Minutes of Oversight Committee Meeting No.3/2022
September 8th, 2022 on 13.30-18.00 hrs.
The MOC meeting room, 1st Floor, Building 2, Ministry of Public Health, Nonthaburi,
with online meeting

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OC members attending the meeting and online meeting

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|---|---|---|---|
| 1) | Dr. Krongthong Thimasarn | Malaria association of Thailand | OC Chair |
| 2) | Dr. Deyer Gopinath | WHO Medical Officer in Malaria and Border Health | OC member (online) |
| 3) | Dr. Petchsri Sirinirund | Consultant for HIV program | OC member (online) |
| 4) | Dr. Sirinapha Jittimanee | Consultant for TB program | OC member (online) |
| 5) | Dr. Chusak Prasittisuk | Consultant for Malaria program | OC member (online) |
| 6) | Dr. Clarisse Veylon Hervet | The Embassy of France in Thailand | OC member (online) |
| 7) | Ms. Karen Peters | UNODC | OC member (online) |
| 8) | Dr. Phusit Prakongsai | CCM Executive Secretary | OC member and secretary |

Invitee 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. Pimjai Satasit | PR-DDC (General Manager) (online) |
| 4) | Mr. Charat Krutmanee | PR-DDC (Data Coordinator) (online) |
| 5) | Mrs. Pornchanok Daosuk | PR-DDC (Senior Financial Coordinator) (online) |
| 6) | Ms. Nicha Sakwichan | PR-DDC (Programmatic and M&E Coordinator, COPCAM) (online) |
| 7) | Mr. Vudtipong Lasopha | PR-DDC (Data Coordinator) (online) |
| 8) | Mr. Peeranat Janthorn | PR-DDC (Programmatic and M&E Coordinator) (online) |
| 9) | Ms. Sutarsinee Pitakcharoen | PR-DDC (Chief of Procurement and Supply Chain Management) (online) |
| 10) | Ms. Hanan Beema | PR-DDC (Programmatic and M&E Coordinator) (online) |
| 11) | Dr. Cheewanan Lertpiriyasuwat | Director of Division of AIDS and STIs (DAS) (online) |
| 12) | Dr. Monthinee Vasantiuppapokakorn | Deputy Director of Division of AIDS and STIs (DAS) (online) |
| 13) | Dr. Juthapat Rattanadilok Na Phuket | Plan and Policy Analyst officer, Senior Professional Level (DAS) (online) |
| 14) | Ms. Tipawan Jantawat | Programmatic Coordinator (Focal point for DAS) (online) |
| 15) | Ms. Woranat Kaewkamthong | Division of Vector borne diseases, (Focal point RAI3E) (online) |
| 16) | Ms. Rosita Manee | Division of Vector borne diseases, (Focal point RAI3E) (online) |
| 17) | Ms. Thongphit Pinyosinwat | PR-RTF (Director, Program Quality Department) (online) |
| 18) | Ms. Chutarat Wongsuwon | PR-RTF (Deputy Director, Program Quality Department) (online) |
| 19) | Ms. Chawee Paenghom | LFA (online) |
| 20) | Ms. Niparueradee Pinyajeerapat | USAID (President's Malaria Initiative) |
| 21) | Ms. Phatradasorn Chuangcham | CCM Secretariat Office |
| 22) | Ms. Phatramon Yimyam | CCM Secretariat Office |
| 23) | Ms. Kanyapan Nuntawichai | CCM Secretariat Office |

Agenda # 1 Announcement from the Chairperson

1.1 GF Management Letter dated 5 September 2022

Dr. Krongthong Thimasarn, Chairman of the of the OC, informed the meeting about the new criteria for the performance of the Global Fund and the performance of the Global Fund program in Thailand during October 1, 2021 - March 31, 2022. LFA has assessed the performance of 2 PRs in 2 parts: 1. Performance Rating and 2. Financial Rating. Report details of assessment results from GF management letter dated September 5, 2022 as follows:

New GF-Performance Rating Tool

**Annex 1 – Changes to the Quantitative Indicator Scores**

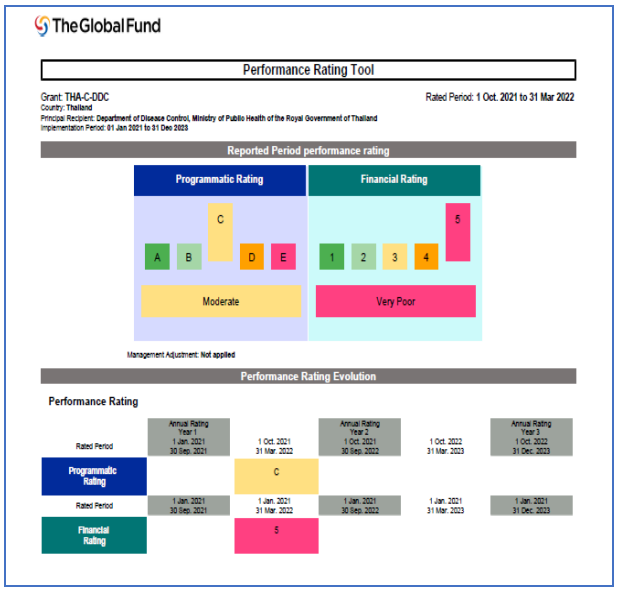
The Global Fund assesses grant performance based on Principal Recipient reporting in the Progress Update, using indicator results to confirm the programmatic rating and budget utilization and in-country absorption to confirm the financial rating.
The programmatic and financial ratings are combined to establish the overall grant performance.
The following table illustrates the changes in the quantitative indicator rating labels applied as of January 2022:

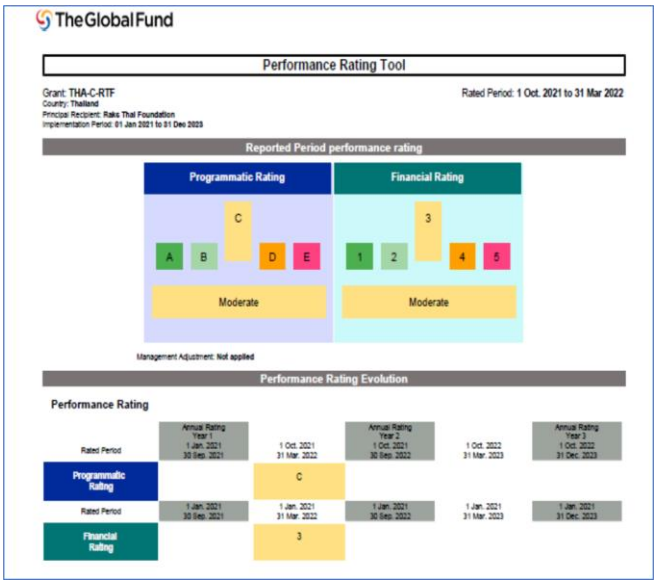
| **Previous Quantitative Indicator Rating** *2017-2019 allocation cycle only (annualized)* | **New Quantitative Indicator Rating** *(annualized)* |
|---|---|
| A1 | A |
| A2 | B |
| B1 | C |
| B2 | D |
| C | E |

| Name | Performance Rating | Financial Rating |
|---|---|---|
| PR-DDC | C-Moderate performance | C-Moderate performance |
| PR-RTF | 5-Very Poor performance | 3-Moderate performance |

THA-C-DDC Performance Letter for Progress Update: covering 1 October 2021 - 31 March 2022

THA-C-RTF Performance Letter for Progress Update: covering 1 October 2021 - 31 March 2022




Performance is medium to low. Due to the following reasons:

1) Some activities are cancelled. slow down or switch to online instead (cost saving)
2) The order has been made, but the health product has not arrived yet therefore cannot be paid at the time of reporting.
3) Incomplete activities are considered a continuous activity including training and preparation of manuals by consultants, as a result, it cannot be reported as an expense.
4) There may be a small percentage of volunteers or health working in the area who do not reimburse travel expenses or fuel expenses. Because requesting a refund requires a lot of documents. So, it seems as complicated, therefore, not reimbursing travel and fuel costs.

The meeting acknowledged and continued discussed in agenda of the oversight GF grants to Thailand

1.2 Introduction of a new consultant of oversight committee for TB program

Dr. Phusit Prakongsai, Executive Secretary of CCM, reported to the meeting that Dr. Passakorn Akasewi was on a mission and could not continue aadvisory contract to the OC consultant on Tuberculosis. The CCM Secretariat has considered and has recruited a new consultant to provide technical support on tuberculosis to be effective and continuous. The person who will serve as a new tuberculosis consultant is Dr. Sirinapha Jittimanee, who is currently a lecturer at the Faculty of Nursing. Chulalongkorn University and is experienced working in public health at the Tuberculosis Division, Department of Disease Control for more than 20 years. In addition, she also has 2 years of experience working in HIV monitoring and evaluation at UNDP and currently continues to work in TB.

The meeting acknowledged and the Chairman of the OC welcomed Dr. Sirinapa Jittimanee and was pleased to work together in the future.

1.3 Progression of USAID support for TA to Global Fund C19RM activities application

Dr. Phusit Prakongsai, CCM Executive Secretary, reported on the progress of requesting technical advisory support from USAID for C19 RM activities under the Global Fund program. On July 15, 2022, I was notified by USAID that FHI360 would partner in technical support for C19RM activities under the Global Fund program. It is currently in the process of harmonizing the framework details. The main coordinators from each organization are as flollows;

| | |
|---|---|
| **Activity Manager of C 19RM Activities, USAID/RDMA**<br>**Dr. Pimpanitta Saenyakul (Grace-Guide)**<br>HIV Deputy Team Leader \| Project Management Specialist<br><br>**Office of Public Health, USAID** \| RDMA<br>63 Athenee Tower, 25th Floor, Wireless Road, Bangkok, Thailand 10330<br>**Tel:** 02-257-3250 **O-Mobile**: +66 81-825-9786<br>**P-Mobile**: +66 92-693-2615 \| +66 99 419-2635<br>**Email:** pSaenyakul@usaid.gov | **POC from FHI 360**<br>**Mr. Siroat Jittjang (Ken)**<br>Senior Technical Officer – HIV/COVID-19<br><br>USAID EpiC Project in Thailand, FHI 360 \| APRO<br>130-132 Sindhorn Building, 19th Floor, Tower 3, Wireless Road, Lumpini, Pathumwan Bangkok 10330, Thailand<br>**Tel:** +66 (0)2-263-5200 **Mobile**: +66 (0)96-845-5954<br>**Email:** SJittjang@fhi360.org |
| **PR-DDC**<br>Ms. Kesanee Sriruksa<br>Public Health Officer Senior Professional Level (Programme Specialist on TB, GF Project)<br><br>Office of Global Fund Project Administration<br>Department Disease Control, MOPH, Nonthaburi 11000, Thailand<br>**Mobile phone:** +6687-101-3047<br>E-mail: kes_kla@yahoo.com | **PR-RTF**<br>Ms. Thongphit Pinyosinwat<br>Director of Program Quality<br><br>Raks Thai Foundation<br>185 Soi Pradipat 6, Pradipat Road, Phyathai, Bangkok, 10400<br>**Mobile phone:** +6682-446-9265<br>Email: thongphit@gmail.com |

Discussion in the meeting

1. The OC Chair requests 2 PRs to liaise with Dr. Pimpanitta Saenyakul and the operating budget will be transferred to FHI360, not to the 2 PRs directly.
2. Ms.Thongphit (PR-RTF) informed the meeting that has been coordinated by FHI360 that it will discuss with 2 PRs in early October 2022 as the requested budget is higher than the ceiling and asks FHI360 to invite an official meeting to PR-DDC and CCM.

The meeting acknowledged

**1.4** Updated application materials for the **2023-2025** funding cycle

Dr. Phusit Prakongsai, CCM Executive Secretary reported to the meeting that on July 29, 2022, the GF has circulated news and details about the application for a new round of funding from the Global Fund for the year 2023-2025, the Global Fund will host webinars to explain the details via

webinars that allow interested parties to register to attend. Schedule details are shown in the table below.

| Session | Date |
|---|---|
| ❑ Applying for Funding in 2023-2025: Detailed overview (for those who have not worked with the Global Fund before) | 22 September 2022 |
| ❑ Applying for Funding in 2023-2025: What has changed (for those who are experienced with the Global Fund) | 23 September2022 |
| ❑ Country Dialogue Expectations, including Program Split | 5 October 2022 |
| ❑ High Impact and Core Portfolios: Applying with Full Review and Program Continuation Application Approaches* | 25 October 2022 |
| ❑ Focused Portfolios: Applying with the Tailored for Focused and Transition Application Approaches* | 2 November 2022 |
| ❑ Applying with Tailored for National Strategic Plan Application Approach* | 9 November 2022 |
| ❑ Program Essentials and Updates to Information Notes | 23 November 2022 |
| ❑ STC, Innovative Finance and Payment for Results | 30 November 2022 |
| ❑ Allocations: Overall outcome | 7 December 2022 |
| ❑ Matching Funds | 13 December 2022 |

- Philippe Creac'H informed that the allocation letter for the next cycle will be sent to each country CCM around DECEMBER 2022 (7 Dec 2022)
- CCM mandate: To mobilize a national multi-sectoral response to develop and submit proposals to the Global Fund to scale up the fight against HIV/AIDS, TB and malaria in country.
- CCM secretariat office will be coordinate Country dialogues in early 2023

Discussion in the meeting

1. Dr. Clarisse (The Embassy of France) inquired whether CCM Thailand needed technical support (TA) from the French Initiatives to develop the funding project for this round of funding.
2. CCM Executive Secretary replied that technical advisers from the French Initiatives were still needed to further develop the proposal. At the same time, there must be discussions with the CCM and other stakeholder who have experience in writing for grants in the past round as well
3. Ms.Thongphit (PR-RTF) gave additional information that Civil society usually seeks TA support from the French Initiatives in developing proposals as well, and there are two questions:
    a. To obtain TA support, civil society must submit through the CCM as a national overview or individually.
    b. To attend the GF scholarship hearing, registration and online teaching via webinar will take place at 10:30 PM. Will there be CCM representatives to listen and convey information to relevant agencies?
4. The Chairman of the OC asked Dr. Clarisse and conclude that we have to include all activities for which TA sponsorship is to be submitted and must be certified by CCM.
5. For the GF webinar, Executive Secretary CCM informs that CCM secretariat will attend the webinar and share information with relevant agencies.
6. Dr. Petchsri gave additional information for this round of Funding Request that must be brought to the CCM meeting about the work plan and resolutions. Regarding the request for TA support from the French Initiatives, the plan must be the same for the whole country.

The meeting took note and the Chairperson of the OC asked civil society organizations to coordinate the issue of applying for TA support to the CCM in order to consider preparing a national-wide application for support from the French Initiatives.

Agenda # 2 Approval of the OC meeting minutes on 9 June 2022

Dr. Krongthong Thimasarn, asks everyone to read the full report of the OC Meeting No. 2/2022 on June 9, 2022 at Meeting Room 1, Floor 4, Building 6, Strategy and Planning Division. Office of the Permanent Secretary, Ministry of Public Health. Initially, it was found that the report contains a few spelling mistakes.

The meeting approved the minutes of the meeting. If there is an amendment, please report back to CCM secretariat by Friday, September 14, 2022.

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

**3.1** Progression of GF programs in Thailand Year 2022 **(**Quarterly 6**)** by OC consultants

**3.1.1** COVID-**19** Response Mechanism (C**19**RM)

Dr. Krongthong Thimasarn, OC Chair informed the meeting that 25 July 2022 GF conduct the virtual introductory C19RM Re-investment meeting.

She noted 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.

C**19**RM Re-investment

**Re-investment C19RM PR-DDC**

**15,194,808 US$**
**(C19RM Award)**

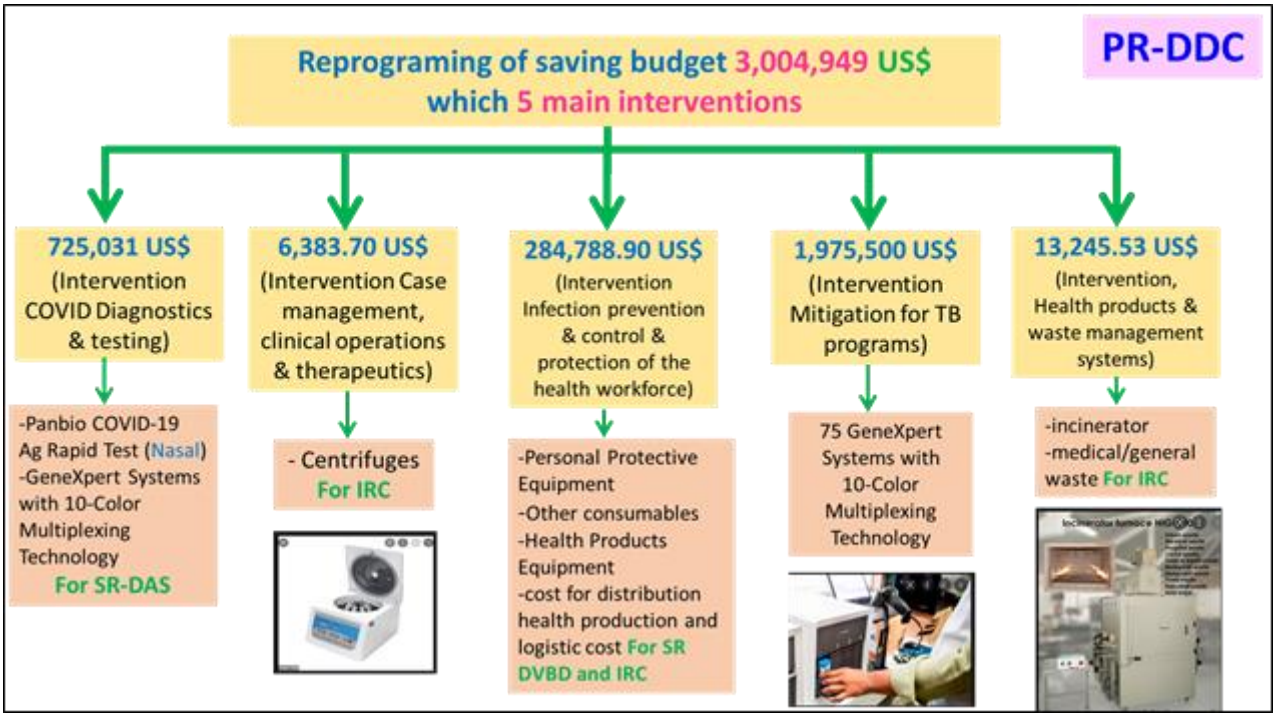
**3,004,949 US$**
**(C19RM Saving)**

**Reprograming**

| By Module | Initial budget | Initial % | Expenditure Year 1-2 and Year 3 budget Plan | Savings Budget | Reprogram | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | 2021 | 2022 | 2033 | Total | % |
| COVID-19 | 15,091,973 | 99% | 12,028,080.66 | 3,063,893 | 4,568,319 | 9,459,745 | 1,004,832 | 15,032,896 | 99% |
| Program management | 102,835 | 1% | 161,905.56 | -59,070 | 1,532 | 79,009 | 81,365 | 161,906 | 1% |
| Total | 15,194,808 | 100% | 12,189,986.22 | 3,004,822 | 4,569,851 | 9,538,754 | 1,086,197 | 15,194,808 | 100% |

**Approved on 30 August 2022**
**by (Dr.Philippe Creac'H)**
Senior Fund Portfolio Manager

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-programed 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)** C**19**RM 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 | ระบบสุขภาพที่ยืดหยุ่นและยั่งยืน : 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 | ระบบสุขภาพที่ยืดหยุ่นและยั่งยืน : ระบบสารสนเทศด้านสุขภาพและการติดตามและประเมินผล | 84,581.53 | 78,614.31 | 93% | 84,581.53 | 78,614.31 | 93% | - | - | |
| RSSH: Human resources for health, including community health workers | ระบบสุขภาพที่ยืดหยุ่นและยั่งยืน : 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% |

C**19**RM Performance: Product Management

1. 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.
2. 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. The device 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, including

| 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 |

| Items | Org. | amount | Expire date | Remark |
|---|---|---|---|---|
| 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 C**19**RM

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-programing in 17 interventions, with 2 interventions, the purchase of SMRU's lab equipment is currently pending approval from Dr. Philippe Creac'H (Senior Fund Portfolio Manager).

Re-programing in the 17 interventions is as follows;

| 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% |

Discussion in the meeting

1. CCM Secretariat inquired about the savings of PR-DDC that GF had already approved.

- If ordering immediately would increase the absorption rate in September or not.
- How much is currently Xpert test in the country? What is the distribution plan, ordering a new Xpert test machine, will there be a comprehensive maintenance system after the end of the C19RM project?

2. Ms. Kesanee and the PR-DDC team replied that in the case of ordering products, payment can only be made after receiving the product in order to increase the absorption rate. Ordering through

WAMBO will have a lead time of about 4- 6 months, now there are 172 units of Gene Expert machines purchased without GF money and about 160 units purchased by GF money. Ordering a large number of Gene Expert machines because I was advised by JIMM that Thailand must have an Xpert test for diagnosis in the level of molecular biology of tuberculosis to cover and distribute to hospitals with potential throughout the country. To reduce the obstacles in transporting specimens (specimens) that have always been a problem. And purchasing this new Gene Expert lot comes with a 3-year warranty maintenance system.

3 . Dr. Sirinapha, OC-TB consultant gave more information that according to the Guidelines for Tuberculosis Control Thailand 2021, the word "Gene Expert" has been removed from the manual because it is a trade name. Let's call it Xpert test or Xpert machine instead. There are many brands of Xpert machines for sale now, but the Gene Expert brand has been approved by WHO other brands are under consideration.

4. The issue of needle and syringe equipment expired and had to be destroyed in large numbers. PR-DDC clarified that due to the STAR3 project, the Raks Thai Foundation was the administrator of the PWID program. PR-DDC has to transfer needles and syringes to PR-RTF to manage. And the cause of many expired needle and syringe equipment and had to be destroyed, PR-RTF clarified that it was caused by a combination of several reasons.

- Equipment is removed from the original package, only equipment that has not expired is used and for further donation, but the hospital did not wish to receive unpacked equipment and
- Affected by the COVID-19 outbreak situation as a result, it was not possible to distribute needle and syringe equipment to the target group as planned.

The meeting acknowledged, the OC Chair emphasized on the problem of managing expired equipment causing a large number of destructions and requesting the 2 PRs to come up with a risk management approach and prevent this kind of problem to happen again. For products that are over stock, must find a way to distribute them before they expire and manage existing products without having to destroy it later.

3.1.2 Regional Malaria program

1) Progression of RAI3E Program

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)<br>Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution | 25,000 | 30,408<br>(120%) | A | Over target due to remaining ITNS from last year |
| CM-Other-1 (M)<br>Number of suspected malaria cases that receive parasitological test in all sectors | 250,315 | 306,953<br>(120%) | A | |
| CM-Other-2<br>Proportion of confirmed malaria cases that received first-line antimalarial treatment in all sectors | 100%<br>(900/900) | 87%<br>(3,548/4,098) | C | 87% over 100% target<br>Major gap is missing Tx data from public hospital<br>**note:** 4,098 cases is from 77 provinces |
| CM-5(M)<br>Percentage of confirmed cases fully investigated and classified | 95%<br>(940/990) | 97%<br>(3,947/4,057) | A | 97% over 95% target-----> result =102%<br>**note:** 4,057 cases is from 40 endemic provinces according to PF agreement |
| CM- Other-3<br>Percentage of confirmed active foci investigated and classified in which an appropriate response was initiated within 7 days | 90%<br>(162/180) | 94%<br>(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. |

2. Report of OC-Malaria Site Visit in Phetchaburi Province during 22 - 24 August 2022
By Dr. Chusak Prasittisuk & Dr. Krongthong Thimasarn & Dr. Phusit Prakongsai

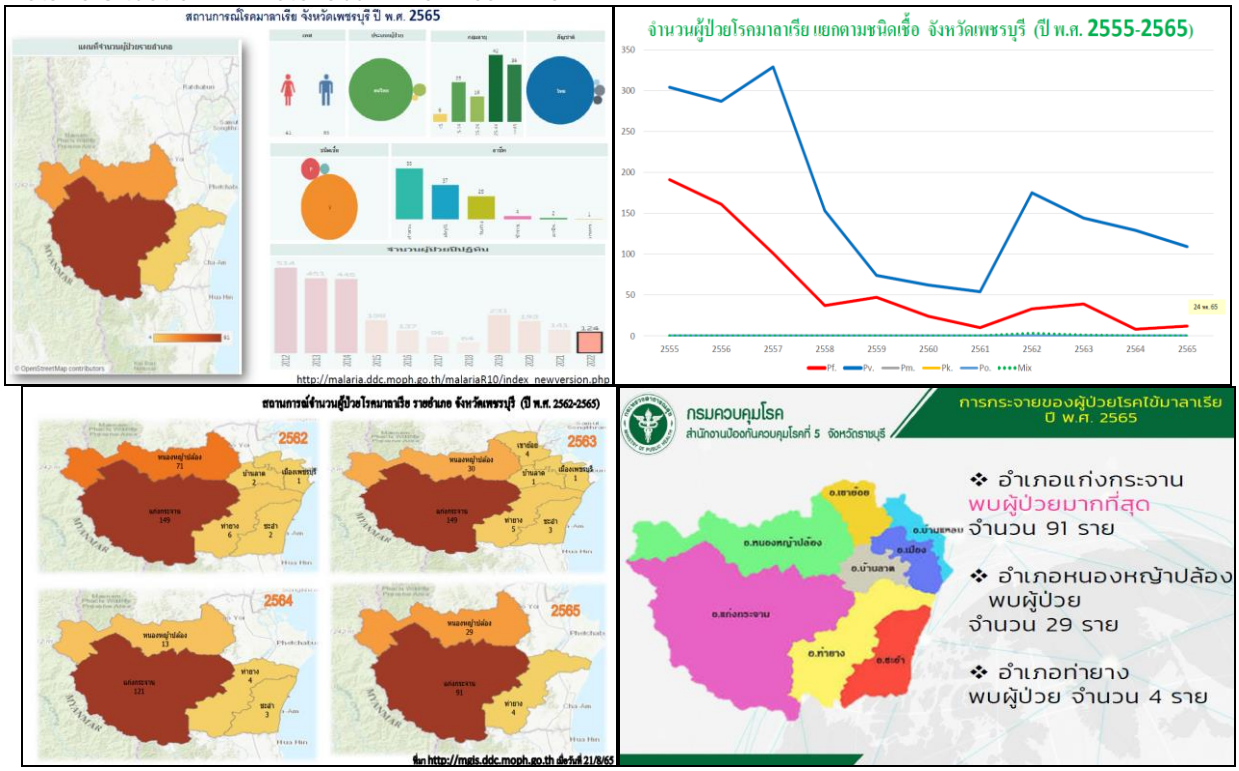
Organizations participating OC Malaria site visit in Phetchaburi

| | | |
|---|---|---|
| Central org. | • OC Chair, OC consultant, CCM executive secretary, CCM secretariat staff<br>• Co PR-DDC<br>• DVBD | |
| Regional org. | • OPDC 5 Ratchaburi | |
| Local org. | • Provincial Health Office Phetchaburi<br>• District Health Office<br>• VBDC<br>• VBDU<br>• Health Promoting Hospital<br>• MC | • Pongluk Border Patrol Police base<br>• Pongluk Military Base Camp Kaeng Krachan National Park |

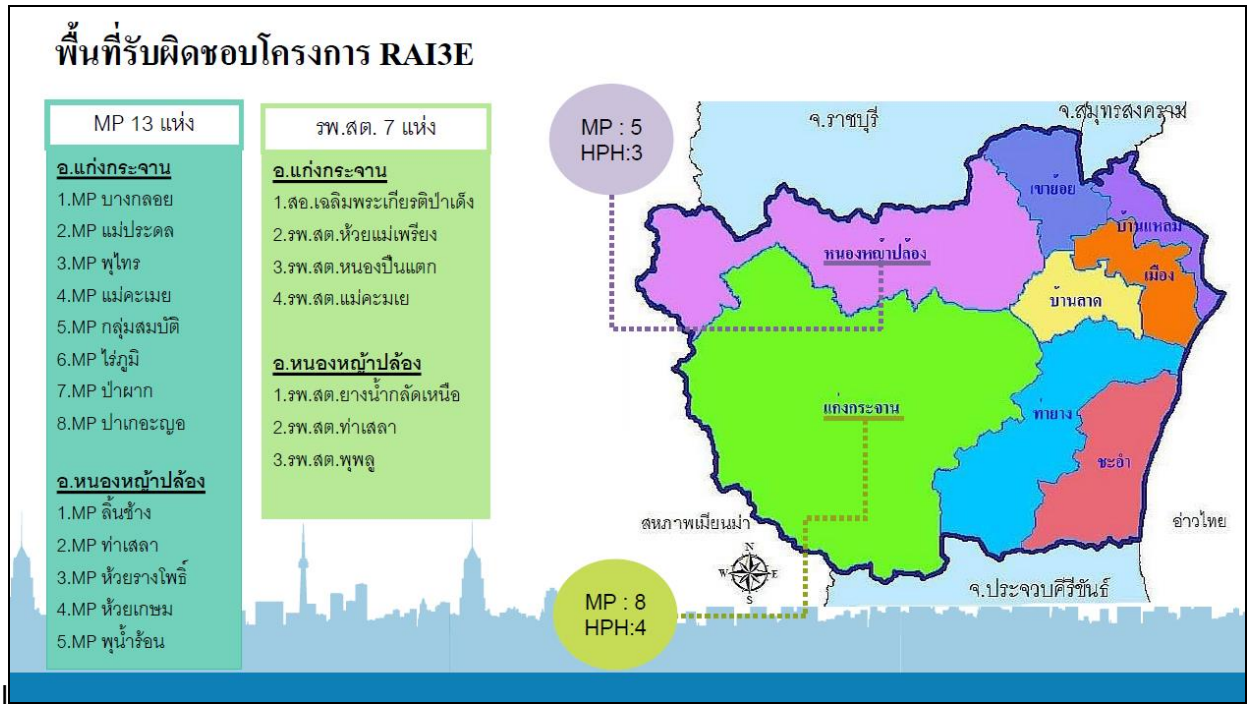
OC site visit members

| | |
|---|---|
| 1.Dr.Krongthong Thimasarn | 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 |
| ดอกเบี้ย 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)

กรมควบคุมโรค
สำนักงานป้องกันควบคุมโรคที่ 5 จังหวัดราชบุรี

ผลการดำเนินงานตามตัวชี้วัดหลัก
ปีงบประมาณ 2565

ดำเนินการความครอบคลุมของมุ้ง % Coveage LLIN
3 ปีย้อนหลัง (2563 – 2565)

| หน่วยงาน | % Coveage LLIN | | |
|---|---|---|---|
| | 2563 | 2564 | 2565 |
| ศตม.5.2 เพชรบุรี | 96 | 143 | 104 |
| นคม.5.2.1 หนองหญ้าปล้อง | 71 | 127 | 100 |
| นคม.5.2.2 แก่งกระจาน | 114 | 153 | 106 |

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.

Discussion in the meeting

1. The OC chair said that the most worrying issue was found in terms of personnel. Since the malaria unit will be dissolved within 4 years, the workload will be placed on the Subdistrict Administrative Organization. It is unlikely that the goal of eliminating P.f. Therefore, there must be discussions with relevant sectors, including DVBD, PR-DDC and Department of Disease Control to find a solution together

2. Ms. Nipharudee, who is responsible for USAID malaria, said that she visited the area in Sangkhla Buri District, Kanchanaburi Province in July. The situation is as severe as Tak Province, with a shortage of medical supplies, medicines and mosquito nets throughout the province. due to the outbreak of COVID-19 and there are tens of thousands of immigrants along the border every day. Soldiers and police are now at high levels of infection. Reporting or communication system is quite difficult because it is a mountain area. 1-3-7 reporting systems or online surveillance systems are difficult to do, which is challenging to work with. And from this visit to the area, there are proposals from OIP and OOP to control malaria along the border as follows:
   - Community pharmaceuticals, drugs and bed nets must be stocked at the community malaria post-MP level or at the relevant level. to defend in a proactive manner Including establishing an emergency fund for drugs and chemical-treated nets. (USAID's contribution in 2023 was to support 20,300 mosquito nets as requested by the Insect Disease Division for an emergency respond to people fleeing conflict into Thailand.)
   - In terms of manpower, there is a need for foreign volunteers to help support work along the border.
   - In terms of strategy, the PWD proposed setting up a community disease screening point and distributing prevention packages for people passing through the border. Proceed the same way as a COVID-19 screening test. to prevent the spread of malaria

3. The OC chairman said that the infection in Sangkhlaburi district is different from that in Phetchaburi. Because Phetchaburi, the border is far away, having to travel for about 1 day and 1 night, the infection will be in the area But in Sangkhlaburi, it is a cross-border infection.

4. Dr. Deyer Gopinath from WHO Thailand thanked Dr. Chusak and Ms. Niparedee. who exchange current information on the malaria situation in the Thai-Myanmar border area which is quite worrisome. Due to unrest in Myanmar, especially in Tak, Mae Hong Son, and Kanchanaburi provinces, there are many immigrants in the border areas. The recommendation is to conduct a National Program review, which is planned to be conducted in November. and must adjust their working strategies in accordance with the current situation by adjusting the plan from the existing data and actual budget

5. Dr. Chusak Prasitthisuk has 2 proposals as follows:
   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 project be reviewed to be used as input for writing the next RAI4E proposal

6. DVBD reported that due to the resurgence of malaria, the 6 provinces with high malaria rates were asked to make emergency plans in the provinces for the central budget, both normal budget and RAI3E budget. Waiting for approval from GF for various issues. Today, she will be informed the executives of the DVBD for further information.

The meeting acknowledged site visit report and agreed with recommendation as proposted.

**3.1.3** TB/HIV program (STAR3)

**1)** HIV component

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

Performance according to the indicators and goals set in the work plan. It consists of the Q6 results compared to the same quarter's targets and cumulative performance in quarters 4-6 compared to fiscal year 2022 targets using the revised criteria of the Global Fund as follows:

Global Fund Performance Rating Scale

| Performance Rating | Percentage of results comparing to targets | New Performance Rating |
|---|---|---|
| A1: Exceeding expectation | > 100 % | A: Excellent |
| A2: Meeting expectations | 90 – 100 % | B: Good |
| B1: Adequate | 60 – 89 % | C: Moderate |
| B2: Inadequate but potential demonstrated | 30 – 59 % | D: Poor |
| C: Unacceptable | < 30 % | E: Very poor |

Table showing the performance of the Q6 (Apr.-Jun. 22) as a percentage of the Q6 target

**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**

| 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) |

Remarks: Works that should be given special attention is a tuberculosis screening service and tuberculosis prophylaxis (TPT) for people living with HIV.

2. The ratio of performance to overall performance of the country cannot be assessed. For reasons not defined as indicators in the overall picture of the country. And there may be duplicate

3. Supervision based on qualitative indicators not yet able to process. The qualitative indicators are under consideration for use in supporting the budget of the NHSO.
4. Supervising the implementation of the TRP issues together with the implementation of CCM recommendations from the previous meeting can be summarized as follows.

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).

The part that still needs to be followed up on further progress from the TRP issues that the CCM has suggested 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 ) 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 Chairman of the CCM committee urges all TB, HIV and Malaria programs to review half of their implementation ending in 2023 to determine what adjustments they need to make. Proposed at the next CCM meeting.

The part that still needs to be followed up on further progress from the TRP issues that the CCM has 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.

Discussion in the meeting

1. Ms. Thongphit (PR-RTF) said that the data of Reach and Test, the Raks Thai Foundation must split the data again to Dr. Petchsri, separately belongs to GF and NAP, which Raks Thai Foundation can separate information only for provinces under Raks Thai.

2. Ms. Budsaba (PR-DDC) said that the issues that did not work as targeted were TB-HIV, screening HIV patients in TB and administering TPT drugs in HIV patients. Progress has been made:

- Accelerating the operation of the area to meet the indicator's goals by requesting TA from GF to make guideline TPT and training personnel when the guideline is completed and another TA to help make a report system on screening. TB-HIV and TPT in HIV
- Making information systems at the moment, AIDS Division Information has been included on the TPT-HIV web page. While waiting for the transfer of TB data whether to key in Nap or NTIP, there must be another agreement to make an MOU between the Department of Disease Control and the NHSO, including issues. In keying, whether to key in PWUD or PWID in accordance with the written proposal.

3. Dr. Petchsri proposed that the 2 PRs need to be consulted in keying in the PWID data in the country view again.
4. The OC Chair asked the 2 PRs and the Tuberculosis Division to work together to achieve the goals of the indicators set by the GF.

The meeting acknowledged

2) 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:

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

<u>suggestion</u>

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.

**2.1 สรุปผลการดำเนินงานโครงการยุติปัญหาวัณโรค ผลการดำเนินงาน ไตรมาสที่ 6 (เมษายน – มิถุนายน 2565) TB 11 indicators with Rating B2 (D) : 47.91%**

| 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(M) #of TB notified cases (new and relapse) | 44,453 | 31,483 | 70.8% | B1 | 21,773 | 16,144 | 74.1% | B1 |
| | TCP-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 |
| | TCP-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(M) % 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 | 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-2(M) % of TB cases with RR-TB and/or MDR-TB | 962 | 331 | 34.4% | B2 | 471 | 190 | 40.3% | B2 |
| | MDR TB-3(M) # 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 |

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.

Discussion at the meeting

1. Ms. Kesanee (PR-DDC) thanked Dr. Sirinapha for the quite in-depth and detailed suggestion, which NTP answered GF's questions.

already gone before Now must perform the tasks that have been answered. In the future, the information of Dr. Sirinapha came to consider again.

2. Ms.Thongphit (PR-RTF) informs that at the moment, GF has urgently asked for answers from 2 PRs on TRP, which RTF has sent responses to CCM already on September 7, 2022.

The meeting acknowledged and the OC Chairman proposed PR-DDC to discuss with Dr. Sirinapha and ask Dr. Petchsri to help them as a consultant in answering TRP's questions and assign the CCM executive secretary to help consider the responses of the 2 PRs, then send report to GF.

3.1.4 Regional TB program (TEAM program)

Phetsri Sirinirun, MD, as RCM's executive secretary, reported to the meeting that currently unable to report results because it is in the first year of work and there is still a problem signing with some countries In the part of Thailand, the payment has already been made. But still can't see all the information because the proposal that was written to specify that TB case data from TEAM areas and an overview of migrant

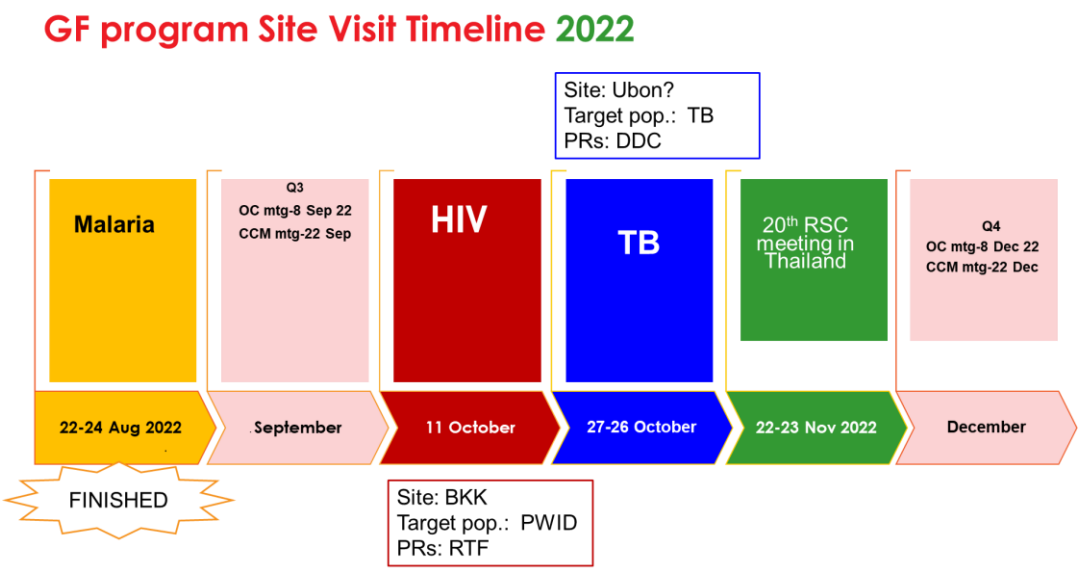
populations in each country are also required. The IOM, as the main funder for the project, is coordinating with the TB Division and the RCM is currently coordinating with the CCM in working with the TEAM. Country grant, as the proposal states that a minimum of US$ 5 million is required for the migrant in Thailand. And must work in connection between Country grant and regional grant, which work can be accomplished, must receive cooperation from PR-RTF, PR-DDC, Tuberculosis Division to summarize the results of the country's performance.

The meeting acknowledged

Agenda # 4 Matters proposed for consideration

4.1 Draft schedule of HIV & TB GF program site visits in 2022

Dr. Phusit Prakongsai, Executive Secretary of CCM, informed the OC Committee to consider the draft plan for the site visit of the Global Fund on AIDS and Tuberculosis Project for the year 2022 as follows:




- malaria program Visited the project area in Phetchaburi province on August 22-24, 2022.
- AIDS program plans to visit Bangkok and its vicinity between 11-12 October 2022.
- Tuberculosis program There is a plan to visit the area in Ubon Ratchathani Province. Between 26-27 October 2022

Discussion in the meeting

The OC chairman said that if the end of the year was not much of a mission, he might visit the executive offices of both PRs during the December The CCM Secretariat will coordinate and inform again.

The meeting acknowledged

Agenda **5** Other matters

**5.1** Discuss tax returns to the Global Fund of PR-RTF.

Ms.Thongphit (PR-RTF) requested to discuss regarding tax returns to the Global Fund. On June 8, 2022, the Raks Thai Foundation received an email from the GF informing them of a request for tax refunds to the GF because the GF considers the fact that the GF has provided budget to support the implementation to Thailand, but when buying goods or medical supplies in the country, they have to pay taxes again. The tax that must be paid back to the Global Fund is the tax incurred in the STAR2 grant but charged in STAR3 in the amount of **$** 267,186 with the condition that the money must be taken domestically by pay tax back within 2 months of receiving the letter from GF. Overpayment will be fined twice the amount of tax (approximately $534,372) after receiving the letter. Raks Thai Foundation has

sent a letter to the Revenue Department asking for tax exemption twice, but both times have been rejected due to the inability to change the Thai law that the Global Fund is not an organization that resembles the UN and thus cannot be granted tax exemption and informs that the Raks Thai Foundation does not have to make a letter to the Revenue Department again. However, to show the efforts of the Raks Thai Foundation, the legal team once again sent a letter to the Director-General of the Revenue Department. We are waiting for a reply letter. Once a reply letter has been received, it will be sent to the Global Fund for consideration. At the same time, we sent a letter to CCM to know the current problem and ask for a solution to solve the problem because today is due for 2 months to pay the tax refund. But the Raks Thai Foundation could not find money to pay.

Discussion at the meeting

1. Ms. Budsaba (PR-DDC) shared PR-DDC experience with reimbursement of taxes to the Global Fund during STAR2, but charged in STAR3 that the $200,000 in taxes generated in STAR2 was spent by PR-DDC by doing the matter through the Permanent Secretary of the Ministry of Public Health to submit the matter for consideration of Cabinet, but at that time, the COVID-19 situation was severe, so the matter was not brought into the cabinet meeting until the tax payment was overdue. The Global Fund therefore instructed PR-DDC to double the tax refund by deducting from the current round of STAR3 budget. The actual budget was $ 27,000,000, deducting $ 400,000 of the Global Fund's tax return. The remaining STAR3 budget was $ 26,600,000.

2. The OC chair concluded that the best possible solution was to need to prepare a tax return to the Global Fund ASAP without having to wait for the GF to deduct the salaries of workers in the Raks Thai Foundation and see how the GF looks at the Raks Thai Foundation conclusion. After having sent a letter clarifying the situation and suggesting that the Raks Thai Foundation should prepare for the next round of medical supplies purchases to minimize the impact on tax refund measures

The meeting acknowledged

Agenda # **5** Other matters

Next OC meeting on 8th December 2022 at 13.30-16.30 hrs.

The CCM Secretariat informs the schedule of the OC Committee Meeting No. 4/2022 on December 8, 2022 from 13.30-16.30 hrs. and asks everyone to post an appointment in the calendar and attend the meeting together.

The meeting acknowledged

The meeting adjourned at 18:10 hrs

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CCM secretariat office