National AIDS/STD Programme

Directorate General of Health Services Ministry of Health and Family Welfare

Date: December 17, 2013

Minutes of the 19th Meeting of the HIV Technical Sub-Committee (TSC) for the BCCM

Time

: 03.00 pm- 04.00 pm

Date

: December 11, 2013

Venue

: Conference room, WHO

Participants

: List attached (Annex 1)

Agenda:

- Identifying issues for the development of the Concept Note under the new Global Fund (GF) funding model
- 2. Updates and way forward on treatment, care and support services / package for PLHIV
- 3. AOB

Highlights of the meeting (Bold text implies action points):

- At the beginning Dr. Md. Abdul Waheed, Line Director (LD), National AIDS/STD Programme (NASP) welcomed all the participants in the meeting. The LD provided updates on the procurement of ARV drugs and the rolling out of the care and support package. He mentioned that the package roll-out will take time and thus Save the Children International (SCI)/GF support would be helpful. He also requested the support from all parties to help in continues care, support and HIV Testing and Counseling (HTC) services.
- It was stressed that a clear road map was needed towards completion of the concept note which would start off with identifying key issues and documents required. The key issues to be identified should draw upon the mid-term review (MTR) of the 3rd National Strategic Plan (NSP), the findings interpreted from the Impact Assessment of harm reduction interventions, recommendations from the national AIDS spending assessment and other existing information from various studies and reviews. A set of documents were shared with the Global Fund during mid-September as a prerequisite to applying for new funds under the new funding model through submission of Concept Note (Annex 2).
- The existing list of documents and the identified potential new sources of information needs to be reviewed so we may see what we have and what we don't have, after which issues for the concept note may be set. Some required documents and prerequisites include an updated / revised NSP, surveillances, analysis of service gaps, 5% commitment from the government to fund the

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proposal needs to be clear in the budget (revenue and loans) as new money, etc. Save the Children International (SCI) would provide a list to all so all pending items / issues could be compiled to aid in further collecting and / or preparing. On new upcoming evidences it was also mentioned that a timeline link needs to be developed, mentioning when results can be expected in relation to concept note development time-line.

- It was clarified that the concept note development process will be CCM led with involvement of all Principal Recipients (PRs). The issue of NASP as a PR was raised and it would be pursued. It was also mentioned that the role of NASP as PR should be considered beyond procurement functions.
- UNAIDS would assist prepare a tabular form of available documents, upcoming documents, additional required information / prerequisites to be pursued and timelines, so all have the same understanding on the matter. The complete tabulation would be prepared on receipt of the said information from SCI.
- icddr,b mentioned that there were seven steps in the full concept note submission process and the start-up was with strengthening of the NSP. UNAIDS and NASP updated the current status of new information collection. UNICEF stressed that deadlines need to be set so all information can be put into one concept note. NASP at this point mentioned that Bangladesh has a functional NSP, the development of which is well documented, all the steps of which are commendable. Current interventions are based on that NSP, so this prerequisite may be considered as met and the MTR will add on to it. icddr,b was also requested to add some bullet points on what is required (eg. the steps).
- SCI mentioned that they would edit for confidentiality purposes and share some information from the concept note SCI submitted from Myanmar and could cite some questions which are very specific: eg-current status of NSP, country process of implementing it, any reviews started, etc. It may be mentioned here that there is no requirement to attach the strategic plan to the concept note status update is enough. In the 30 page doc the attachments required are the program gap table, financial analysis table, etc.
- It was understood that the process is supposed to be a joint effort and less laborious. The need to prepare a secretariat and record regular minutes to show that it is an inclusive process was raised. To address this, a small working group (SWG) was formed as per previous practices to take forward the steps towards preparing the concept note. The SWG would comprise of:
 - o Dr. Md. Anisur Rahman, Deputy Programme Manager, NASP
 - o Dr. Sharful Islam Khan, Bobby, RCC Project Director and Scientist, RCC Project, icddr,b
 - o Dr. Lima Rahman, Programme Director, HIV / AIDS Sector, SCI
 - o Ms. Habiba Akhter, Executive Director, Ashar Alo Society
 - o Dr. Nadia Rahman, Scoial Mobilization and Partnership Advisor, UNAIDS Bangladesh
 - o Dr. Saima Khan, Strategic Information Advisor, UNAIDS Bangladesh

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- The functions of the SWG would be:
 - Prepare road map/ steps towards the development of the concept note
 - Identify the TA support requirement
 - o Enlist documents
 - Mechanism of program gaps analysis
 - Prepare presentation for the next TSC meeting on the 19th of December, 2013. The same presentation may also be placed to the BCCM
- It was decided that the next TSC meeting would be on the 19th of December, 2013 at NASP and the SWG meeting would be on the 17th at icddr,b, Niketon office from 10 am onwards.
- UNFPA mentioned that the meeting minutes of the TSC meeting held before the last round of Global Fund proposal development (for Round 11) had identified certain issues that could be included in the proposal. These should also be taken into account. It was also mentioned that on August 18, a stakeholder meeting was arranged to discuss issues for the concept note. The summarized minutes were shared with the Global Fund in the form of queries, to which the Global Fund has responded. Both events will be taken into account.
- The STI/AIDS Network mentioned that program gaps have to be identified and this needs to be done through small groups simultaneously with the concept note development process. It would also have to be decided who would lead the process of conducting this, as CCM may not go into the micro-details of this matter.
- UNAIDS supplemented discussions on the concept note development by informing all that the MTR of the HPNSDP will be a separate process from the MTR of the NSP and the MTR of the NSP would also complement to identify and analyze program gaps. The analysis of the gaps would have to be a rigorous and systematic review. All agreed that gap analysis could be done through stakeholder meetings and it will also come from the analysis of the NSP. A number of stakeholders meetings, consultations, questionnaires, etc. need to be conducted.
- NASP raised that the current TSC structure was formed in 2005 and this should now be reviewed.
 SCI would supplement some documents on how the TSC was formed on 2005 and this could be addressed in the next meeting.
- Timeline for submission was discussed and it was realized that concept notes for TB and malaria would be submitted by June, 2015 as it is linked to continuation of funds. It would be difficult for the HIV concept note to be prepared by then, but efforts would be made. It was requested to keep BRAC and the National TB and Malaria Programmes on board on these issues (eg. CC in all mails, etc.). Certain considerations, such as submitting separate concept notes for the three diseases or a single comprehensive submission would have to be discussed. It was suggested that the TSC could meet with all involved in malaria and TB programmes after the 19th meeting, when the road map is better understood.

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- The next discussions were on continuation of the care, support and treatment packages and interventions. It was requested to prepare a budget for continuing the Global Fund supported package for at least another 6 months (ie. till June, 2014). By then the Government supported interventions would be in place; however, the comprehensiveness of the Government package would also have to be laid out and revised if needed. SCI mentioned that they cannot commit to a specific number of months of extension as the burn rates need to be seen. SCI will pursue extension for as long as financially feasible.
- UNAIDS mentioned that meetings have to be arranged on HIV testing with all stakeholders. Also there is support available for 10 national consultants to be trained on Global Fund concept note development. All were requested to make suggestions on who could be in this pool to help out later on and send their suggestions to Dr. Nadia and NASP.

Annexes:

- 1. List of participants with contact details
- 2. List of documents uploaded and shared with the Global Fund
- 3. E-mail from Mr. Kazim Hizbullah, acknowledging receipt of documents.
- 4. E-mail from Mr. Kazim Hizbullah with his feedback incorporated into the original mail sent to Mr. Dumitru Laticevschi

Dr. Md. Abdul Waheed

Line Director NASP

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Annex 1:

List of participants with contact details

Participants:

SI.	Name	Designation	Organization	Contact #	Contact e-mail
1.	Dr. Md. Abdul Waheed	Line Director	NASP	01712993558	stdaids2008@gmail.com
2.	Dr. Sydur Rahmam	PM, NASP	NASP	01718309023	
3.	Dr. Anisur Rahman	Deputy Programme Manager	NASP	01715182052	dranis.rajbd@gmail.com
4.	Dr. Tasnim Azim	Director, Center for HIV and AIDS	icddr,b	±	tasnim@ieddrb.org
5.	Dr. Sharful Islam Khan	Project Director, RCC	Icddr,b	017130409944	sharful@icddrb.org
6.	Dr. Najnul Hussein	SPM	Icddr,b/NASP	01715079000	najmulhussein@yahoo.com
7.	Dr. Afroza Parvin	ED, NUS	Representative from NGO		nusbdwomen44@gmail.com
8.	Dr. Simon Rasin	Chief of Party	SC Int.	01616177722	simon.rasin@savethechildren.org
9.	Dr. AFM Matiur Rahman	ED	FPAB	01717302332	matiur@fpab.org.bd
10.	Dr. Md. Enamul Haque	National Consultant – HIV/AIDS	WHO	01731124173	haquee@searo.who.int haquee@SEARO.WHO.INT
11.	Dr. Khandaker Ezazul Haque	HIV Officer	UNFPA	01715668885	khaque a unfpa.org
12.	Lima Rahman	Director	SCI	01713064044	lima_rahman@savetheehildren.org
13.	Mr. Leo Kenny	Country Coordinator	UNAIDS		kennyl@unaids.org
14.	Dr. Saima Khan	Consultant, Strategic Information	UNAIDS	01711821726	khans@unaids.org
15.	Ms. Habiba Akter	Executive Director	Ashar Alo Society	7	habiba_aas:ayahoo.com
16.	Mr. Abu Yusuf Choudhury	President	STI/AIDS Network of Bangladesh	01819222853	yusuf.choudhury@gmail.com
17.	Kathrin Tegenfeldt	Country Director	Fhi360		ktegenfeldt@fhi360.org
18.	Dr. Nadia Rahman	SM Adviser	UNAIDS	01713328097	
19.	S.M. Salah Uddin	Director	Islamin Foundation	01715243879	salah01.uddin@yahoo.com
20.	Lisa Steven	ID advisor	USAID	01713009879	Isteven@usaid.gov
21.	Dr. Tajudeen Oyewale	Chief- HIV/AIDS	UNICEF		toyewale@unicef.org
22.	M. M. Anower Ullah	Secretary General	SANB	01711132509	

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Annex 2

List of documents uploaded and shared with the Global Fund

- 1. 3rd National Strategic Plan on HIV and AIDS, 2011-2015
- National M&E Plan on HIV and AIDS, 2011-2015
- Serological Surveillance on HIV (9th Round), 2011
- 4. Behavioral Surveillance Survey on HIV, 2006-2007
- 5. National size estimations, 2009
- 6. Size estimations of MSM, MSW and TG, 2010
- 7. Bangladesh Demographic and Health Survey, 2011
- 8. Health and vital registrations:
 - a. Health Bulletin, 2012
 - b. Sample Vital Registration Survey, 2010
- Maintaining Low Levels of HIV for Three Decades: Case Studies from Bangladesh and Sri Lanka, 2012
- 10. HIV, Syphilis and Hepatitis B among Pregnant Women in Sylhet, Bangladesh, 2012
- 11. Young people:
 - a. National Endline Survey among Young People in Bangladesh, 2008
 - Mapping and Behavioral Study of Most at Risk Adolescents to HIV in Specific Urban/Semi Urban Locations in Bangladesh, 2012
 - Implementing HIV/AIDS Education: Impact of Teachers' Training on HIV/AIDS Education in Bangladesh, 2013
 - d. Multiple Indicator Cluster Survey, 2009
- Draft Report: Mid-Term Survey on Expanding HIV/AIDS Prevention in Bangladesh RCC Program (among FSW, PWID and YP), Funded by the Global Fund, 2013
- 13. Female sex workers:
 - a. Draft Report: HIV prevention services for female sex workers (FSWs): effects of changes in STI management and condom promotion strategies, 2010

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- b. Draft Report: Effects of changes in the Drop-in-Centre operations on the service utilization and changes in advocacy strategies on adoption of safer sex practices among
- c. Exploring acceptable and appropriate interventions to promote correct and consistent condom use among young male clients of hotel-based female sex workers in Dhaka, Bangladesh, 2008

14. Drug users:

- a. Assessing the effectiveness and quality of harm reduction services for injecting drug users delivered through their peers in Dhaka and identifying gaps and barriers to effective
- b. Factors associated with relapse into drug use among male and female attendees of a three-month drug detoxification-rehabilitation programme in Dhaka, Bangladesh: a prospective cohort study, 2013

15. MSM/MSW/TG:

- Risk of and vulnerability to HIV among MSM in Dhaka, Bangladesh, 2010
- b. Risk of and vulnerability to HIV among MSW in Dhaka, Bangladesh, 2010
- c. Risk of and vulnerability to HIV among Hijra in Dhaka, Bangladesh, 2010
- d. Draft report: Prevalence of HIV, active syphilis and risk behaviours and factors impinging on HIV prevention service uptake by hijra in Bangladesh-results from a crosssectional study, 2013
- 16. Assessment of Sexual Behavior of Men in Bangladesh: A Methodological Experiment, 2005

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Annex 3

E-mail from Mr. Kazim Hizbullah, acknowledging receipt of documents.

From: Kazim Hizbullah [mailto:Kazim.Hizbullah@theglobalfund.org]

Sent: Monday, September 16, 2013 2:20 PM

To: Md. Abdul Waheed; Dumitru Laticevschi; Saman Zamani

Ce: Simon Rasin; Tasnim Azim ICDDRB; Rahman, Lima; Uddin, Nasir; akmrana; Bobby; Programme Manager;

anisur rahman; najmulhussein; Eftekharul Alam; Zulfikar Haider; Kenny, Leo; Khan, Saima Subject: RE: Documents submitted as part of process for applying for new Global Fund funding

Dear Dr Waheed.

Thank you very much for sending all these documents which are well received. We have downloaded all the documents from the drop box. We'll revert to you if we have any queries in this regard.

All the best.

Kazim

Kazim Hizbullah

Senior Phygram Officer Phys Impact Associationament than Manuscrient Division

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[et = 41.58.791 1.74 Fax = 41.58.791 1.701 Cell Phone = 41.79-4405475.

Fixed: kazim hizbullah@theglobalfund.org Web Switz theglobalfund.org

The Global Fund has contributed to dramatic gains in health and development over the past decade. Watch the Global Fund's inspiring 10 Years of Impact video featuring some of our prominent supporters.

From: std aids [mailto:stdaids2008@gmail.com]

Sent: Monday, 16 September 2013 10:14

To: Dumitru Laticevschi; Kazim Hizbullah; Saman Zamani

Ce: Simon Rasin; Tasnim Azim ICDDRB; Rahman, Lima; Uddin, Nasir; akmrana; Bobby; Programme Manager;

anisur rahman; najmulhussein; Eftekharul Alam; Zulfikar Haider; Leo Kenny; Khan, Saima Subject: Documents submitted as part of process for applying for new Global Fund funding

Dear All,

On behalf of the team working for the national response to HIV, I am pleased to inform you that we have uploaded the required documents as per your instructions (reference: e-mail by Mr. Kazim dated August 27, 2013), as part of the process of applying for new funding under the Global Fund funding model.

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We hope that the documents will bring in clear perspectives. Please note that we are in process of uploading some more documents, namely the 2010 National ANC Survey, a report on OST and the draft CABA report.

We hope that by now you have received an invite from "dropbox". We would like to request you to please accept the invitation to access all the documents. In addition to the documents, you may also access information that have not been printed such as the GARPR on Bangladesh (URL: http://aidsreportingtool.unaids.org; Username: cv_BD; and Password: db9krt1o) and the Census information (bbs.gov.bd) through the web.

Looking forward to your response.

Best regards,

Dr. Md. Abdul Waheed Line Director, NASP

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Annex 4

E-mail from Mr. Kazim Hizbullah with his feedback incorporated into the original mail sent to Mr. Dumitru Laticevschi

From: Kazim Hizbullah [mailto:Kazim.Hizbullah@theglobalfund.org]

Sent: Monday, August 26, 2013 9:21 PM

To: Khan, Saima

Cc: Kenny, Leo; Dumitru Laticevschi; Md.Abdul Waheed; simon.rasin@savethechildren.org; sharful@icddrb.org; tasnim (tasnim@icddrb.org); Rahman, Lima (lima.rahman@savethechildren.org); Saman Zamani; Meixun Jin Subject: RE: RE: new funding model and invitation as applicant

Dear Saima.

Please find below the requested information in red below. Please let us know if you need any further clarity.

All the best.

Kazim

Kazim Hizbullah

Senior Program Officer

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main Shirmeorium Division

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From: Khan, Saima

Sent: Monday, August 19, 2013 11:51 AM

To: 'Dumitru Laticevschi'

Cc: stdaids2008@gmail.com; pm.nasp@gmail.com; Anisur Rahman (dranis.rajbd@gmail.com); 'mowladr@gmail.com'; 'drgias1955@gmail.com'; najmulhussein@yahoo.com; 'syedanwar360@gmail.com'; Kenny, Leo; 'simon.rasin@savethechildren.org'; 'tasnim@icddrb.org'; 'Kazim Hizbullah'; haquee@SEARO.WHO.INT; katayamaf@searo.who.int; ssarker@usaid.gov; Ahmed, Munir (AhmedMun@unaids.org); mrahman57@hotmail.com; toyewale@unicef.org; muddin@unicef.org; lima.rahman@savethechildren.org; 'sharful@icddrb.org'; Kathrin Tegenfeldt (KTegenfeldt@fhi360.org); Nadia Rahman (NRahman@fhi360.org); habiba_aas@yahoo.com; S-JAHAN@DFID.gov.uk; 'Saman.Zamani@theglobalfund.org' (Saman.Zamani@theglobalfund.org); Dr. Md. Shah Alam (s_alam@icddrb.org); 'aarifeen@yahoo.com'; robyn.growett@savethechildren.org; 'ahmedachow@gmail.com'

Subject: RE: new funding model and invitation as applicant

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As you know major stakeholders and partners supporting the national AIDS response met yesterday (August 18, 2013) and brainstormed around the new funding models and potential strategies. On behalf of the National AIDS/STD Programme and the major stakeholders (copied herewith) please find the following queries that came up during this process:

- It was understood that information on impact would be essential to apply for incentive funding. In this regard, updated information from the Impact Assessment among PWID, being conducted currently, may not be available before November and surveillances have yet to begin. Thus the deadline of September 15 cannot be met if new data is to be provided. We would like to know if the timeline is flexible; and if it is not should we proceed with indicative funding which would include the following strategies:
 - Scaling primary prevention among key populations and interventions among migrants
 - Expanding and scaling VCT and introducing treatment as prevention
 - Strengthening strategic information

The information on impact requested by Sept 15th will be used in the allocation for the qualitative factors themselves. For all concept notes the Global Fund is asking for sub-national data and data on sub-populations so that we know countries are targeting their limited resources effectively. Information on impact / epidemic for the concept note only needs to be ready by the time the CCM submits the concept note, for both incentive and indicative funding. So you may continue the work on the impact assessment. In addition, you should share the key documents that already available in the country and have not been yet shared with the Global Fund secretariat by September 15. The key documents include the latest release of the following list. We would like to make sure that all the available evidence at country level are used in the impact assessment, you can ignore the studies/documents that are not available in this time frame or not applicable — i.e. if the results of the impact assessment are not available at this time, it is fine.

- Annual health sector report (or equivalent)
- Annual disease-specific report (e.g. routine program/surveillance report)
- Program review/evaluation (mid or end-term) including additional disaggregated analysis by age, sex, geography and risk, to target investments
- Country UNGASS report
- HIV risk population size estimation exercise
- Spectrum zip file.
- AIDS Indicator Survey (AIS)
- Demographic and Health Survey (DHS)
- Malaria Indicator Survey (MIS)
- Multiple Indicator Cluster Survey (MICS)
- Integrated HIV/STI biological and behavioral surveillance (IBBS)
- TB prevalence survey report
- Drug-resistance survey report
- · Evidence of increasing rate of infection
- National population and household censuses report

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- Vital statistics report
- Health finance report (e.g. program budget review, NASA)
- · Inventory of health workforce and facilities, SARA
- National or program-specific DQA report
- National strategic plan (health sector and/or disease)
- National M&E plans (HIV, TB, and malaria)
- Journal articles, additional reviews and qualitative studies (relevant to impact assessment or increasing rate of infection)
- Is there any format available for development of the concept note?

The format for concept note will be available in early 2014. If you would like to know how it may look, you can see the version that was used for the early applicants (please find it in the link given below).

http://www.theglobalfund.org/en/accesstofunding/early/materials/

Please note that the concept note will be revised in the autumn, based on learning from the second wave of early applicants.

Could you please request the CCM Chair to initiate the development of the Concept Note keeping NASP and UNAIDS copied?

The Global Fund does not ask CCMs to initiate the process but rather the CCMs have to decide when it would like to apply for funding from the Global Fund. If an early application is desired, then the CCM should probably begin a dialogue about how the process to develop a concept note would work in Bangladesh and who should be involved.

We request your kind attention in addressing these issues.

Attached herewith is the invitation mail sent on August 13, 2013 to attend the said meeting for your reference if needed.

If I have missed anything I would like to request all participants to please inform immediately so all matters maybe looked into holistically.

Warm regards,

Saima

Saima Khan Strategic Information Adviser

National AIDS/STD Programme

Directorate General of Health Services Ministry of Health and Family Welfare

UNAIDS Bangladesh khans@unaids.org

From: Dumitru Laticevschi [mailto:Dumitru.Laticevschi@theglobalfund.org]

Sent: Sunday, August 18, 2013 5:33 PM To: Khan, Saima; Kazim Hizbullah

Cc: Kenny, Leo; 'simon.rasin@savethechildren.org'; 'tasnim@icddrb.org'

Subject: Re: new funding model and invitation as applicant

Dear Saima, we will contact the NFM team to find out about the practical details, and come back to you.

From: Khan, Saima [mailto:KhanS@unaids.org]
Sent: Sunday, August 18, 2013 05:53 AM
To: Dumitru Laticevschi; Kazim Hizbullah

Ce: Leo Kenny; simon.rasin@savethechildren.org <simon.rasin@savethechildren.org>; tasnim@icddrb.org

<tasnim@icddrb.org>

Subject: new funding model and invitation as applicant

Dear Dumitru and Kazim,

Hope you are doing well.

As you know Bangladesh is planning to apply as an early applicant for incentive funding through the development of a concept note under the new Global Fund funding model. In this matter, we would like to confirm that we are following the proper process by taking this initiative. We would also like to confirm if we need to receive an invitation from the Global Fund to apply as an early applicant; as access to funding in the transition phase is by invitation, and special consideration.

Warm regards,

Saima

Saima Khan Strategic Information Adviser UNAIDS Bangladesh khans@unaids.org