



**Bangladesh Country Coordinating
Mechanism
CCM Secretariat
Ansari Bhaban, 14/2 Topkhana Road, Dhaka- 1000**

Minutes of the 76th Meeting of Bangladesh Country Coordinating Mechanism (BCCM)

Chairperson	:	MM Neazuddin, Secretary, Ministry of Health and Family Welfare And Vice Chair, Bangladesh CCM
Date	:	22 December, 2013, Sunday
Time	:	12:30 hours
Venue	:	Conference Room (No-332), Ministry of Health and Family Welfare
Brief Report	:	Meeting minutes - Page (1-5) Participant list (Annexure -A) Page (6-7)

At the outset, MM Neazuddin, Vice Chair, Bangladesh CCM and Secretary, Ministry of Health and Family Welfare welcomed all the members to the 76th CCM meeting. With the permission of Secretary and CCM Vice Chair, Md. Shafiqul Islam Laskar, Additional Secretary (PH&WHO) Ministry of Health and Family Welfare steered the meeting in accordance with predetermined agenda.

AGENDA 1: Approval of meeting minute of 75th CCM meeting

It was noted that the 75th CCM meeting was held on 30 October 2013 and the minutes were circulated to all electronically and by hard copies. The minutes of 75th CCM meeting was taken as read and confirmed with very little discussion.

AGENDA 2: Update on CCM reconstitution

a) Election of constituency members:

Md. Shafiqul Islam Laskar requested Leo Kenny to provide update information on election of different constituency members and alternate members of CCM.

Leo Kenny, Country Coordinator of UNAIDS and Manaj Kumar Biswas, Coordinator CCM informed the meeting on update of election of different constituency members. Leo Kenny stated that understanding from GMS team, they were well in track to re-constitute the CCM. In term of bilateral and multilateral development partners selection took place on 5th December 2013 during the donor consortium meeting. WHO and UNAIDS have been selected by default according to the Global Fund eligibility criteria. The other two members would come from Canadian CIDA and USAID and alternate members would come from USAID and UNICEF. In term of people living with diseases (PLWD) and key affected populations (KAP), the election will take place very soon through network. In case of election process of NGO/CBO/CSOs, the advertisement is already published on UNAIDS and DGHS websites as well as two national daily newspapers. Forty two (42) applications are submitted by the NGOs and CBOs. Two short term consultants are working on the election process of NGO/CBO constituency and PLWD & KAP members and alternate members of CCM. Hopefully by 10th December election of members and alternate members will be completed.

Manaj Kumar Biswas, BCCM Coordinator said that FBCCI would conduct an emergency meeting very soon to elect members and alternate members for private sector constituency. FBO already conducted election on 13th December, 2013 and they would send their documents by 31st December. Election of Academic person and Researchers also was conducted 15th December under UGC and they would send their documents by 31st December. Respected Secretary -MOHFW will request different ministries to nominate their members and alternate members for CCM under Government of Bangladesh according to EWG decisions.

Md. Abu Yousuf Chowdhury, Chair, STI Network explored some observations on NGO/ CBOs constituency election. He criticized the election process and added that though thousands of NGOs are working in the Bangladesh only 42 NGOs applied which are not represents all NGOs/ CBOs in Bangladesh. Only those who were panelized or work around the CCM, were applied. The individual NGOs member would not fulfill the interests of CCM in the context of Bangladesh. They could not represent 10% NGOs of Bangladesh. CCM should not follow the process for electing NGOs/CBOs constituency members and alternate members. He objected about the process of election. He also suggested that election should be based on NGO network that are working for public health development regarding TB, Malaria and AIDS. He also suggested sending letter to Networks, Association and Forums of NGOs for the election members and alternate members rather than individuals NGOs. He again explained the problem was NGOs are thousands and most of

the NOGs did not have access to information system which is being followed by CCM for electing members and alternate members. Even the advertisement published in the newspaper. But NGOs/CBOs have common platform and network. They should come through their platform and networks. If CCM asked for individual NGOs, they could not contribute in that way. CCM should send letter to NGOs networks and associations like ADAB, FNB etc. Secondly, it showed some biasness, if it is done through STI network as only the network works on STI activities. So, for the betterment of CCM, NGOs member should come through the networks.

Leo Kenny replied that there were many networks, and associations in Bangladesh, the election process is very much inclusive and there is no intention to exclude anybody here. It had been opened for all. Every NGO could apply here. STI network had not been excluded. According to the eligibility criteria anybody can come but it should be through the proper process fulfilling the criteria. It is very specific and transparent. Every NGOs of Bangladesh can come forward and be nominated for the members and alternate members. Of course objections can be there in the election but it should be very specific and all were requested to constructively contribute to this process. He pointed out a few matters in response to Abu Yousuf. He said that Prof. AK Azad visited Global Fund Head Quarter in Geneva. There GF told him that GF money should be used for capacity building of civil society. NGOs were also the part of civil society.

Dr. Tasnim Azim from ICDDR,b informed the meeting that PRs are not involved in the NGOs/CSOs constituencies' election process. UNAIDS is only responsible for this election process according to last CCM meeting and EWG decisions. She also asked for more clarifications on participation of PRs, SRs, SSRs in the NGOs/CSOs election process.

Dr. Afsana Kaosar responded from Dr. Tasnim Azim's issue and she said that it should be noted down and should be minuted that PRs are not involved in the NGOs/CBOs constituencies' election process. UNAIDS is only responsible for this election process according to last CCM meeting and EWG decisions.

Prof. Dr. Sharfuddin Ahmed, member of CCM proposed that as per the process of reconstitution of CCM, probably the media circulation or advertisement is completed but now Mr. Yousuf was telling that some of NGOs are not yet able to participate in the process. How long should CCM wait for NGOs responses? If some important NGOs who are interested about CCM but could not see the advertisement, then they might be included according to inclusion criteria. Decisions were made in the last meeting. According to CCM decisions, election process is right on track and GMS is providing excellent assistance for the reconstitution of CCM. GMS had pointed out all things as very clearly and made everything transparently. If any NGO missed this opportunity they could be included as per eligibility criteria.

Dr. Be-Nazir Ahmed, LD, CDC mentioned that NMCP has an observation regarding membership of PLWD constituency. Regarding malaria, "people living with disease" actually is not possible. There should be an amendment in the advertisement for malaria constituency to include "people who suffered from malaria or affected people from the malaria endemic area".

b) Governance and other manual of BCCM:

Mr. Yousuf, Chair of STI Network observed that CCM representing both Govt. of Bangladesh and Civil Society. ICDDRb and BRAC were not a civil society. So, there could be included as national and international non-government organization.

Dr. Asheque Hussain, LD of TB emphasized that the Line Directors need to be involved in the governance manual preparation. Role of LDs should be more clarified. He also added that LDs were always part of CCM. They took the stewardship role in implementing national programmes of 3 diseases (HIV-AIDS, TB and Malaria). On the behalf of government, LDs are competent to play that role. LDs role should be included in the governance manual too. LDs should lead the concept note development process of GFATM new funding model application under the guidance of CCM.

Tasnim Azim from ICDDR,b pointed that "what GMS has written in the document was not reflect in the meaning but creating confusion among people. The written should be reflected in the meanings and more clear. Dr. Kaosar Afsana reinforced Tasnim Azim's comments on the written documents for CCM by GMS.

Leo Kenny informed that in terms of key documentations, governance manual of the BCCM, oversight plan, communication strategy and conflict of interest guidelines had been circulated to EWG members for their comments through email. GMS is waiting for Ministry's comments on particular documents. After getting all the feedbacks and comments on those documents, GMS team will synchronize all comments and prepare the final documents and again circulate among all of members through email. After that BCCM would send it to Global Fund Board.

AGENDA 3) Concept Note Development

Mr. Md. Shafiqul Islam Laskar, Additional Secretary, MOHFW, asked three Line Director to tell about their updates of concept note development.

Prof. Be-Nazir Ahmed, LD of CDC described DC's concern regarding on the role of LDs in the concept note development. He proposed that LD should have clear cut role otherwise it might hamper the process of developing new concept note and new proposal development. He also described CDC's position on making concept note. Developing the concept note there are few steps such as mid-term review and development of robust and costed national malaria control/elimination strategy. One group of CDC is working for developing strategy. CDC had to cancel mid-term reviews due to unavoidable circumstances. Third on is survey data is already collected. CDC is looking for CCM endorsement for stewardship role of LDs in developing the concept note for GFATM new funding model application.

Dr. Asheque Hussain suggested that actually on the process of developing concept note, important issue is updating the national strategic plan. NTP has plan to update the national strategic plan which was the main basis for development of concept note. Updating the national strategic plan would help NTP to develop concept note. The joint monitoring Mission will be started on 30th March 2014 and it will take two weeks. He also proposed that inclusion of LDs in the concept note development process has to be endorsed by the CCM and recorded in the meeting minutes. If CCM involves Line Directors in proposal development, it would be very nice one, because the proposal will be better one. LDs play key role in implementation of national programmes. CCM can oversee the process but LDs should not be excluded, they should be part of proposal development and steward the process. Dr. Asheque Hussain also mentioned that LDs are the head of national programmes and national programmes means the joint efforts of government and non-governmental organization. So, without involving LDs in the process of proposal making, the things will not be coordinated. So, LDs role as stewardship must be outlined in the meeting resolution.

Abu Sayeed, expert of GMS explained and clarified that proposal development was one of the important functions of BCCM as defined by Global Fund. CCM could involve implementers, PRs and LDs. There is no problem for this inclusion but concept note development must be CCM that means CCM will oversee the process of concept note development. Line Directors have to be involved as they are the key role players in providing technical stewardship. He also defended that PRs and LDs are not excluded at all. All will be included in the proposal development and concept note. PRs and SSRs also are not prevented in the proposal development. They are the main part and people who can drive for the proposal development concept note in real sense.

Leo Kenny explained that Mr. Abu Sayeed and Mr. Ahmedul Ghani are experts on the CCM. PRs are critical, LDs are critical for the programmes, LDs have also critical role in CCM as well as proposal development.

Dr. Abdul Wahid asked that "if LDs are not included in the concept note development then what will be the role of Technical sub Committee". He suggested that LDs should be included in concept note development.

AGENDA 4: Extension of existing CCM until new CCM on Board

Chair of the meeting asked the participants about agenda 4, how long existing CCM will work to the participants. BCCM members explored their opinion that the existing CCM would be continued their work until new CCM is on Board.

Agenda 5) Endorsement of (MSA-910-GO1-H) GF South Asian Round 9 Multi Country Programme (Bandhu Social Welfare Society-RCM Proposal):

Chair queried to concern person to discuss on endorsement of (MSA-910-GO1-H) GF South Asian Round 9 Multi Country Programme Budget for Bandhu Social Welfare Society-RCM.

Mr. Salhe, Executive Director presented their proposed budget before the meeting and requested to endorse it by CCM. He also circulated his presentation among the present members of this meeting.

The meeting discussed on the RCC financial proposal of Bandhu Social Welfare Society decided that it is endorsed by CCM.

AGENDA 6: Miscellaneous

a) Technical Sub Committee for TB, Malaria and HIV/AIDS

Dr. Abdul Wahid, LD of the National AIDS/STD Program (NASP) informed the meeting that he observed some development issues under the GF New Funding. Actually, NASP has started the mid-term review of the national strategic plan. He said that it was in process of government endorsement. Second, HIV/AIDS technical sub-committee is proposing to restructure itself, members who were long time absent to be replaced and members will be nominated/selected from each agency. He described about the technical sub-committee meeting held on December 11, 2013, and the following issues are discussed: Road maps of development of concept note under the New Funding Model (NFM); and latest update and way forward on treatment, care and support services/packages for people living with HIV. He also added that the activities to peruse road map to Concept Note development included the country dialogue start-up; consultant hiring; mid-term review of national strategy plan; concept note on Health System Strengthening (Care and Support, TB-HIV co-infection); restructuring technical sub-committee. He proposed the road map towards concept note development process. He also

added that the global fund agreed to allocate another hundred thousand USD for the PMACC for the next five term. So that, the program can run with the HPNSDP Fund for interim period.

Dr. Asheque Husain submitted presentation of National TB Control Program Bangladesh's program performance for both PRs and new funding model. He informed GFATM Grant Status- Round 3, 5 and 8 as completed. Round 10-Phase 2 is ongoing and will end June 2015. Key features of new funding model

- Allocation of an indicative amount and opportunity to bid for incentive funding.
- Combine concept note (AIDS, Malaria, TB) through CCM.
- Health System Strengthening
- National Strategic Plan: Key documents for the basis of concept note.
- Application anytime in 2014-2-16 for us before June 2014-01-06
- Grant implementation period: 3 years.

He also added that Joint Monitoring Mission will be conducted in March 2014 and the draft report will be available in the first week of April 2014. TB technical sub-committee meeting was also held on 3rd October 2013 on New funding Model. He also shared that the proposal/concept development working group for GFATM new funding model will be formed soon and shared with BCCM electronically.

Dr. Be-nazir Ahmed told about the update of CDC's concept note preparation process and progress. He said that Malaria Technical Sub-committee already proposed. NMCP also delineated its population according to latest census report. NMCP have to define its denominator and calculating its population attribute. There are some administrative divisions of the sub-district and thus 71 sub-districts are included. He also said that the proposal/concept development working group for GFATM new funding model for malaria will be formed very soon and informed to CCM. He also shared the presentation on progress of Round 9 grant implementation for both PRs.

b) Long term consultant supported by GIZ:

Leo Kenny added that for the technical assistance for CCM, GIZ technical teams identified that a long term technical assistance is needed for CCM. He suggested that MOHFW, WHO, BRAC and UNAIDS together put a short note on technical support needs making it clear for the three diseases from the next year related to the Global Fund functioning and that ten consultants should be identified immediately. Consultants would be sent to get training, then support CCM and the GF funded programmes in Bangladesh. People who work in PR, SR, and SSR on TB and Malaria can send CV for nomination for consultants.

As there was no other issue to discuss, Chairperson concluded the meeting by extending thanks to members of CCM for their support and attending the discussion and asked them to attend the next CCM meeting.

Decisions:

1. The minutes of 75th CCM meeting was taken as read and confirmed with very little discussion. **(Agenda-1)**
2. According to last CCM meeting and EWG decisions election process of NGOs and other constituencies will be continued according to Global Fund New Funding Model and eligibility criteria. **(Agenda-2. a)**
3. EWG will review all documents for CCM and send to BCCM Secretariat by 24 December 2013 then all the comments and feedback to be incorporated by GMS and will be sending to CCM members for final review. **(Agenda-2. b)**
4. Three LDs will continue the work for leading the Technical Sub-committees and concept note development, and take the stewardship role. They should coordinate on regular basis to develop excellent concept note for TB, Malaria and HIV/AIDS under the leadership CCM. **(Agenda-3)**
5. The meeting decided on endorsement of the RCC financial proposal of Bandhu Social Welfare Society that it is endorsed by CCM and CCM coordinator will proceed endorsement letter to CCM Vice Chair **(Agenda-4)**
6. LDs are responsible for forming proposal/concept note development Technical Working Groups (TWG) for TB, Malaria and HIV/AIDS and inform CCM Secretariat and then it will be circulated by CCM secretariat to all CCM members **(Agenda-6.a)**.
7. The technical Sub Committee may be delegated authority to carry forward the concept note development process and requested restructures are endorsed **(Agenda 6.a)**
8. The self-assessment should be done after the re-constitution of CCM and approval of the all key documentations. BCCM coordinator will re-send the criteria for selecting 10 consultants to all CCM members, TB and Malaria partners and stakeholders by 24th December 2013. **(Agenda-7)**.

MM Neazuddin
Chairperson of the 76th CCM Meeting
Secretary MOHFW & Vice Chair BCCM

Annexure A

Participants Attended:

1. M, M Neazuddin, Secretary, Ministry of Health and Family Welfare, Bangladesh Secretariat, Dhaka
2. Prof. DrKhondokarMdShefayetullah, Director General, Directorate General of Health Services (DGHS),
3. Mr. Md. Shafiqul Islam Laskar, Additional Secretary (PH & WHO), Ministry of Health & Family Welfare,
4. Dr Kamal Uddin Ahmed, Joint Secretary (Political), Ministry of Home Affairs, Bangladesh Secretariat
5. Md. Khalilur Rahman, Joint Secretary, MOWCA
6. Mr. Azam-E-Sadat, Deputy Secretary, MOHFW
7. Dr. Md. Abdul Waheed, Line Director, (NASP), DGHS, Road 132, Gulshan 1, Dhaka
8. Dr Benazir Ahmed, Director (Disease Control) and Line Director, CDC, DGHS, Mohakhali, Dhaka
9. Brig Gen Md Nasir Uddin, Chief Health Officer, Dhaka City Corporation, Nagar Bhaban, Ministry of L,
10. Prof. Dr. Md. Sharfuddin Ahmed, Secretary General, BMA, 15/2 Topkhana Road,
11. Mr. Abu Yusuf Chowdhury, Chairperson SANB, 4/7 Humayun Road (Ground Floor), Block-B, Mohammadpur,
12. Ms. JesminPrema, Chairman SKUS, 110, Shantinagar, Nilufar Building, Dhaka,
13. ABM NasirulAlam, DS, Chittagong Hill Tracts Affairs, Bangladesh Secretariat
14. Ms. Habiba Akhter, ED, AAS & President NNPLWHA, House # 8/1, Aurangajeb Road, Block-A, Mohammadpur, Dhaka
15. Leo Kenny, Country Coordinator, UNAIDS, IDB Bhaban (E/8 Begum RokeyaSarani, Agargaon
16. Dr. TasnimAzim, Director Center for HIV/AIDS, ICDDR'B
17. Dr, Sharful Islam Khan, Icddr'b
18. Dr. SukumarSarker, Senior Technical and Policy Advisor, USAID
19. Dr. JayanthaLiyanjeg, WHO Bangladesh, WHO, House # 12, Road # 7, Dhanmondi R/A, Dhaka
20. Dr Md Shah Alam, Senior Manager Program, icddr, (program PR3 HIV)
21. Dr. Mohammad Jakirul Karim (DPM, CDC, DGHS, Mohakhali Dhaka
22. Dr. NuruzzamanHaque, DD&PM, NTP, DGHS, (program PR1 TB)
23. Dr. Jahirul Karim, Deputy Programme Manager, MPDC, DGHS, (program PR1 Malaria)
24. Dr. Ashaque Husain,, Director, MBDC and Line Director, TB & Leprosy, DGHS, Mohakhali, Dhaka
25. KaosarAfsana, Director, BRAC Health, Nutrition and Population Program, Mohakhali, Dhaka. Representing NGOs on Tuberculosis,
26. Dr Simon Raisin, Director, HIV/AIDS program, Save the Children (program PR-2 HIV), Gulshan-2, Dhaka
27. Dr. Lima Rahman,
28. Nayyar Iqbal, Deputy Country Director Save the children
29. Mr Swami Sthiratmahananda, Assistant Secretary Moharaj, RK Mission, 27 R.K.Mission Road, Gopibagh,
30. Dr. Md Moktadir Kabir, Senior Programme Specialist, BHP, BRAC, (program PR2 Malaria)
31. Abu NomaanHossin, Team Leader, LFA, House- 83, Flat No.- 5/D, Road- 23, Gulshan-1,
32. Dr. Saydur Rahman, NASP, DGHS
33. Md. Abu Sayeed, GMS
34. AhmedulGhani, GMS
35. Charles Dickinson, GMS
36. Shale Ahmed, ED, BSWS
37. ASM RahmatUllah,BSWS
38. Dr, Nadia Rahman, UNAIDS
39. Umme Rahman Siddiqui, MO-ERD, DGHS
40. Dr. Mohammad Khairul Hasan, Deputy Chief(H), MOHFW
41. Dr. Saydur Rahman, NASP
42. Sheik MasudulAlam, Save the Children
43. Manaj Kumar Biswas, CCM Coordinator, CCM Secretariat, MOHFW. Dhaka
44. Dr. ShahidaAkteer, Monitoring Officer, CCM Secretariat, MOHFW. Dhaka
45. Md. Faruk Miah, Administrative Assistant, CCM Secretariat, MOHFW. Dhaka.

Did not able to attend for their important business:

46. Mr. Dileep Kumar Das, Additional Secretary (UN), ERD, Ministry of Finance, Sher-e-Bangla Nagar
47. Ms.NuriShamsunNahar, Joint Chief of Planning, Ministry of Health & Family Welfare, Bangladesh Secretariat
48. Prof M Ridwanur Rahman, Head of Medicine, ShaheedSharwardhy Medical College, & Member, MRG
49. Mr. S.M.Shafiuzzaman, Advisor, Bangladesh Association for Pharmaceutical Industries
50. Ms Roxana Quader, Joint Secretary (Admin), Chittagong Hill Tracts Affairs, Bangladesh Secretariat
51. Mr. Bikash Kishore Dash, Joint Secretary (cell), Ministry of Women & Children Affairs, Bangladesh Secretariat
52. Dr. Shehlina Ahmed, Health and Population Advisor, DFID Bangladesh, 10 Gulshan Avenue, Gulshan 1, Dhaka
53. Dr. Abbas Bhuiya, PhD, Deputy Executive Director, ICDDR'B, Mohakhali, Dhaka
54. Mr Michael McGrath, Country Director, Save the Children, (program PR-2 HIV)
55. Dr. AKM Mustafa, Director, National Institute of Diseases of the Chest and Hospital (NICDH), Mohakhali, , Dhaka

56. DrBaizid K Riaz, Director-III, Prime Minister's Office, Tejgaon, Dhaka 1206
57. Mr. SkAtiar Rahman Dipu, Director, BGMEA, BGMEA Complex, 23/1 Panthapath Link Road, Kawran Bazar,
58. Dr.Anisur Rahman, Deputy Programme Manager, NASP, DGHS, (program PR1 HIV)
59. Dr. Shahadat Hussain, Ex-Director, Islamic Foundation Bangladesh, Agargaon, Sher-e-Bangla Nagar,
60. Prof. Mahmudur Rahman, PhD, Director, Institute of Epidemiology, Disease Control & Research (IEDCR)