flow chart for finding TB patients, there are some recommendations:

3.1 Algorithm compliance should be assessed during supervisory visits as evidence for the design of the solution.

3.2 How many close contact numbers should be collected and how many people received TPT during the Supervisory visit and be used as evidence? operation description

Issues 6 Lack of clarity of recommended screening and diagnostic algorithms to enhance finding people with TB overall and those with RR/MDR-TB in particular

suggestion

- 1) The description should focus on TB diagnosis, not TPT ("Thailand has a policy to support TPT for LTBI in HH close contact 0-18 years, NHSO provided some coverage for LTBI related services").
- 2) Description: Laboratory management is very detailed; algorithms should be added that TRP asks about finding TB patients.
- 3) Xpert MTB/RIF or Xpert testing should be written instead of GeneXpert because it is a trade name.

Issues 7 Lack of details of efforts to link all diagnosed people with RR/MDR- TB to treatment and care and to enhance RR/MDR-TB treatment outcomes

7.1 "Capacity building for case management (DTB has hosted a workshop on case management)" suggestion

- 1) Make a patient flow to connect patients in villages, sub-district hospitals, provincial hospitals
- 2) Added the missing nurse role.
- 3) Add guidelines for tracking whether The hospital follows the algorithm

7.2 "The management of adverse drug effects including ADSM (active drug safety monitoring and management) were included in the new Thailand Tuberculosis Control Guideline 2021."

suggestion

Add details of guidelines implemented in the area

Issues 8 on TB underreporting by the private sector, academic and military health providers

An example explaining Issue 8 by PR in "Improve functionalities of NTIP to be more friendly for data entry and data use.

- 1) The centralized NTIP database is a good cohort system.
- 2) Conduct supervisory visits.
- 3) TB drugs support for private hospitals via the NTIP database.

suggestion

Should add evidence-based solutions such as site visits, findings, or discussion meetings. What suggestions do you have?

TB's performance was then reported across 11 indicators, most of which were at B2(D): 47.91%. Performance details are shown in the table below.

Modules	Indicators	Oct 2021- Mar 2022		%	Rating	Apr – Jun 2022		%	Rating
		Target N#/D# (%)	Result N#/D# (%)			Target N#/D# (%)	Result N#/D# (%)		
TB care and prevention	TCP-1 ^(a) #of TB notified cases (new and relapse)	44,453	31,483	70.8%	B1	21,773	16,144	74.1%	B1
	ICP-5.1 # of people in contact with TB patients who began preventive therapy (0-18 Yrs)	4,468	407	9.1%	C	2,323	293	12.6%	C
	ICP-6a # of TB cases notified among prisoners	1,925	1,036	53.8%	B2	953	514	54.0%	B2
	TCP-6b # of TB cases notified among migrant	3,186	1,260	39.6%	B2	1,560	736	47.2%	B2
TB/HIV	TB/HIV-5 % of registered new and relapse TB with documented HIV status	42,230/44,452 (95.0%)	25,244/44,452 (56.8%)	59.8%	B1	20,684/21,773 (95.0%)	14,250/21,773 (65.4%)	68.9%	B1
	TB/HIV-6 ^(a) % of HIV-positive new and relapse TB patients on ART	4,012/4,223 (95.0%)	1,926/4,223 (45.6%)	48.0%	B2	1,965/2,069 (95.0%)	1,072/2,069 (51.8%)	54.6%	B2
	MDR-TB-6 % of TB patients with DST result for at least Rifampicin	32,936/45,460 (72.4%)	15,513/45,460 (34.1%)	47.1%	B2	16,700/22,267 (75.0%)	8,854/22,267 (39.8%)	53.0%	B2
MDR-TB	MDR TB-2 ^(a) % of TB cases with RR-TB and/or MDR-TB	962	331	34.4%	B2	471	190	40.3%	B2
	MDR TB-3 ^(a) # of cases with RR-TB and/or MDR-TB that began second-line treatment	593	323	54.5%	B2	313	181	57.8%	B2
	MDR TB-7.1 % of confirmed RR/MDR-TB cases tested for resistance to SLD	841/ 962 (87.5%)	260 / 962 (27.0%)	30.9%	B2	424/471 (90.0%)	152/471 (32.3%)	35.8%	B2
	MDR TB-8 #of cases of XDR TB enrolled on treatment	21	8	38.1%	B2	10	2	19.5%	C

9

Overall feedback

1. Evidence-based implementation designs should be undertaken. This could be an informal assessment from a supervisory visit, or a formal assessment from operational research, such as whether taking anti-TB drugs really can prevent TB.
2. Add a multidisciplinary team in operations such as VDO or Webinar. There should be speakers from medical, pharmacist and medical technology teams. Public health academics, nurses and civil society sectors also participated.

Constituency / Sector	Write content of contribution below
PR-DDC consultant	<ul style="list-style-type: none"> • The Department of Disease Control will conduct a program review for both National AIDS and Malaria program. This will use a quick review method with both external and internal consultants in the process while National TB program, it has already been implemented. The information from these 3 programs review is useful in terms of developing an action plan for AIDS, tuberculosis and malaria both in the country plan and new GF finding request. • As CCM's chairman recommended a midterm review, after one year of implementation, PR-DDC sought approval from the Global Fund to reprogram the STAR₃ project plan in mid-May 2022 and The Global Fund gradually approved the plan.

	<ul style="list-style-type: none"> PR-DDC has only a partial budget for action to reduce stigma and discrimination. Which the main work will be under the national strategic plan of all 3 diseases. Regarding TBHIV, the guidelines for HIV and latent TB care are currently being completed by Q4/2022. PR-DDC has sought technical support from the Global Fund to update the guidelines, including Developed the data management system which shall be start in January 2023.
Decision(s)	The meeting acknowledge the progression of STAR3 program and the TB site visit report
Agenda Item # 3	3.2.1 Regional Malaria program by Dr.Chusak Prasittisuk, OC - Malaria consultant
Conflict of interest	Not applicable

Summary of presentation and issues to be discussed and discussion

Dr. Chusak Prasittisook, OC consultant on Malaria, reported to the meeting that as Thailand has set a target to eradicate malaria by 2024, especially P.f. there were significantly more outbreaks of P.f. malaria than in the previous year. And found 1 death from P.k malaria. Therefore, it is expected that Thailand will not achieve the goal of eradicating malaria in 2024. Dr. Chusak then presented the results of the RAI3E program during January and June 2022, according to indicators, details are shown in the table below.

RAI3E Coverage indicator: period Jan-Jun 2022

	Target	Result	rating	
VC3 (M) Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	25,000	30,408 (120%)	A	Over target due to remaining ITNS from last year
CM-Other-1 (M) Number of suspected malaria cases that receive parasitological test in all sectors	250,315	306,953 (120%)	A	
CM-Other-2 Proportion of confirmed malaria cases that received first-line antimalarial treatment in all sectors	100% (990/990)	87% (1,548/1,758)	C	87% over 100% target Major gap is missing Tx data from public hospital note: 4,098 cases is from 77 provinces
CM-5(M) Percentage of confirmed cases fully investigated and classified	95% (940/990)	97% (1,047/1,077)	A	97% over 95% target----> result =102% note: 4,057 cases is from 40 endemic provinces according to PF agreement
CM- Other-3 Percentage of confirmed active foci investigated and classified in which an appropriate response was initiated within 7 days	90% (162/180)	94% (469/499)	A	94% over 90% target----> result = 104%

Key issues/Constraints

key issues	suggestion
1. The malaria situation has been reported to increase as a whole in the country in 2022 and the past year. In addition, an increase has been reported in many GF areas, and reintroduction has been reported in at least 5 provinces. Malaria problems have increased in border provinces.	1. The Division of Vector Borne Diseases should study the problem of malaria prevalence. Review the report and assess the implementation of the 1-3-7 measures so that they can be implemented quickly, and cooperate with the province in surveillance and rigorous in implementing 1-3-7 measures. The responsibilities of local and provincial agencies should be reviewed and coordinated the responsibilities for elimination of malaria.
2. The goal of eliminating P.f. malaria by 2023 and eliminating all malaria by 2024 is unlikely to be achieved.	2. There should be a review and consider improving the strategy for the better. It may be necessary to arrange for an independent expert panel to evaluate the project.
3. From the situation report of P.v. in more than 92% of reported cases. It will be a critical issue in the country's malaria eradication. In addition, the study of a new drug has been further delayed.	3. DVBD and DDC are expedient to review and expedite measures to eliminate this type of malaria as well as coordinating expedited studies of a new antimalarial drug of vivax.
4. The first line dosing reporting system that must report GF has always been a chronic problem. Since this report must be received from the hospital and the public health facility, the dispensing of medicines from the hospital will not be in accordance with the criteria. This makes coverage below the threshold throughout.	4. DVBD has attempted to solve the problem by training responsible persons in 10 provinces. It has proposed additional training in the problematic provinces and reported progress in the Quarterly Report.

Constituency / Sector	Write content of contribution below
Decision(s)	The meeting acknowledge the progression of RAI3E program grant performance and concerning issues.
Agenda Item # 3	Progress of the Regional TB (TEAM2) program By RCM secretariat (Dr.Petchsri Sirinirund)
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
<p>RCM secretariat (Dr.Petchsri Sirinirund) briefed the meeting that</p> <p>RCM members from Thailand</p> <p>RCM chairperson</p> <ul style="list-style-type: none"> • Dr. Suriya Wongkongkathep <p>CCM representative</p> <ul style="list-style-type: none"> • Associate Professor Sukhontha Kongsin <p>CSO representative</p> <ul style="list-style-type: none"> • Dr. Jintana Ngamvithayapong-Yanai • Dr. Pacharee Kantipong (alternate) <p>NTP representative</p> <ul style="list-style-type: none"> • Dr.Phalin Kamolwat • Ms.Vallaya Sitti (alternate) <p>Oversight function of the RCM</p> <p>Oversee the implementation of approved grants for both regional and country levels in a concerted and quality manner.</p> <p>The CCMs of the 5 countries shall be requested to oversee the implementation of the grant to identify areas of integration and national support to the program.</p> <p>The RCM shall establish the Oversight Committee to foster the oversight function of the RCM.</p>	

Representatives from CCM Thailand:

1. Professor Dr. Nuntavarn Vichit-Vadakan
2. Dr. Kaewalee Soontornmon

Oversight framework for the TEAM 2 grant

- 1) **Grant implementation:** Review and analyses of strategies being used to reach target populations and provide TB/HIV integrated services
- 2) **Policy and Legal Framework:** Strategic Advice on Regional Policy and Legal Framework Development Process and High-Level Political Engagement
- 3) **Regional Data Platform:** Identifying and implementing mutually agreeable solutions for the NTPs' and MOH recording of individual TB and HIV data on the regional platform
- 4) **Linkages with other diseases and working bodies:** linkages between the RCM with TB, HIV, malaria and other bodies working in GMS such as ASEAN, ADB, ILO, IOM and WHO country and regional offices as well as CCM of the 5 countries
- 5) **Risk management:** Review the lessons learned from the TEAM 1 grant implementation to identify key issues for improving grant implementation; establish the coordination mechanism with the CCMs of the 5 countries; and strengthen the coordination with national TB program.

Next activities plan in 2022

- Oversight site visits in each country
- Virtual OC meeting – 4 Oct 2022
- In person OC meeting – 30 Nov 2022
- In person RCM meeting – 15 Dec 2022

Constituency / Sector	Write content of contribution below
Decision(s)	The meeting acknowledge the uptake of TEAM2 grant
Agenda # 4	Agenda 4: Matters of consideration
	4.1 OC Malaria Site Visit Report during 22 - 24 August 2022 in Phetchaburi Province by Dr. Chusak Prasittisuk, OC Consultant on Malaria program
Conflict of interest	Not applicable
Summary of presentation and issues to be discussed and discussion	
Dr. Chusak Prasittisuk, OC Consultant on Malaria program Report of OC-Malaria Site Visit in Phetchaburi Province during 22 - 24 August 2022	
Organizations participating OC Malaria site visit in Phetchaburi	
Central org.	<ul style="list-style-type: none"> • OC Chair, OC consultant, CCM executive secretary, CCM secretariat staff • Co PR-DDC • DVBD
Regional org.	<ul style="list-style-type: none"> • OPDC 5 Ratchaburi

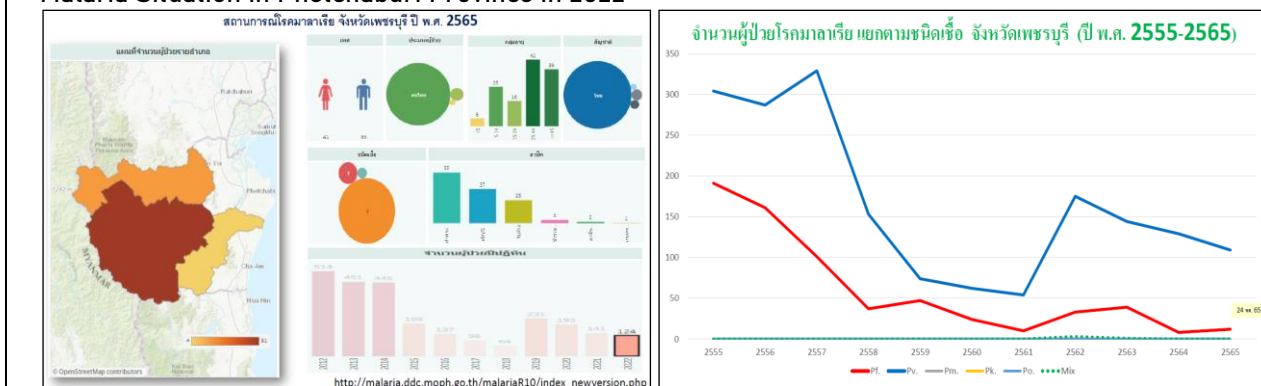
Local org.	<ul style="list-style-type: none"> Provincial Health Office Phetchaburi District Health Office VBDC VBDU Health Promoting Hospital MC 	<ul style="list-style-type: none"> Pongluk Border Patrol Police base Pongluk Military Base Camp Kaeng Krachan National Park
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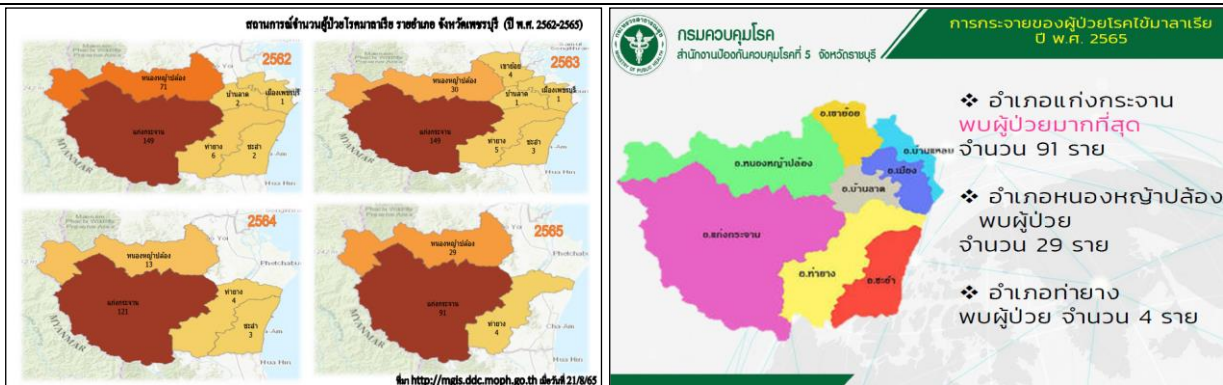
OC site visit members

- 1.Dr.Krongthong Thimasam OC Chair
- 2.Dr.Chusak Prasittisuk OC consultant
- 3.Dr.Phusit Prakongsai CCM executive secretary
- 4.Ms.Phatradasorn Chuangcham CCM coordinator
- 5.Ms.Pattamon Yimyam Financial and Admin.

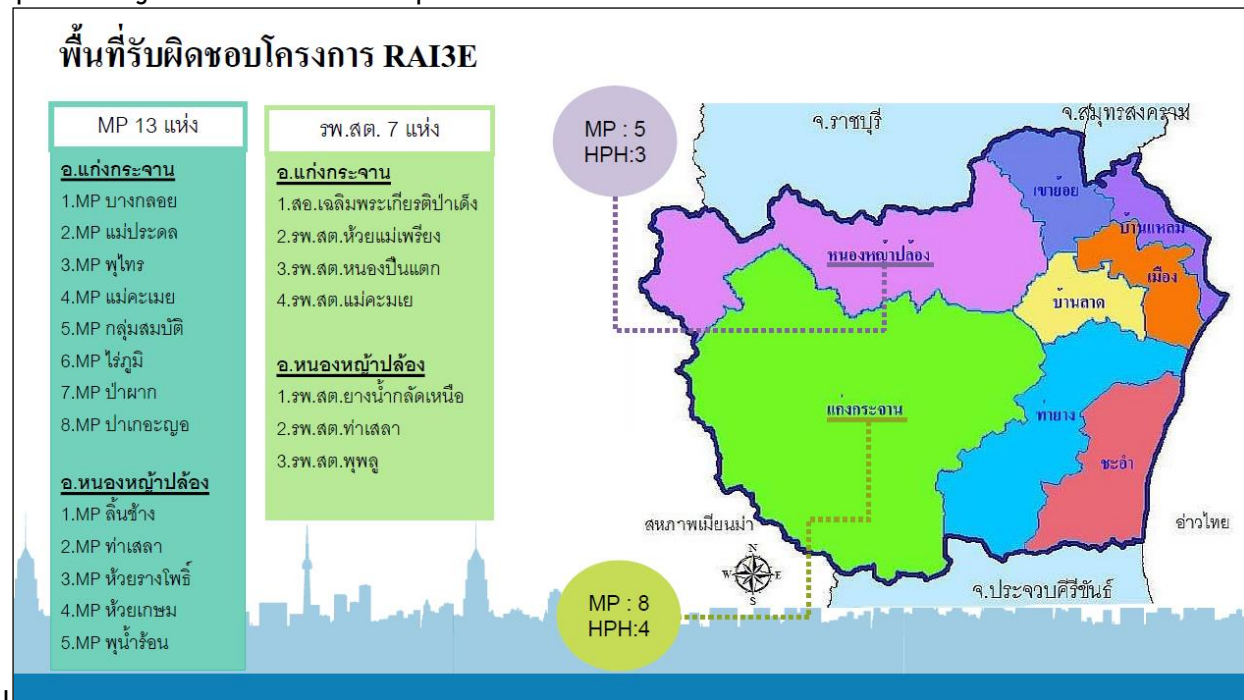


Malaria Situation in Phetchaburi Province in 2022





Implementing RAI3E in Phetchaburi province



Budget approved and expenditure of RAI3E (2022)

ผลการดำเนินงานด้านการเงิน RAI3E 2565

งบประมาณประจำปี 2565 : 1,197,171.00

รายรับประจำปี 2565

ยอดยกมาจากปี 2564	115,926.69
ได้รับเงินโอนจากสำนัก	650,000.00
24/2/2565	350,000.00
10/6/2565	300,000.00
ดอกเบี้ยย 30/6/2562	298.48

รายจ่ายประจำปี 2565

ค่าใช้จ่าย Q5	203,050.00
ค่าใช้จ่าย Q6	328,641.20
Commitment Q6	487.72

ยอดเงินที่ได้รับ	ยอดค่าใช้จ่าย Q5 – Q6	คงเหลือ	ร้อยละ
766,225.17	532,178.92	234,046.25	69.45%

% Coverage LLIN, the past 3 years (2020–2022)



Risk factors for malaria in the area

- 1) People in the area have traveled across Burma and stayed in the forest during their journey. Including foreign citizens who are temporarily staying (T. 2) who travel into the malaria-infected malaria transmission cluster.
- 2) Foreign citizens who stay permanently (T. 1) come to work for hire in the infected area, such as rubber tapping, farming/gardening
- 3) People's living environment is located in the source of infection and is close to the border that can travel across to neighboring areas such as Pong Luek and Bang Kloy.

Problems and obstacles in eliminating sources of infection

1. The condition of the area adjacent to the forest. There is a river running through the cluster of communities that is the source of the infection and in the area, there are mosquitoes that carry the disease. This makes it difficult to control malaria.
2. Traveling in and out of the infected area using natural channels as a result, malaria was introduced into the cluster of communities and an outbreak of the disease occurred.
3. Inconvenient transportation in some areas, such as flooding, the officials are unable to enter the area. delay disease control
4. Treatment follow-up (FU) cannot be tracked in all items. Because people have moved to work for hire elsewhere. causing the follow-up treatment could not meet the criteria
5. People still have behaviors that do not protect themselves from malaria, such as not sleeping under a mosquito net, not wearing cover-up clothing, stay out of the house at night, children and people in Pong Luek Bang Kla area come out to play wifi outside the house in a signal area at night. Occupation, such as hired, tapping rubber in the garden without self-protection to be bitten by mosquitoes
6. People in the Nong Ya Plong area mostly travel to do gardening, such as planting chili in forest areas, which is adjacent to the malaria transmission area and is a difficult area to be bitten by mosquitoes. When they were sick, they came down for treatment and blood test for malaria
7. Late receipt of reports as a result, the disease control operations according to measures 1-3-7 did not meet the specified criteria

Obstacles and recommendations for malaria elimination in the area

1. There are insufficient personnel in disease control operations causing delays in disease control measures.
2. Some personnel are close to retirement. And there is no replacement position, such as a medical examination worker.

Suggestion

1. Management

- 1.1 Personnel should have a long-term plan. Staff working in malaria-affected areas especially in areas that still have malaria problems.
- 1.2 The structure and roles and responsibilities of NGOs, Immigration Offices and NGOs should have a meeting at the national level. Consider a long-term plan on the role of agencies responsible for malaria elimination and vector borne diseases.
- 1.3 Normal Budget and Global Fund Budget allocation should be considered to be suitable, consistent, and the necessity of the area. The Global Fund only provides additional support for malaria elimination in the project area. budget for managing other pests Therefore, it is necessary to allocate for this purpose.

2. Action/Operation

- 2.1 Personnel in the area where malaria elimination is a problem. The BVDU staff position will run out in the near future. Malaria problem areas will lack operational staff. It is necessary to consider a way for the SAO/LAO, Health Promoting Hospital, the police, the military and the CSO to take responsibility, in order to be responsible for the next systematic operation
- 2.2 Most malaria problem areas are in a remote area that is difficult to access. It is necessary to build the capacity of the community to help themselves in both prevention, detection and appropriate treatment. It is necessary to cooperate in building the capacity of these communities with border patrol police. special military units and the Department of Parks, Wildlife and Plant Conservation, including national parks should consider a study to find a model to operate in the area.
- 2.3 The knowledge of SAO/ LAO, police, soldiers, and HPH may be quite limited. Need to provide training, may provide online teaching in each section in order to have a role in educating. coordinating and supervise work in these areas.

3. Academic matters

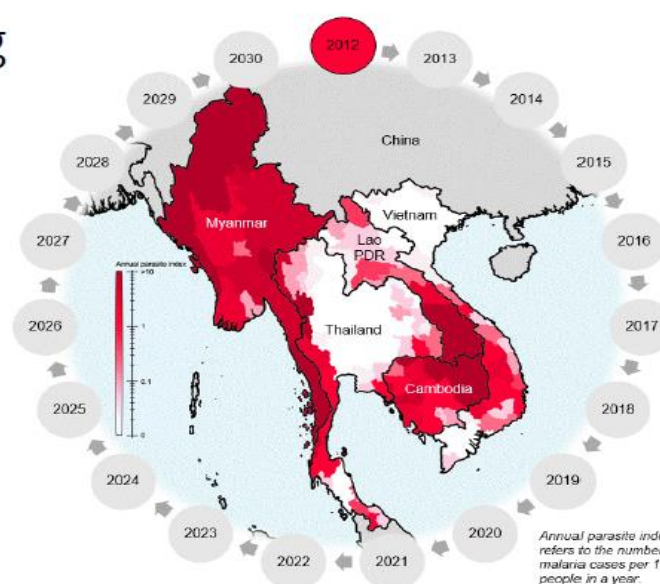
- 3.1 Studies in the area show that malaria infection and transmission in these areas mostly occurs outside the village. It is an outdoor transmission. Eliminating the source of infection requires the villagers to know how to protect themselves. The use of mosquito nets impregnated with long-acting chemicals (Long-lasting insecticidal net: LLIN), the use of chemical-treated mosquito nets Long-lasting insecticide hammock net (LLIHN) requires proper advice. and must be allocated sufficiently
- 3.2 Border Patrol, soldiers, national park officer need knowledge to prevent malaria infection.
- 3.3 1-3-7 measures are needed to stop the spread of malaria. But in difficult areas, measures need to be adjusted to be able to destroy the source of infection. Should consider adjusting the method that can be practiced
- 3.4 Monitoring and cure of malaria vivax has practical problems in the field. There should be a review and treatment guidelines for vivax patients to eradicate this malaria.

Constituency / Sector	Write content of contribution below
OC consultant on Malaria profram	1) Ask to analyze the current situation and make an action plan in provinces with high epidemic. 2) Request that the implementation of the RAI3E program be reviewed to be used as input for writing the next RAI4E proposal
Decision(s)	The meeting recognizes the OC-Malaria Sivities Report and expresses concern to DDC to act on the recommendations of the OC.
Agenda # 4	4.2 RAI4E development process and timeline By Dr. Phusit Prakongsai, CCM executive secretary
Conflict of Interest	Not applicable
Summary of presentation and issues to be discussed and discussion	

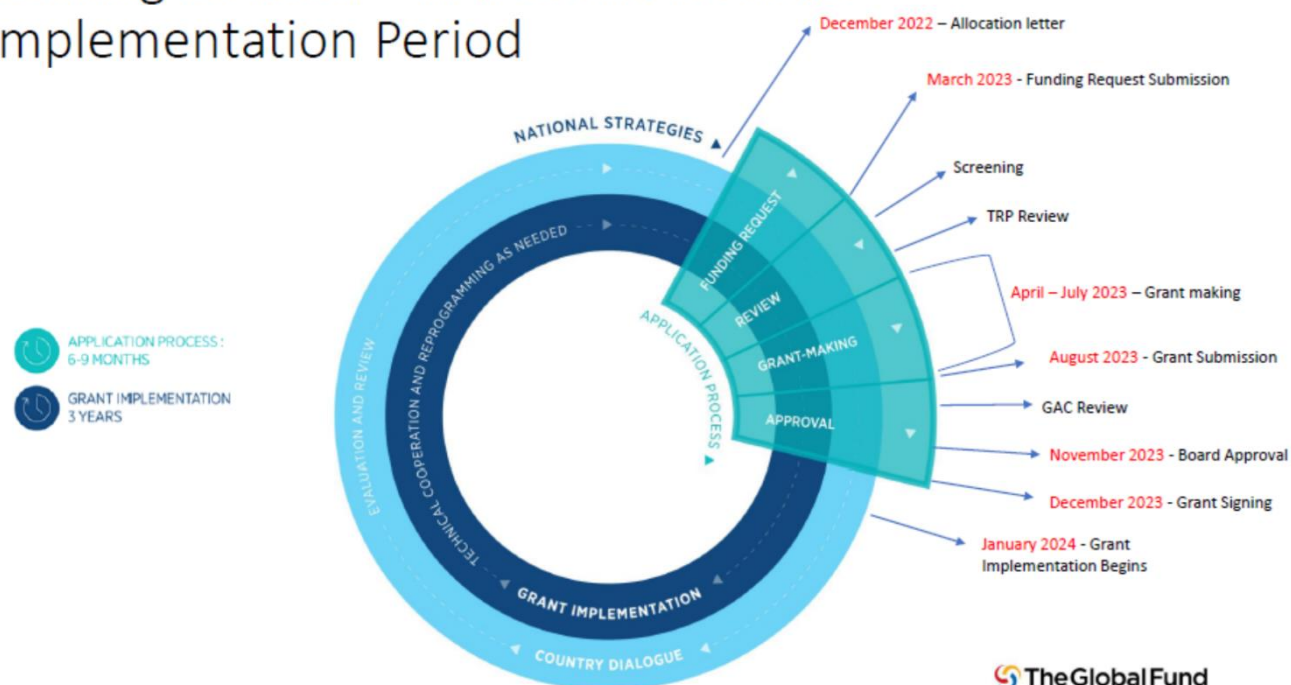
Dr. Phusit Prakongsai, CCM executive secretary reported to the meeting that RSC Secretariat had organized the meeting among the GMS CCM Secretariats during 14-15 September 2022 at Skyview hotel, Bangkok. Participants including with 14 participants from CCM secretariat of Cambodia, Lao PDR, Myanmar, Thailand and Vietnam.

Objectives for the Meeting

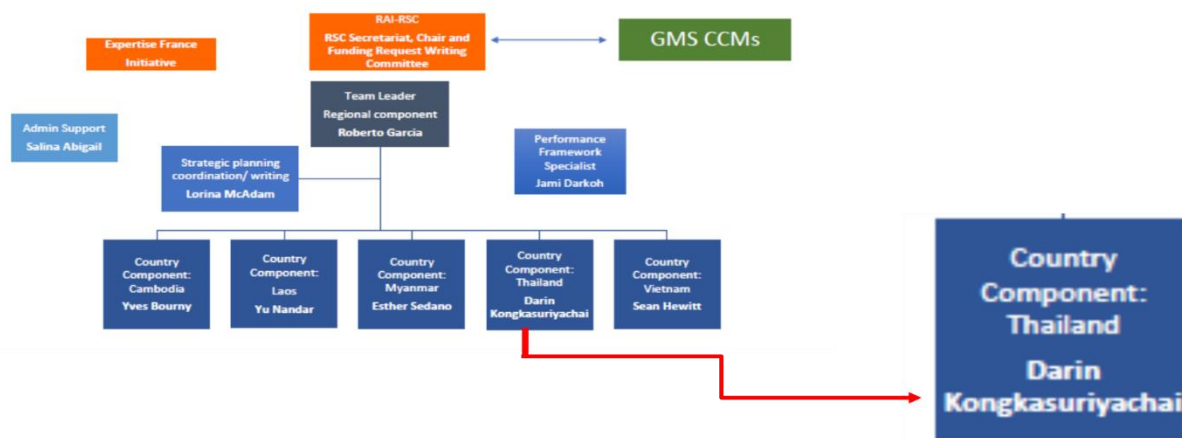
- Create **effective relationships** between CCM Secretariats and RSC Secretariat for future collaboration.
- Discuss and understand each other's **planned activities in the coming year and identify common areas.**
- Discuss the needs and means for effective **coordination of the Funding Request for the RAI4E, including new requirements.**
- **Develop a draft timeline and workplan** for the RAI4E Funding Request.
- The overall objective is to eliminate malaria in the GMS → → → → → → →



Looking forward – RAI countries next Implementation Period



Introduction to the RAI4E Writing Team



Tentative timeline and consolidated GMS CCM secretariat work plan

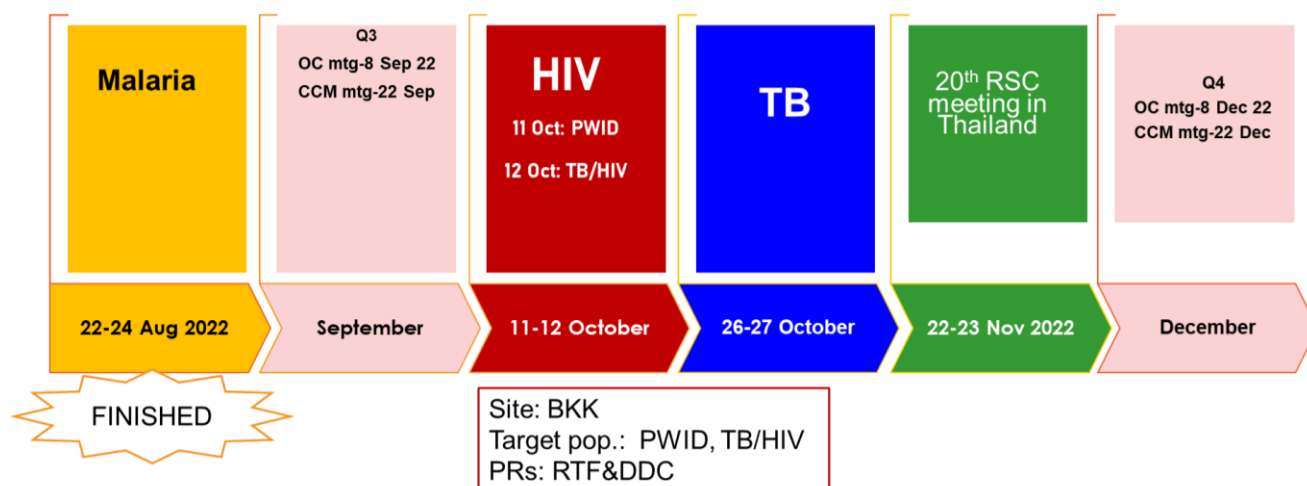
November 11, 2022	Thailand RAI4E Writing Committee Established (Thailand component)
December 8, 2022	Global Fund Allocation Letter arrives (TBC)
January 11, 2023	Writing Expert National Components arrived in Countries (TBC)
24 January 2023	Thailand Country Dialogue
February 3, 2023	CCM & RSC share drafts with each other
February 23, 2023	CCM meeting to endorse RAI4E final draft
March 20, 2023	Deadline for submission of regional RAI4E to GF

Constituency / Sector	Write content of contribution below																
Decision(s)	The meeting acknowledged the RAI4E development process and timeline																
Agenda # 4	4.3 CCM Evolution » - Implementation Calendar for CCM Thailand by CCM secretariat																
Conflict of Interest	Not applicable																
Summary of presentation and issues to be discussed and discussion																	
<p>CCM Evolution » - Implementation Calendar for CCM Thailand</p> <table> <tr> <th>Activities</th><th>Timeline</th></tr> <tr> <td>Hire a part-time Oversight Officer within the CCM Secretariat</td><td>October 2022 - December 2023</td></tr> <tr> <td>Recruit a Local Consultant: Mapping and Positioning Plan (Pending)</td><td>October 2022 – February 2023</td></tr> <tr> <td>Coaching of Oversight Officer/Oversight Committee</td><td>October 2022 onward</td></tr> <tr> <td>Review CCM composition</td><td>October –November 2022</td></tr> <tr> <td>Remote support to engage constituencies and coordinate CCM Election</td><td>October –November 2022</td></tr> <tr> <td>Train on Community Based/Led Monitoring (CB/LM) data tools and analysis</td><td>September – October 2022 (Pending)</td></tr> <tr> <td>Regularly review the implementation of the positioning plan</td><td>December 2022</td></tr> </table>		Activities	Timeline	Hire a part-time Oversight Officer within the CCM Secretariat	October 2022 - December 2023	Recruit a Local Consultant: Mapping and Positioning Plan (Pending)	October 2022 – February 2023	Coaching of Oversight Officer/Oversight Committee	October 2022 onward	Review CCM composition	October –November 2022	Remote support to engage constituencies and coordinate CCM Election	October –November 2022	Train on Community Based/Led Monitoring (CB/LM) data tools and analysis	September – October 2022 (Pending)	Regularly review the implementation of the positioning plan	December 2022
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Constituency / Sector	Write content of contribution below																
Decision(s)	The meeting acknowledged the drafted of CCM evolution that was planned.																
Agenda # 5	5.1. CCM Secretariat expenditure report during Jan-Aug 2022 by CCM Secretariat																
Conflict of Interest	Not applicable																
Summary of presentation and issues to be discussed and discussion																	
<p>CCM secretariat reported to the meeting that</p> <p>CCM expenditure (Jan-Aug 2022)</p>																	

Source of Fund	Approved Budget (THB)	Expenditure (THB)	Absorption Rate (%)
CCM Funding	3,175,890.47	1,444,124.83	45%
C19RM	499,832.50	204,700.00	41%
CCM Evolution	1,988,240.00	500 (bank fee)	0.025%
Total	5,663,962.97	1,649,324.83	29%

Decision(s)	The meeting acknowledged the CCM expensed and emphasized the secretary team to speed up activities that have not yet been carried out.
Agenda # 5	5.2 Tentative schedule of OC-HIV and OC-TB site visit
Conflict of Interest	Not applicable
Summary of presentation and issues to be discussed and discussion	

CCM secretariate informed the OC Site Visit Timeline 2022 to meeting as below.



Decision(s)	The meeting acknowledged and agreed with the proposal.
Agenda # 5	5.3 The next CCM meeting no. 4/2022
Conflict of Interest	Not applicable
Decision(s)	The meeting acknowledged the next CCM meeting is 22 Dec 2022

List of Participants CCM Committee Meeting No.3/2022

September 22th, 2022 on 13.30-17.20

**The FOCUS 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

2) Dr. Krongthong Timasarn	Malaria association of Thailand	CCM Vice chair
3) Dr. Preecha Prempre	Deputy Director General of DDC	CCM member (online)
4) Dr. Narumol Sawapnayaalert	Department of Medical services	CCM member (online)
5) Dr. Rattaphon Triamwichanon	National Health Security office (NHSO)	CCM member (online)
6) Dr. Thanasunthorn Swangsaree	Ministry of Social Development and Human Security	CCM member (online)
7) Dr. Nuntavarn Vichit-Vadakan	School of Global Students, Thammasart University	CCM member (online)
8) Dr. Pongthorn Chanlearn	Director of The Linq Foundation	CCM member (online)
9) Ms. Atitaya Thongboon	Director of the Foreign Affairs Division, Ministry of Justice	CCM member (online)
10) Ms. Yenjit Somphoh	Thailand NGO Coalition on AIDS Foundation (Director)	CCM member (online)
11) Ms. Saranya Boonpheng	Thai Women Living with HIV Foundation	CCM member
12) Mr. Nikorn Chinkong	Bangkok Rainbow (Director)	CCM member (online)
13) Mrs.Somchit Fungthotsatham	for Oldy	CCM member (online)
14) Dr. Jintana Ngamvithayapong-Yanai	TB/HIV Research Foundation (President)	CCM member (online)
15) Ms. Kingkaew Chantip	PLWD-Malaria	CCM member (online)
16) Ms. Surang Janyam	Service Workers in Group Foundation (SWING)	CCM member (online)
17) Phrakru samuwichien	Wat Chedi Mae Krua, Chiang Mai	CCM member (online)
18) Dr.Clarisse Veylon	The Embassy of France	CCM member (online)
19) Ms. Sandra Bird	USAID (Deputy Director Office of Health)	CCM member (online)
20) Ms. Karen Peters	UNODC Regional Office for Southeast Asia and the Pacific	CCM member (online)
21) Dr. Peter Mok	Consultancy in Session, CCM Evolution	(online)
22) Dr. Julian Moodley	Consultancy in Session, CCM Thailand Evolution	(online)
23) Dr. Phusit Prakongsai	CCM Executive Secretary	(online)

Invitees' participants

1) Dr. Petchsri Sirinirund	Consultant for HIV program	(online)
2) Dr. Sirinapa Jittimane	Consultant for TB program	(online)
3) Dr. Chusak Prasittisuk	Consultant for Malaria program	(online)
4) Dr. Somchai Peerapakorn	OC Officer	(online)
5) Dr. Panus Rattakitvijun Na Nakorn	USAID	(online)
6) Dr. Juthapat Rattanadilok Na Phuket	Division of AIDS and STI (DAS)	(online)
7) Mr. Jakkapan	UNICEF	
8) Thitiyanan Nakpo	Director of the Sisters Foundation	(online)
9) Dr. Taweessap Siraprasiri	Consultant PR-DDC	(online)
10) Mrs. Bussaba Tantisak	PR-DDC (Program Specialist on AIDS and TB/HIV)	(online)
11) Mrs. Kasanee Siriruksa	PR-DDC (Program Specialist on TB)	(online)
12) Ms. Sunsanee Rojanapanus	PR -DDC (Program Specialist on Malaria)	(online)
13) Ms. Chindapa Subhajalat	PR -DDC	(online)
14) Mr. Peranat Janthorn	PR -DDC	(online)
15) Ms. Hanan Beema	PR -DDC	(online)
16) Mr. Proomboon Panitchpakdi	PR-RTF (Executive Director Raks Thai Foundation)	(online)
17) Ms. Chutarat Wongsuwan	PR-RTF (Deputy Director, Program Quality Department)	(online)
18) Ms. Chawee Paenghom	LFA Thailand	(online)
19) Ms. Ployrung Nopsawan	Office of the Permanent Secretary, Ministry of Justice	(online)
20)	Strategy and Planning Division, Office of the Permanent Secretary, Ministry of Social Development and Human Security	(online)
21) Ms. Phatradasorn Chuangcham	CCM Secretariat Office	
22) Ms. Phatramon Yimyam	CCM Secretariat Office	
23) Ms. Kanyapan Nuntawichai	CCM Secretariat Office	

24) Ms. Ananjira Saengsuk Interpreter (online)